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Exploring Second Generation Hmong American Cultural Perspectives of Health and Their
Health Behaviors

A thesis submitted in partial satisfaction
of the requirements for the degree for Master of Arts
in Asian American Studies

by

Marcie Lee

2016

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ABSTRACT OF THE THESIS

Exploring Second Generation Cultural Perspectives of Health and their Health Behaviors

by

Marcie Lee

Master of Arts in Asian American Studies

University of California, Los Angeles, 2016

Professor Marjorie Kagawa-Singer, Chair

The purpose of this study was to explore the cultural knowledge and health perspectives of second-generation Hmong, who have an increased risk of overweight, obesity, and chronic illnesses associated with being overweight and obese. In examining health perspectives that guide their actual health behaviors, I sought to examine if and how the second-generation live and reconcile their two worlds socially and emotionally. A total of 17 interviews were conducted with 11 second-generation students from Southern California institutions, 7 first-generation parents (two sets of parents), and 1 aunt who is considered the 1.5 generation. First and second generations are active players in syncretizing opposing cultural elements with mundane concerns of day to day life. Second-generation participants gather what they know to be traditional and modern, but most of their belief systems are grounded through a Eurocentric stance in which Eastern is the alternative to what they consider normal. However, Hmong traditions and Eastern models of understanding health are conceivable because of their direct experiences and relationships with their family and friends who share similar backgrounds, which then allow

them to accept or at least consider a multicultural approach to health. This process is constant for the second generation where each individual adopts some components of each approach, as to why many participants stated, “we do whatever works.”

The thesis of Marcie Lee is approved.

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Glossary	
Kev Cai Qub	Hmong Traditions, Rituals, Ceremonies
Kev Cai Dab Qhuas	Shamanism
Ua Neeb	Shamanism
Hu Plig	Ceremony to Call back individual, family, or clan spirits
Khi Hlua Khi Tes	Tying strings to wrist to bless the person to whom the ceremony is performed for, symbolic meaning is to ensure spirit is connected to body, or to ward of malevolent spirits.
(kev) Noj Qab Nyob Zoo	Health, “are you Healthy”, “are you eating well, staying well”
Noj Huv Sib	Clean eating, prepared correctly, food that is not rotten
Kev Muaj Noj Muaj Haus	Family gatherings to eat together, enjoy each other’s company
Ua Noj Ua Haus	To make a living
* When “kev” is inserted before the verb, it turns the verb into a noun	

INTRODUCTION:

As a graduate student, I had the honor of taking a qualitative methods course taught by my own advisor, Professor Kagawa-Singer. For an assignment, the objective was to complete a participant observation on anything. I decided to do my participant observation on the Association of Hmong Student's cultural night, in which the students entitled, "Boiled Chicken of the Hmong Soul." This Hmong cultural night was unique because the parents of the Hmong students were not able to attend the show. Many of the students are from the Central Valley, an estimated five hours away from the University of California Los Angeles. For the Association of Hmong Students at UCLA, their culture night was dedicated to themselves, as well as their friends and family residing in Southern California. This also included Hmong students from other various Southern California institutions. The culture night consisted of dances, both traditional and modern, singing, and a play. The playwrights chose to tell a story about the strength of women and their ability to bear children and take care of their families, during a time in which they were still adapting to American cultural norms while also remembering the importance of tradition. The play presented a narrative about spiritual healing and generational changes, including the changing gender roles in the US. This was inspiring for me because I've seen and participated in countless culture nights that have usually emphasized an ethnic nationalistic narrative. A narrative in which the Hmong second generation illustrate Hmong guerilla fighters as American heroes during the Vietnam War. This narrative compellingly demonstrates the sacrifices that the first generation refugees have undergone, but seldom does it criticize the experiential complexities that occurred after the Vietnam War. "Boiled Chicken of the Hmong Soul" disrupted this normalized narrative, and encouraged me to look further into their perspectives.

Thus, as a public health student, I chose to explore the cultural knowledge and health perspectives of second-generation Hmong. My interest in this particular aspect of culture change, is because the second-generation Hmong have an increased risk of chronic illnesses associated with being overweight and obese. In examining health perspectives that guide their actual health behaviors, I looked to address if and how the second-generation reconcile the health attitudes and practices in their two worlds socially and emotionally.

BACKGROUND

Hmong refugee settlement in the United States occurred primarily from 1976 to about 2005. In 2010, the estimated population of Hmong was 260,073 with communities growing in various states. The ethnographic research on Hmong culture has been relatively extensive, providing a better understanding of the experiences that this community has encountered since their arrival and how they have fared since their relocation to the United States. The research clearly indicates that the legacy of the Vietnam War still affects Hmong communities, as demonstrated by their low rates of both social and financial capital, education, and high rates of chronic diseases such as diabetes, hypertension, and hepatitis B.¹ Anne Fadiman's widely distributed literary work of "*The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures*" has brought attention to the lack of culturally appropriate care that western medicine and public health provides for Hmong patients. Current public health research aims to provide culturally competent care in ethnic communities

¹ Hmong National Development, "The State of the Hmong American Community 2013."

to reduce health disparities, but too often, researchers fail to appropriately study the respective groups' health perspectives and cultural dynamics from their own lived experiences.

The first-generation Hmong were refugees, and have been a population of research and service foci because of their uniqueness as a refugee group (i.e. culture and community structure) and their resettlement experiences with acclimating to societal standards in the United States.

The Hmong are dispersed in several different communities across the United States. Between 2000-2010, the Hmong population grew by 16% in Northeast (3,860), 134% in the South (24,230), 52% (126,713) in the Midwest, and 46% in the West (105, 270) (HND, 2013).²

Although they are accounted for in each state, the 2010 census demonstrated that California has the largest population at 91,224, with Minnesota (66,181), Wisconsin (49,240) and North

Carolina (10,864) trailing.³ The largest metropolitan distribution of the Hmong population is as

follows: Minneapolis-St.Paul-Bloomington, Minnesota (64,422), Fresno, California (31,771),

Sacramento-Yolo, California (26,996), Milwaukee-Racine, Wisconsin (11,904) Merced,

California (7,254), Stockton, California (6,968), Hickory-Morganton-Lenoir, North Carolina

(5,951), Wausau, Wisconsin (5,927), Chico, California (4,354), and Madison, Wisconsin

(4,230).⁴ Forty years after initial Vietnam War refugee resettlement, the Hmong appear to

experience a continuous disconnect between culturally appropriate public health strategies and

their health status. As these communities continue to grow and mature, better understanding of

² Ibid.

³ Ibid.

⁴ Ibid.

community shifts, particularly generational shifts on cultural perspectives through contemporary influences should be incorporated into public health efforts focused on this population.

One limitation in health research is that “Hmong culture” has been “orientalized” — culture is often limited to ethnicity, language, and religion.⁵ In the United States, culture is often conceptualized as static and only compared to hegemonic cultural norms, in this case the dominant white, Northern-European culture. Ethnic groups often face pressure to assimilate into the cultural norms of the dominant society and abandon those of their home countries.

Generations subsequent to initial refugees more easily adopt social characteristics of the dominant society.⁶ Problematically, however, culture is often a proxy for ethnicity and used to feature difference from the tacit hegemonic culture. Instead, culture should be elaborated by past and current critical research that demonstrates that culture is a “system of interrelated values active enough to influence and condition perception, judgment, communication, and behavior in a given society.”⁷ Culture is dependent on the “interpretive values, beliefs, norms, and practices of the group, whose members define and live by the ideals of those practices and values.”⁸ Culture is therefore a mechanism for knowledge production that is dependent on history,

⁵ Said, *Orientalism*. “Orientalism” is a lens which the West has employed to understand the unfamiliar and strange. Said argues that Orientalists have envisioned places in the Middle East and Asia as inferior, the same wherever one finds these communities, and frozen in time.

⁶ Westermeyer, Neider, and Callies, “Psychosocial Adjustment of Hmong Refugees during Their First Decade in the United States”; Zhou, “Growing Up American: The Challenge Confronting Immigrant Children and Children of Immigrants.”

⁷ Mazrui, *The Africans: A Triple Heritage.*, 239.

⁸ Airhihenbuwa, *Health and Culture*, xiv.

geography, and time, making it dynamic and transformative.⁹ Cultural processes thereby develop human construction of realities that have been given meaning by the individuals, families, and communities in their respective environments. The extraction of Hmong communities from Laos and their strategic relocation in the United States will inevitably change cultural perceptions, including but not limited to their health perceptions. This study addresses the changing demographics and cultural paradigms in hopes of informing public health strategies that recognize the growing diversity by age, generation, and education within this community.

Thus, this thesis explores the views of health of the second-generation as they continue to negotiate their physical, social, and symbolic realities.¹⁰ I interrogate perceptions of health with a consideration that there is not a clear delineation between Hmong and American cultural norms as they are both tacitly learned through their social institutions, social roles, and interpersonal relationships. I interpret the unique perspectives in health of my participants because health is a cultural dimension that allows individuals and communities to be productive members in society, and their lived realities are what ultimately determine how they negotiate between how they value health and how and whether they are able to actualize their traditional and syncretic beliefs and practices.¹¹ Furthermore, I emphasize the importance of addressing health perceptions of the second-generation Hmong because of their rapid population growth in synchronicity with the loss of the elderly Hmong population, often times prematurely. As public health programs approach health with cultural competency in mind, this and future exploration should investigate

⁹ Airhihenbuwa, *Health and Culture*.

¹⁰ Kleinman, *Patients and Healers in the Context of Culture*, 28, 35–36.

¹¹ Kagawa-Singer et al., “The Cultural Framework for Health.”

how second-generation Hmong either preserve or transform Hmong culture for their peers and future generations.

I explored the following three questions: 1) Where do second generation Hmong learn about health and what is their concept of health? 2) What factors construct their reality about their perceptions of health and their own choices about promoting and or maintaining their own health, and 3) What is the interaction between “traditional” and western worldviews of health for each of them?

LITERATURE REVIEW:

History of the Hmong

The Hmong recently celebrated the 40th anniversary of the end of the Vietnam War, more commonly known by Americans as the Fall of Saigon. The majority of Hmong lived in northeastern Laos where Communists dominated. General Vang Pao, employed in the Royal Lao Army collaborated with the U.S. Central Intelligence Agency to contain Communism in the region. This collaboration helped establish a relationship between the U.S. government and the Hmong-Lao population. The Hmong were recruited as guerilla fighters mainly to oppose the Pathet Lao, and later the Viet Cong creating “The Secret War” at a time in which United States involvement was promoted as purely humanitarian.¹² This partnership eventually led to the internal displacement of thousands of Hmong-Lao, leading many to escape to refugee camps in Thailand as the Vietnam War continued to destroy their way of life. In the United States, April 30th is recognized as the Fall of Saigon but many Hmong refugees recall it as the day *peb teb chaws tawg*. Through direct translation, this would translate as the day “our lands blew up.” As Lao nationals, it is assumed that this phrase alludes to the heavy bombing in Laos during the communist takeover. However, it could also represent the loss of hope and continuous displacement that ensued. It is estimated that approximately 130,000 Hmong refugees were initially relocated to the United States.¹³

¹² Vang, *A History of the Hmong*.

¹³ Vang, *Hmong America*.

After 40 years, the Hmong have resettled in various cities throughout the United States.¹⁴ In their dislocation both in Laos as they escaped to refugee camps, and in the U.S. where families were often dispersed, Hmong families had to regroup and rebuild their communities in an effort to preserve their cultural, linguistic, religious, and traditional lifestyles, including their community structure.¹⁵ In retaining a strong cultural identity, minority groups such as the Hmong community are often portrayed as stubborn and unassimilable by the dominant western society.¹⁶ This viewpoint fails to address the reality that the very survival of the individual is dependent on the culturally ingrained community structure and lifeways that support them physically, emotionally and spiritually. However, as it is with many ethnic communities that immigrate to the United States, acculturation is a process that cannot be avoided, but is complicated by the fact that some come willingly (pulled) and others come for survival (pushed out of their countries as refugees).¹⁷ America's emphasis on individualism has disrupted and challenged the social structures that were fundamental to well-being of the Hmong in Southeast Asia.¹⁸ In the United States, the first generation Hmong refugees dealt with adapting to a foreign Eurocentric worldview and the different cultural processes and realities within that worldview.¹⁹ In their

¹⁴ Hendricks et al., *The Hmong in Transition*.

¹⁵ Ibid.

¹⁶ Zhou and Xiong, "The Multifaceted American Experiences of the Children of Asian Immigrants"; Lee, "Culture and Adaptation: Hmong Refugees in Australia"; Zhou and Gatewood, "Transforming Asian America: Globalization and Contemporary Immigration to the United States."

¹⁷ Zhou and Gatewood, "Transforming Asian America: Globalization and Contemporary Immigration to the United States"; Yang, "A Theory of Asian Immigration to the United States"; Bankston and Hidalgo, "The Waves of War: Immigrants, Refugees, and New Americans from Southeast Asia."

¹⁸ Moua, *Roars of Traditional Leaders*.

¹⁹ Bankston and Hidalgo, "The Waves of War: Immigrants, Refugees, and New Americans from Southeast Asia."

diasporic reality, the Hmong have adapted, changed, and also modified their linguistic, religious, and traditional cultural identities to support and benefit their communities throughout their history.²⁰ In the United States, a Hmong cultural identity allowed them to regroup and learn how to adapt to the cultural norms of the host society with the support and guidance of other Hmong, while also allowing them to retain cultural traditions more familiar to them.²¹ For the second generation, the cultural norms that they are raised in are not solely that of the host society or of their parents, but an undefined intersection of both realities. Therefore, the second generation is raised in a mixture of cultural environments that interact to build their American identity as well as their ethnic and cultural identities. Their cultural reality is their interpretation of their lived experiences, and their health perspectives are an extension of that view within a particular social and economic reality.

Limitations of previous health research:

Numerous public health programs and interventions have focused on Hmong communities across the United States to address various health behaviors and illnesses, mainly cancer and diabetes.²² Among these programs, many researchers conclude that a closer look at culture and cultural dynamics should be considered in future studies.²³ However, as yet, few comprehensive published works from Hmong scholars have addressed this need to understand

²⁰ Vang, *Hmong America*.

²¹ *Ibid.*

²² Hmong National Development, “The State of the Hmong American Community 2013.”

²³ Culhane-Pera, Her, and Her, “We Are out of Balance Here”; Culhane-Pera et al., “Group Visits for Hmong Adults with Type 2 Diabetes Mellitus”; Perez and Cha, “Diabetes Knowledge, Beliefs, and Treatments in the Hmong Population: A Exploratory Study.”

how culture and health intersect. At the same time, Hmong scholars have often performed cross sectional studies on various first-generation Hmong communities across the United States.²⁴ These invaluable works document the first generation's health beliefs, attitudes, and practices through their transition and adaption from an underdeveloped country to a developed nation. Notably, however, it is within the first generation that we see the epidemiological transition in which social and chronic illnesses now afflict the community at higher rates compared to infectious diseases (with the exception of hepatitis B).²⁵ Their risk of developing behavior-related illnesses is predicted to be greater than the general population, although this cannot be confirmed because no extensive epidemiological studies have been performed on the Hmong to date. With recent studies addressing dietary acculturation and perceptions of health in Hmong adolescents, the second generation already appear to have high risk profiles for behavior-related illnesses.²⁶ Because they are American born, second-generation Hmong have more resources (i.e. education and access to modern technology) than their parents and therefore are exposed to multiple health perspectives. Thus, it is naturally understood that the second-generation will likely acculturate towards adoption of modern biomedicine to maintain their health.²⁷ However, the question is to what extent? And is it an either/or choice?

²⁴ Cha, "Women in the Hmong Diaspora"; Cha, *Hmong American Concepts of Health, Healing, and Conventional Medicine*.

²⁵ Hmong National Development, "The State of the Hmong American Community 2013."

²⁶ Mulasi-Pokhriyal, Smith, and Franzen-Castle, "Investigating Dietary Acculturation and Intake among US-Born and Thailand/Laos-Born Hmong-American Children Aged 9–18 Years"; Mulasi-Pokhriyal and Smith, "Investigating Health and Diabetes Perceptions Among Hmong American Children, 9–18 Years of Age"; Detjen, "Health and Acculturation of Hmong in the United States."

²⁷ Detjen, "Health and Acculturation of Hmong in the United States."

Traditional attitudes, beliefs, and practices, including those that pertain to health, are often passed down to the second generation through Hmong oral tradition, home life ways and through ceremonies and celebrations. Oral tradition and observation through lived experiences are ways in which the second-generation learn about Hmong cultural practices. Those of the second-generation also receive differing levels of health education, advice, and direction from more Eurocentric-based platforms that emphasize the biomedical model. For example, medical facilities, schools, and digital media are resources that influence health behaviors. However, there is a lack of health research that acknowledges that second generation Hmong environments and realities are different from their parents' and are usually overlooked as mere generational culture clash. As American nationals by birthright, health perspectives of the second-generation are a result of having to navigate different cultural health paradigms, both Eurocentric and non-Eurocentric. Their role as cultural navigators for their parents, as well as for themselves, can provide a phenomenological model of the ideas and meanings they internalize to produce their own perspectives of health.

Diaspora, Acculturation, and Identity

In the following section, I provide the conceptual frameworks that guide my research.

Since 2013, only 12.8 percent of the Hmong population in the United States was 45 years or above. The majority of this group is the first generation and 1.5 generation.²⁸ With the second and subsequent generations now outnumbering the first generation, more research should focus on the unique generational perspectives of the second and latter generations.

²⁸ Hmong National Development, "The State of the Hmong American Community 2013."

I examine the health knowledge, beliefs, and actions of second-generation Hmong from the Cultural Empowerment Approach by Collins O. Airhihenbuwa. The cultural empowerment approach “takes into account how health knowledge, beliefs, and actions are produced and interpreted at both micro (individual, family, community/grassroots) and macro (national and international power and politics) levels”.²⁹ Through a cultural empowerment approach, the political, historical, and I argue diasporic contexts are considered when addressing differences between the second-generation and first-generation Hmong. I consider this when addressing the phenomenology of their cultural perspectives of health in alignment with Hmong culture and identity building within their respective environments.

For this research, I drew on much of Chia Youyee Vang’s critical approach to a comprehensive understanding and awareness that Hmong culture as a sensitive subject, even for an insider. In examining the Hmong Diaspora, which, at its simplest, refers to the scattering of peoples from their original site and location, I utilize a few aspects of Robin Cohen’s definition of diaspora to illustrate the fluidity of Hmong culture.³⁰ “Diaspora” refers to: 1) displacement from an original homeland, often traumatically, to two or more foreign regions; 2) a collective memory and myth about the homeland, including its location, history, and achievements; 3) an idealization of the putative ancestral home and a collective commitment to its maintenance, restoration, safety, and prosperity; 4) a strong ethnic group consciousness sustained over a long time and based on a sense of distinctiveness, a common history, and the belief in common fate; and lastly 5) a troubled relationship with host societies, suggesting a lack of acceptance or at the

²⁹ Airhihenbuwa, *Health and Culture*, 27.

³⁰ Vang, *Hmong America*; Cohen, *Global Diasporas an Introduction*.

least, the possibility that another calamity might befall the group.³¹ From these notions of “diaspora,” culture is both dialectically frozen and rapidly changing because of the dislocative process that the Hmong have endured in a short time.

The following scholars influence my usage of Hmong cultural identity building in the United States. First, I take on Stuart Hall’s assertion of “anti-essentialist valorization of multiple identities” where cultural identity is understood as unstable, metamorphic, and at times contradictory.³² Furthermore, I utilize a component of Chia Youayee Vang’s (2010) use of Stephane Dufoix’s concept of referent-origin,³³ which distinguishes nation, people, land, or non-territorial identity to help understand Hmong experiences in the United States. Chia Youayee Vang utilizes the concept of referent-origin to better understand the Hmong “As a stateless ethnic minority, [therefore] their point of reference is not always tied to a physical homeland but rather is one of a people with common ancestry”.³⁴ Furthermore, I adhere to Vang’s use of “imagined community,” derived from Benedict Anderson, in which she highlights the Hmong community as stateless; therefore the cultural, political, and historical contexts of the Hmong “transcend national borders.”³⁵ Historian Benedict Anderson clarifies the community as “imagined because the members of even the smallest nation [or in this case a nation-less people] will never know most of their fellow-members, meet them, or even hear of them, yet in the minds of each lives

³¹ Cohen, *Global Diasporas an Introduction*.

³² Hall, “Cultural Identity and Diaspora.”

³³ Dufoix, *Diasporas*.

³⁴ Vang, *Hmong America*, 7–8.

³⁵ *Ibid.*, 8.

the image of their communion.”³⁶ I incorporate the notion of “imagined communities” to demonstrate that through diaspora, group members come to think of Hmong culture in certain ways without knowing why. In the Hmong community, nation building is exacerbated by their complex histories as a stateless people—they have never had a nation to call their own. Therefore, their cultural identity is more salient to them than their country of origin. For Hmong Americans, I use nation building synonymously to cultural building to make sense of their circumstances. The notions of “memory” and “forgetting” are an integral part of nation building. What a community chooses to remember demonstrates what is important to them and thus how they identify. What they choose to forget reinforces what they chose to identify with during revolution or change, thus producing a new and old that is still attached to the dead.³⁷ Past and present experiences constitute the second-generation Hmong cultural identity through their interpretation of their parents’ geographic, historical, social, and political realities. In addressing health perceptions, these factors may help contextualize the knowledge they produce.

Cultural Framework for Health

I also adopt concepts from “The Cultural Framework for Health: An Integrative approach for research and program design and evaluation.” The Cultural Framework for Health (CFH) aims to guide public health practice in addressing culture and cultural dynamics, specifically with research design, in order to provide more comprehensive explanatory models for health intervention in vulnerable populations. The CFH “Presents the methods and tools to discover the

³⁶ Vang, *Hmong America*.

³⁷ Anderson, *Imagined Communities*.

salient cultural processes involved with health behaviors, and how the processes and behaviors influence health and well-being.”³⁸ I aim to provide salient cultural concepts for public health professionals to consider when performing health research in the Hmong community. Previous public health efforts in the community have focused on the health of the first-generation Hmong. However, essentializing these ideas from the first generation can be misleading when applied to the later generations, even within the same community or family.

I began this study with “Step 1 of the CFH” in which I interviewed self-identified second generation and their elders (when possible) to inform the process of operationalizing Hmong culture constructs, or at least initialize the concepts for future research. This step informs researchers if there is a cause to dispel the notion of homogeneity within any population group. Particularly, I address the concern of understanding culture to find explanations for inter/intra group variations and their effects on health. Therefore it is necessary to identify the cultural practices and respective meanings that affect health outcomes, while also considering the historical, and environmental contexts.³⁹ The second generation’s diasporic reality complicates the cultural values that they adhere to through acculturation processes that intersect with, but also differ from, first-generation experiences. According to the CFH:

“Cultural group members each respond, evolve, and differ due to individual, ecologic, social, political, and historical circumstances. Inconsistencies of research findings are not surprising considering that studies have been conducted with populations considered the same “racially” or socioeconomically, but who actually differ substantially due to historical, geographical, generational and gender factors, among others. Accounting for these variations within specific historical as well as present-day contexts of the populations of focus would likely move the science of health behavior forward by expanding our knowledge and

³⁸ Kagawa-Singer et al., “The Cultural Framework for Health.”

³⁹ Ibid., 18.

understanding of how, when, and why cultural groups demonstrate both inter- as well as intra-group variations and what effect the interaction of these factors has on their health status.”⁴⁰

I therefore use the consensus definition of culture that the CFH authors provide to guide this research when addressing what culture is and how it works. The CFH contends that:

“Culture is a shared range of human phenomena that does not necessarily relate to genetic inheritance. The elements of cultures are inter-related and function together as a living, adapting system that members internalize. Culture acts as a refracted lens through which group (or cultural subgroup) members “see” reality and, in which both the individual and collective group experiences the world. This framework is created, exists, and adapts to the cognitive, emotional and material resources and constraints of its ecologic system to ensure the survival and wellbeing of its members, and to provide meaning for and in life individually and socially (Burke, 1989; Hartigan, 2010; Kagawa-Singer, 1996).”⁴¹

How it works is that:

“Culture provides the pan-human process on which a group bases its survival and well-being. Cultural tools and processes enable humans to interpret the world in which we live through social commonly held beliefs, attitudes, spiritual and emotional explanations, and practices (e.g., Eliade, 1961, 1971).”⁴²

Hmong concepts and perceptions of health in the United States

Hmong society is male dominant and organized into a clan system. There are 18 recognized clans. The wellbeing of the family and the community is traditionally considered primary, and its members are expected to fulfill their individual role responsibilities on behalf of the greater whole. Through acculturation processes and the advent of health education available in the Hmong community, individuals or families often make their own health decisions instead

⁴⁰ Ibid., 30.

⁴¹ Ibid., 29.

⁴² Ibid., 29–30.

of depending on clan leaders to make their health decisions. This is consistent with the western cultural beliefs expressed in the biomedical system that endorses individualism and patient autonomy. Differences, however, exist between the older generation and the younger generations, who are more likely and able to understand the dominant western biomedical health services. For the first generation, it is not unusual to see Hmong Americans consult with herbalists, shamans, clan leaders, and conventional health care providers.⁴³

Hmong perceptions of preventive medicine or health prevention are different from the western biomedical model. It is “inclusive and holistic, but less formal and explicit.”⁴⁴ It is well accepted that Hmong value hard physical work and eating appropriate foods to prevent illness. The folk wisdom embedded in their daily lives, more often than not, includes health protective measures that address both physical and spiritual wellbeing.⁴⁵ Even the soul calling ceremonies practiced yearly around the time of the Hmong New Year serve to reunite souls with bodies to prevent illness. This may as much serve the same purpose as an annual check-up in the biomedical system.⁴⁶ Soul calling ceremonies are still practiced by families who continue to practice shamanism (*kev dab qhuas*), which is based on beliefs that sickness is caused by evil spirits or loss of one or more of the soul(s) that animate each person.⁴⁷ Although the Hmong value physical work and eating appropriately, Hmong Americans face barriers that deter them

⁴³ Cha, *Hmong American Concepts of Health, Healing, and Conventional Medicine*, 35–36.

⁴⁴ *Ibid.*, 78.

⁴⁵ *Ibid.*

⁴⁶ *Ibid.*

⁴⁷ *Ibid.*, 21.

from living healthy lives. For example, not understanding which American foods are healthy options is widespread.⁴⁸

In general health, Asian Americans (including Pacific Islanders) have a 30 times increased odds of developing diabetes when compared to whites, and they develop diabetes with far lower body weight than other racial groups.⁴⁹ Hmong Americans experience diabetes at alarming rates ranging from 12-40% as found by past clinically-based research studies.⁵⁰ Stomach cancer mortality rates among Hmong are 3.5 times higher than other Asian Americans, who have the highest rates of all ethnic groups.⁵¹ Hmong mortality rates for liver and cervical cancer in California are 3 to 4 times higher in comparison to the Asian American Pacific Islander population as a group,⁵² and Hmong recent settlement and low socioeconomic status has perpetuated this disparity.⁵³ Furthermore, mental health is a growing concern in the Hmong community, as well as reports of high rates of hypertension, hepatitis B, and gout.⁵⁴ However,

⁴⁸ Harrison, Kim, and Kagawa-Singer, "Perceptions of Diet and Physical Activity Among California Hmong Adults and Youths."

⁴⁹ Lee, Brancati, and Yeh, "Trends in the Prevalence of Type 2 Diabetes in Asians Versus Whites."

⁵⁰ Culhane-Pera, Her, and Her, "'We Are out of Balance Here'"; Culhane-Pera et al., "Group Visits for Hmong Adults with Type 2 Diabetes Mellitus"; Her and Mundt, "Risk Prevalence for Type 2 Diabetes Mellitus in Adult Hmong in Wisconsin."

⁵¹ Lee and Vang, "Barriers to Cancer Screening in Hmong Americans: The Influence of Health Care Accessibility, Culture, and Cancer Literacy."

⁵² Baker, "Perceptions of Barriers to Immunization among Parents of Hmong Origin in California."

⁵³ Fujiwara, "Mothers without Citizenship: Asian Immigrants and Refugees Negotiate Poverty and Hunger after Welfare Reform"; Portes and Zhou, "The New Second Generation"; Zhou and Xiong, "The Multifaceted American Experiences of the Children of Asian Immigrants."

⁵⁴ Hmong National Development, "The State of the Hmong American Community 2013."

the practice of aggregating Asian American health data makes it difficult to determine the prevalence of health risks among specific population groups.⁵⁵

Within the second-generation, we see that rates of overweight and obesity are high. Overeating, eating poor nutritional foods, and low physical activity are instances in which their circumstances may challenge their parents' healthier ancestral lifestyles. Research demonstrates that approximately 40% of Hmong adults, who are at risk for diabetes, are overweight or obese.⁵⁶ Mulasi-Pokhriyal & Smith (2011) found that in a sample of Hmong adolescents ages 9-18 years in Minnesota, 50% of the participants were either overweight or obese even when they were cognizant of potential negative health consequences of excess body weight.⁵⁷ Stang et al (2007) found that, when compared to whites, Hmong adolescents were at increased risk for obesity and unhealthy weight control behaviors that were associated with less physical activity.⁵⁸ Hmong cultural perceptions may also be contributors to being overweight and obese.⁵⁹ For example, increased body weight can be symbolic of strength and good health.⁶⁰ Earlier qualitative studies have found that Hmong parents are worried about overweight and obesity in their families

⁵⁵ Smalkoski et al., "Health Disparities Research in the Hmong American Community: Implications for Practice and Policy."

⁵⁶ Her and Mundt, "Risk Prevalence for Type 2 Diabetes Mellitus in Adult Hmong in Wisconsin."

⁵⁷ Mulasi-Pokhriyal and Smith, "Investigating Health and Diabetes Perceptions Among Hmong American Children, 9–18 Years of Age"; Mulasi-Pokhriyal, Smith, and Franzen-Castle, "Investigating Dietary Acculturation and Intake among US-Born and Thailand/Laos-Born Hmong-American Children Aged 9–18 Years."

⁵⁸ Stang et al., "Food and Weight-Related Patterns and Behaviors of Hmong Adolescents."

⁵⁹ Mulasi-Pokhriyal and Smith, "Investigating Health and Diabetes Perceptions Among Hmong American Children, 9–18 Years of Age."

⁶⁰ Ibid.

because of the increased availability and consumption of food, including fast food.⁶¹

Furthermore, the lack of resources to keep their children active and safe rendered them helpless when trying to promote healthy behaviors.⁶² Addressing cultural factors, including social and environmental factors, will help public health programs more effectively target health behaviors through culturally responsive efforts.⁶³ Furthermore, it is important to include family members when addressing illnesses such as diabetes, because family members will often have similar lifestyle choices and dietary patterns.⁶⁴

⁶¹ Harrison, Kim, and Kagawa-Singer, “Perceptions of Diet and Physical Activity Among California Hmong Adults and Youths.”

⁶² Ibid.

⁶³ Maxwell et al., “Developing Theoretically Based and Culturally Appropriate Interventions to Promote Hepatitis B Testing in 4 Asian American Populations, 2006–2011.”

⁶⁴ Mulasi-Pokhriyal and Smith, “Investigating Health and Diabetes Perceptions Among Hmong American Children, 9–18 Years of Age.”

METHODOLOGY:

I approach this research through a phenomenological framework that attempts to interpret daily life experiences from the perspective of the experiencing person and aims to determine what an experience means for the person who had, has, or is having an experience negotiating their health beliefs, and is able to talk about it.⁶⁵ I analyzed their emic descriptions of their experiences through my etic perspective and compared their experiences to the literature and conceptual framework introduced in the literature review. The study design consists of qualitative ethnographically informed interviews. I utilized an inductive constructivist approach. A constructivist approach will provide me with greater “utility, power, and synergism with emerging concepts in health research.”⁶⁶ Therefore I was broad in my approach and allowed the participants to focus in on components that were important to them.

Students were contacted through email list-serves of Hmong student associations throughout Southern California, as well as through social media, and personal networking. A google enrollment form was sent out to recruit students interested in the topic. I obtained information about their academic institution, year in college, hometown, and likelihood that their parents would agree to an interview to assess the feasibility of interviewing the students. After students expressed interest, I contacted them by phone, email, or through social media. I gave the student the option to ask a parent to participate, or for me to call the parent myself. The parents were informed that interviews were voluntary and that they would not affect their child’s academics. Once the parent agreed to take part in the interview, I scheduled an interview with the

⁶⁵ Smith, “Phenomenology.”

⁶⁶ Bernard, *Research Methods in Anthropology*.

parent in person or over the phone. All student interviews, with the exception of one, were performed prior to the contact with first-generation participants. Even if the second-generation participant stated that their parent(s) had reservations, I did not deny them an interview. The consent form was either read to the participant or they read it on their own. Verbal consent was provided before the research questions were asked.

Interviews were performed through in-person, online video call, or phone call depending on the participants' comfort and preference. I aimed to perform in-person interviews but allowed for video and phone interviews only if an in-person interview was not possible (i.e. travel not permitted). Consent forms were administered in-person during the time of the interview or through email beforehand if the interview was performed through video call or phone call. Copies of the consent form were provided to the participant if he/she wanted one. Interviews were audio recorded, transcribed, and analyzed. Gift card incentives worth up to \$25 were given to participants at the completion of their interview, or sent to them later if it was unavailable at the time of the interview. All participants were asked, either beforehand or after the interview, where the gift card vendor should be from, so that it would be convenient for them to use. Second-generation participants were given assurance that the information shared with me would not be shared with their parents at the time of their interview. In only one situation, the student was present for her parents' interview. However, I usually scheduled interviews at different times, so that the second and first-generation were comfortable talking without being influenced by their family member(s).

I am a second-generation Hmong and am fairly bilingual in two dialects of Hmong, because they are not too dissimilar. I am a graduate student who is committed to helping the Hmong community at large, and therefore did not have too many language barriers speaking

with both first and second-generation Hmong. However, there were instances in which I was not able to ask the necessary follow-up questions because I did not have the proper vocabulary to ensure that the questions asked had the intended meaning. In one instance, the first-generation participant was a Hmong green dialect speaker, but understood me, a white dialect speaker. However, to make sure I heard things accurately, transcriptions of the recordings were listened to by a green dialect speaker to affirm my understanding.

Through these interviews, I understand that, as the researcher, I have both an emic and etic perspective that could influence the interaction and the findings. I approach this research knowing, like others in academia, I am “socialized into a cultural perspective that reflects Western cultural values and practices and are positioned within a specific distribution of power in the communities we work with and within.”⁶⁷ The goal of an inductive approach is to understand the realities for second-generation Hmong (and potentially the first generation) by constructing and reconstructing the multiple realities that are interpreted. I understand that my constructions of the interpreted realities of second-generation Hmong (and first generation) may have a part in influencing the findings. However, although my own interpretations of the knowledge given by interviewees may contain some of my own subjectivities, the research goal is to write from their perspectives as best as possible, and identify and account for my own perspectives through the journaling and memoing that I completed through the process to maintain an audit trail. The respondents’ responses to the general areas of inquiry noted determined the subsequent questions and probes. Therefore, the questionnaire was not finalized but was used to guide the key areas of interests.

⁶⁷ Kagawa-Singer et al., “The Cultural Framework for Health.”

Participant Sample

A total of 17 interviews were conducted with 11 second generation students, 7 first-generation parents (two sets of parents), and 1 aunt of the 1.5 generation (See Table 1). The eleven undergraduate students were from Southern California institutions. I focused on Southern California for convenience, and to narrow the scope of the sampling pool, as California has the largest Hmong population. I outreached to several Hmong student organizations from different institutions in Southern California, and had student leaders forward my participation form, or provide student contacts to me directly through snowball sampling. I was able to interview five parents or sets of parents from the students who participated. Although it was encouraged that at least a parent of all students participate, many parents did not have the time to meet or speak over phone, and some parents admitted to their child that they were not comfortable. In one case, I interviewed an aunt of a student before convincing his mother to also participate. This was to show respect both to the aunt, who was willing to provide her time, and for the mother who may have had her reservations prior to interviewing. Interviews were performed from April through June of 2016.

The main eligibility criteria for the students were that they were: 1) second-generation (born in the United States) and their parents are first-generation; 2) willing to recall and talk about their cultural upbringing, beliefs, attitudes, and practices pertaining to health; and 3) located within California. I chose to interview undergraduate students because during adolescent years, individuals are able to reflect on and interpret their experiences, attitudes, and beliefs, and have developed health behaviors that they are able to articulate in an interview. As previously stated, I focused on Southern California institutions because of the convenience and wanting to

interview in-person. Three student participants requested to be interviewed over video-call because they had moved back to the Central Valley or because of their busy school schedules.

I had an understanding that many parents of students attending Southern California institutions would reside in Northern California, to which I would travel for the interview. The first-generation participants of three of the students were interviewed in person. Two of the first-generation interviews were performed over the phone. Although in-person interviews were prioritized, phone interviews were accepted due to scheduling conflicts and distance. As predicted, many of the students in a Southern California institutions were from Northern California. Although additional attempts were made to travel to Northern California and outside the greater Los Angeles area, I took into consideration the schedules of parents who often have unpredictable schedules or extracurricular activities outside of work that complicated scheduling the interviews.

Table 1: Participants							
	Name	Generation	Institution or Relationship	Age	Gender	Town	Immigrated
1	Fer Yang	Second	University of California Los Angeles	21	Male	Marysville	
2	Sheng Thao	First	Mother, Fer Yang	41	Female		1993
3	Lisa Moua	Second	University of California Los Angeles	18	Female	Fresno	
4	Pheng Moua, Choua Yang	First	Father, Mother, Lisa Moua	40, 40	Male, Female		1994
5	Alex Vang	Second	University of California Los Angeles	19	Male	Fresno	
6	Ger Yang	First	Mother, Alex Vang	40	Female		1989
7	Mailee Yang	1.5	Aunt, Alex Vang	30	Female		1989
8	Hnubci Xiong	Second	University of California Riverside	21	Female	Longbeach	
9	Choj Xiong	First	Father, Hnubci Xiong	57	Male		1980
10	Sami Moua	Second	University of California Los Angeles	23	Female	Porterville	
11	Tou Moua, See Lee	First	Father, Mother, Sami Moua	53, 52	Male, Female		1981, 1989
12	Bryan Vang	Second	California State University Northridge	23	Male	Oroville	
13	Lena Chue	Second	University of California Los Angeles	23	Female	Oroville	
14	TK Yang	Second	California State San Bernadino	22	Male	Banning	
15	Maddie Moua	Second	University of California Irvine	22	Female	Merced	
16	Tiffany Chang	Second	University of California Los Angeles	22	Female	Fresno	
17	Heidi Kue	Second	Riverside City College	22	Female	Fresno	
These are not their real names.							

DATA INTERPRETATION:

The analysis of the interviews with the participants produced three major themes that were most salient. The three themes (See Table 2) are described in the following sections, and often there was overlap. The three themes are: 1) Second-generation perceptions of health, 2) Interaction between the modern and traditional, and 3) Second-generation health behaviors. In Section One, I focus on the major concepts that influence second-generation perceptions of health. In Section Two, I analyze the ways in which second generation navigate and cope with traditional and modern models of health. Furthermore, in this section, I address factors that mitigate the process of “believing” in kev cai qub (traditions) or kev dab qhuas (Shamanism) including first-generation beliefs on kev noj qab nyob zoo (health) pedagogy. In Section Three, I look at actual health behaviors of the participants and what factors motivate them to be healthy, or prevent them.

Table 2: Data Interpretation

Section One: Perceptions of Health/ <i>Kev Noj Qab Nyob Zoo</i>	Section Two: Navigating Modern and Traditional	Section Three : Health Behaviors
Second-Generation		
<p>The majority of respondents agree that health and well-being entails physical health, and emotional health/ mental health.</p> <p>Physical health is loosely defined as the ability to be physically active and eating right. Additionally, it involves living ones' life without injury or pain, and minimum fatigue.</p> <p>Mental health is defined as the ability to reduce stress and preventing thoughts of hurting oneself.</p> <p>Four of the respondents included spiritual health in their definition of health. They generally link spiritual well-being with cultural traditions and customs.</p> <p>For the second-generation, health is learned through educational institutions, internet, friends, and generally through the lived experiences of how they were raised.</p>	<p>Negotiating <i>kev cai qub</i> (traditions) and American norms</p> <p>Negotiating <i>kev dab qhuas</i> (Shamanism) and the biomedical paradigm</p> <p>You can be either Shaman or Christian and still be traditional. There are Hmong traditions that can be disassociated from Shamanism.</p> <p>There is an outward spoken link about spiritual well-being beliefs and traditions.</p> <p>The second-generation has a hard time comprehending Hmong traditions. Even as "insiders," the way in which they analyze their experiences are a mixture of insider and outsider knowledge, but often compared to a biomedical standard.</p> <p>Some participants become open to traditional forms of medicine (i.e. herbal medicine, shamanism) as they grow older and have more appreciation of them, or have seen the benefits of them. Navigating their health perceptions is a dynamic and ongoing process.</p>	<p>Nutrition and physical activity are generally understood by this generation through a biomedical standard.</p> <p>Although they realize that they should promote their own health, they understand that they often don't meet physical activity and nutrition standards.</p> <p>Second-generation rely on academic institutions to learn the foundations of health.</p> <p>Nutrition: preference, cost, and convenience are factors to healthy eating behaviors. However, this should be further examined in a larger sample.</p> <p>Physical Activity: reasons for physical inactivity do not differ from mainstream society. Respondents suggest that having friends to be physically active with and incorporating activities that fit in their schedule encourage them to be more physically active.</p> <p>Stress and Mental Health: academics and extracurricular activities are stressors. Familial expectations and low socioeconomic status add to the pressures of student life.</p>
First-Generation		
<p>Health is the absence of <i>kev mob kev nkeeg</i>, eating good foods, and being safe and at peace.</p> <p>Health is not thought of independently from Hmong traditions. Folk wisdom carries</p>	<p>First-generation facilitate the process of syncretizing opposing cultural elements, often mundane concerns of day to day life.</p> <p>Although not clearly delineated,</p>	<p>Much of the public health interventions in the Hmong community in California are a response to high rates of illness and disease. The increase in illness and disease observed in the United States have increased</p>

<p>with it health promotion ideals that are embedded in daily life</p> <p>Health is living life honestly and to not make or welcome trouble.</p> <p>Having friends, family, and reinforcing community spreads a culture of assistance and love.</p>	<p>parents who are deemed traditional regardless of religious affiliation often use alternative forms of healthcare (i.e. shamans, herbalists, friends).</p>	<p>perceptions that they are experiencing an increase in “western diseases.” Because of this, first-generation believe that second and latter generations have the responsibility to promote health in the community.</p>
<p>This table provides a general overview of the main themes that emerged from the data analysis.</p>		

Section One

Second Generation Health: Physical, Emotional, Mental, and Spiritual

Second generation students more or less agreed that health is one’s well-being. In detailing more of what well-being or health means to them, three aspects of health were acknowledged: 1) physical health, 2) emotional and mental health, and 3) four respondents explicitly endorsed spiritual health. Regardless of how the participants define each aspect of health, more so than not, the second generation validated physical and mental health through a Eurocentric worldview, both scientifically and ideologically. When they first searched for their meaning of health, many participants talked about what they’ve learned through academic institutions.

I guess eating correctly and exercising daily...It has to do with a person’s personality in a sense... That’s the mentality to put in the work into eating and exercising daily. TK Yang

Health means a person’s well-being, checking their status on their immune system, how they’re doing, if their body is normal or their levels of pain... I’m currently learning in human physiology and I’m learning what’s normal for a human’s body to be healthy and everything, just learning the average level for body temperature or blood pressure, as well as blood glucose level and just maintaining that homeostasis level in the body. Hnubci Xiong

...when I think about health I think about being active, and active plays a lot because you can be active in exercising, cause it affects your health, you can be active in the decisions that you make like in terms of diet and nutrition and you know, just physical movements... I think it's because of what I'm studying right now, because in kinesiology and we do talk about the issues that we do face in our field such like people have the generic idea of health or what being healthy is, but they don't know the in depth information about it and so you know people might think about [it] like I work out to stay fit right, I work out to look good, but they don't know the true benefits of it you know, the science behind it. Bryan Vang

I group physical and mental health together because those are the main categories that all respondents speak of when asked what health is to them. Participants pointed out that this is obvious because most of them have grown up learning about health, mainly through their educational institutions, as well as other resources available to them, such as the internet. They don't question the epistemology of the knowledge because it comes from a trusted source, the educational institutions that their parents encourage them to attend for better opportunities. Often times they are just socialized into knowing that health entails physical and mental health without knowing where the information came from. For example, when asked to recall where she's gained her health information, Heidi Kue stated:

I think it's just the classes I took, like in health science...since like I'm in college, the majority of the people's perceptions, they just keep telling us to you know, keep drinking water, eat good, be healthy, you know exercise and stuff, that kind of help inspired me to...to do that for myself so that I will be healthy and just maintain a good body weight and not you know, be obese or go over your weight...[and] knowing your body once you start exercising, then you'll start to lose weight, then you might see abs and stuff, and that's what a majority of the people, they want...you will be [able to] accept yourself with like your flaws once you start exercising, because exercising not just make you lose weight... it also helps produce the happy hormones into your body, that makes you, you know, feel happy about yourself and feel great... Heidi Kue

In their upbringing, physical health and sometimes mental health have been the focus in mainstream society. The second-generation identify with being members of mainstream society.

Therefore, they internalize the same health information as do their non-Hmong peers, not only in formal settings in which detailed components of health are taught in classes (i.e. Nutrition, Anthropology, Kinesiology), but also through social media by which they are indubitably influenced. One participant shared how her definition of health changed overtime while attending the University of California Los Angeles where her psychology classes influenced her perception of health:

It was just mostly physical health [before going to UCLA], that's what I thought of when I heard the word health, I always assumed it was just eating right and exercising but I never really considered mental health, emotionally health, and spiritual health before...

After her exposure to psychology classes, her definition of health expanded to include mental, spiritual, and emotional health:

...for me to be overall healthy, I feel like each component of yourself should be in a pretty good state. I mean someone could be physically healthy but emotionally unhealthy... and overall they would not be completely healthy you know...I feel like they all kind of interact with each other as well, so for me in terms of being emotionally healthy, just having all of your emotions well balanced in some way, and then physically healthy I would say it's like taking care of yourself, going to the gym every now and then or doing some kind of moderate exercise and then also eating healthy as well. And then spiritually healthy, it's a little bit broader cause for me spiritually means different things to different people, but I would say just being at peace, that's what it means to be spiritually happy. Mentally healthy, that one I feel like is very vague too but for me it just means that your mind is functioning well. Tiffany Chang

Although she differentiates mental and emotional health, the majority of participants actually combine them together or used them interchangeably. Other participants acknowledge that they learned about health through their everyday lived experiences, especially when they claimed to be raised with traditional cultural practices. One Participant explains his definition of health:

To me it means a lot of things. There's physical health and mental health and then because of the Hmong religion you know Shamanism and things like that, I also see health through spiritual ways too. As we kind of talked earlier when I was

talking about my sister, where like I notice that you point out all of these like scientific stuff [about my sister's illness], but then like in my sister's case, it was more [of a] spiritual case. Yeah, so for me just how I see a lot of things is that although, like when a person gets sick, it's not necessarily like a fault on like their physical health or mental health, it's a fault in like a misbalance in-between the three of them. So like, in the case for like a person who has something wrong with their spiritual health then their physical health is affected as a result of that. So like even if you help their physical health, but not their spiritual health, that problem will arise again. So for me, health is kind of like a balance between those three states and to make sure that they are all well taken care of so that you don't experience any sickness. Fer Yang

These responses, as well as others, demonstrate that health is often thought of as physical well-being and emotional health before spiritual health. However, as they age, they begin to become active participants in their daily negotiations of health, which allows them to start to define their own sense of identity and health perceptions. The factors that negotiate this process will be further detailed in Section Two. Participants seem to acknowledge that a lot of the information they learn start as young as middle school and all the way into college, but how they are raised also influences their health perceptions.

I separate spiritual health from physical and emotional health because not all participants address it as a component of their health definition. Two of the second-generation participants were raised in Christian households. Neither of these participants explicitly incorporate spiritual well-being in their health definition, while they stated that physical, emotional, and mental health were. For the second generation, spiritual health does not immediately come to mind when they think about health, regardless of religious affiliation. Descriptions of their lived experiences when interpreted can be construed to infer that there actually are spiritual components to their perceptions of well-being. For Sami Moua, she states that growing up Christian has played a big role in her life and has even taken courses to further her understanding of religion:

I took all these general education classes [because] I wanted to figure out if god is real...so I took an anthropology religion class called Magic, Witchcraft, and

Religion, and then I also took Philosophy of Religion ... [and it] just made me realize that a lot of people... need something, a higher power to kind of rely on... ...[so that they don't have worries] because in the back of their mind, they're like this higher power is taking care of it... so [when I didn't get into nursing school after applying multiple times and] I was freaking out... I realized that this was...meant to be... [and that] a higher power was guiding me, telling me that this was not it for you so don't worry, there's something else for you...now I look back and... I am so much happier because I do know what I want. It's all like a journey... so that really helped me become who I am today because I am more relaxed...I mean I do worry but you just leave it all to the higher being.

Sami Moua

Although she doesn't explicitly state that Christianity has influenced her emotional and spiritual well-being, from her example, I speculate that her understanding of the role of religion has helped her handle her own hardships. Through this she negotiates the meanings of her life events and her purpose and redirects her beliefs to guide her to a better place, emotionally and spiritually. However, this stresses the question of how the second-generation define spiritual health or wellness.

For those raised in kev cai qub, spiritual well-being comes up when they think about cultural traditions and customs if their family has reinforced those practices. There tends to be a correlation with spiritual well-being and emotional health when spiritual health is deliberately spoken about. Some participants emphasized the importance of maintaining your spiritual health to balance your overall health. Lena Chue stated:

...you have to be mentally strong so that no spirits could see you as vulnerable and they try to make you sick in some way. Physical health is different from spiritually healthy but they both pertain to health. Lena Chue

In this example, Lena Chue associates spiritual health with Shaman practices of protecting your own spirits from ill-mannered or evil spirits. Others raised in kev cai qub who speak of spiritual health have referenced it alongside ancestor worship, protecting one's own spirit, superstition, as well as an overall affect that is difficult to articulate. Therefore, Hmong second generation have

incorporated their own salient ideas of what spiritual health is, often connecting it directly to the spirit world. This is potentially a reason in which spiritual health, regardless of an actual definition, is more salient to second generation raised in kev cai qub. They've had to ideologically and linguistically translate their values and beliefs with the terminology that has been given to them. In only one instance was spiritual health prioritized over the other components of health. As Fer Yang stated:

...spiritual and mental health is more important because even though someone looks physically healthy, like if their mental or spiritual state is not even well balanced then like you know they could all of sudden fall (clap) on the floor and have a severe sickness and you don't even realize it because you think that focusing on like the physical aspect is the most important. Yeah, so... [using] a sumo wrestler [as an analogy], they're very large so like some people think they are very obese but they are actually very healthy because they eat very healthy and that weight is used to do wrestling right. So like if you look at them physically, you say this person is not fit because you know he's not muscular, he's not toned, he doesn't look healthy but then if you actually break it all down, that sumo wrestler might be healthier than a skinny person. Yeah, so for me physical appearance is not like my main focus it's more about the other spiritual and mental state.

Fer Yang's perception of spiritual health is directly linked to an unreferenced spirit world; in which one is healthy when their spirits are intact which thus allows one to be physically and mentally well. Unlike all the others, Fer Yang is the only one who is truly convinced that the majority of illnesses, although explainable by scientific evidence, will still have a spiritual component as well. In illustrating to me how he has formed this belief, he describes a tradition that his family uses for food poisoning.

...we believe that when you eat something wrong it's because your system at that moment is not spiritually balanced so a result of that is that it makes you...feel nauseous and make you want vomit. So like when you're vomiting, you're vomiting all the toxins, all the bad stuff out but the thing is, these toxins leak into your blood stream so what my mom does in particular is she will rub my arms. Usually if it's girls you're on the right side, if it's boys it's on the left side, so for me she will rub from the right side up unto my left hand, and then what she will do is she will tie strings around my five fingers and she will poke with a

needle...and draw out the blood... when she rubs the blood across, she's moving all the toxins to come straight unto one side so she can draw them out when she pokes out the blood. It's very interesting in this aspect because when the blood drops into the bowl of water, usually when blood falls [into water,] it will kind of dissipate...but for food poisoning, like the blood when it drops in the water it actually forms... solids right in the middle of the [water]... that's where like all the toxins, all the bad things, and all the spiritual stuff are. After that you will say a couple words saying that the...person is still alive and is not a vessel for the deceased or wandering spirit...so then you toss away the blood outside...

Fer Yang

Here, I would like to reiterate Kagawa-Singer's (2009) notion that culture is dynamic, an active process influenced by peoples' adaptation to their circumstances within multiple cultural dimensions and their universal social transactions.⁶⁸ Therefore, culture helps individuals to adapt to their environment. Culture, thus offers rules for behavior that are conducive to building self-worth and group purpose to ensure the welfare of the group.⁶⁹ When the second generation reflects on their experiences, they make sense of the information they've been given individually. They each have come to their own definition of health, however nuanced. This is especially true for spiritual health, a component of health and wellness that even in my experience has been seemingly essentialized to me because I identify as Hmong. Thus friends and peers come to talk to me about spirits and ghosts, sometimes without considering if I even believe in them.

Physical Health, therefore, is loosely defined by the participants as the ability to be physically active and eat right. Furthermore, it corresponds with being able to accomplish one's daily activities without having an injury, feeling pain, or feeling sluggish or tired. Mental and

⁶⁸ Kagawa-Singer, "Where Is Culture in Cultural Tailoring?"

⁶⁹ Ibid.

emotional health corresponds to the ability to reduce stress and to avoid the thought of harming oneself. Spiritual health is the most complex since the second-generation individuals interviewed had varying levels of believing and varying belief systems (e.g., Christianity or kev dab qhuas). For this small sample of second generation college Hmong students, health perceptions appear to be directly influenced by the multiple cultural institutions they are involved in through their lives, such as Christianity, schools, Hmong community events and family.

First Generation Perspectives of Health

Five sets of parents consented to interviews. Four of the five parents stated that they still practiced kev cai qub (Hmong traditions) while one set of parents practiced Christianity. All of them were asked about the importance of kev noj qab nyob zoo (health) to them and in what ways. Kev noj qab nyob zoo translates to the act of eating good and living well, and I have glossed the interpretation to translate to mean health. For this generation, health is not thought of independently from Hmong traditions. Hmong tradition has historically incorporated either herbal medicine or shamanism, or the combination of both. Although it is customary to refer to them as aunt and uncle, but because I am not related to them, and to reduce misunderstandings when reading their descriptions, I will refer to them by their first names.

Pheng Moua and Choua Yang (maiden name) are the parents of Lisa Moua. They came to the United States in 1994 and state that they still practice the old traditions and lifeways. Pheng Moua speaks the green dialect while Choua was raised speaking the white dialect. They state that they teach both dialects to their children. Both Pheng and Choua agree that *kev noj qab nyob zoo* is to not have *kev mob kev nkeeg* (or illness and fatigue) and to not be stressed and frustrated. However, they emphasize different approaches to have good health. Pheng Moua emphasizes

that to have good health, one must not *txhob plaub txhob ntuj* or not to make or welcome trouble—that is don't do bad unto others and to not do bad wherever you are. Choua Yang emphasizes that to be healthy, one must eat *hus sib*—which she translates to mean: to eat good foods and to not eat dirty things, as well as food that is rotten and are generally bad, in order to prevent illness. In maintaining the old ways, Choua Yang emphasizes that it's important to her because you can plead to your elders who have passed away by burning incense and joss paper and you're at peace, and then you're happy because you don't have the part that's scary, and you become better. Choua Yang compares it to those who go to church, who can plead and pray when one has an illness, so that they can heal and be at peace. Pheng Moua emphasizes that the importance of *kev cai qub* is dependent on what the person believes in. However, Choua Yang states that, because it's been traditionally passed on from their parents and their elders, it is not only good for your family but also for your extended family, as well as the community.

Similar to literature on traditional roles and health in Hmong families, Pheng Moua and Choua Yang talked about different issues that account for “inside” the house or “outside” the house. Pheng Moua is more worried about the image of their family, and therefore he emphasized that his children to not be bad people, and to not make trouble for themselves and the family. Choua Yang admitted that she does most of the cooking. She ensures that her children are fed, and that her children and home are presentable.

Sheng Thao (maiden name) is the mother of Fer Yang. She currently resides in Marysville, California with her family. Sheng Thao speaks the Green dialect but Fer Yang informs me that she was raised White Hmong as well. It is important to note that White and Green Hmong, although similar, have some linguistic and some lifestyle differences. Since Sheng Thao was raised with both influences, she understands the traditions of both the White and

Green Hmong. Sheng Thao states that health for her is when your heart is at peace and whatever you do, you have the heart to do it. Her priority is to care and ensure that her family has good health. She is adamant that her approach to good health is different from how it would be back in Laos. In the United States, to prevent her family from having worries, it is the parent's responsibilities to hold together the household. As a result, the kids can grow up well from your parenting. Additionally, if the kids listen and become disciplined as they grow older, it is less likely that they become bad people, and therefore gain a bad reputation. She emphasized that in the United States, you gain a bad reputation if you abuse or hit your children, if your children misbehave in school, and they join gangs. The reputation of an individual does not only affect the reputation of that individual, but also the family and the clan. Similar to Pheng Moua, she is worried about the image of her family.

Sheng Thao and her husband came to United States in one of the last waves of Hmong relocation. Before resettling in the United States, she was in Thailand. She states that in Thailand, it was unusual to develop a bad reputation with the police, with work, or business. Thai officials would just check your papers to see if you're a bad person, including your citizenship status. Perhaps her conceptions of how the Hmong were perceived, or the issues that the previous resettled Hmong were dealing with (i.e. poverty, high drop-out rates) made salient to her issues of domestic and gang violence that helped shape her priorities in promoting her family's health. She had come to understand that she would have to protect her family's image within the Hmong community, but also in the greater American context as well.

In addressing the importance of *kev cai qub*, Sheng Thao emphasizes that protecting her children from illness and exhaustion as they travel is her priority. Ensuring that they are safe has helped her to not worry. She states that the Hmong have words that are used to plead to our

grandfather and grandmother to help protect the children. For her college-aged children who attend institutions away from home, *kev cai qub* provides her a way to protect them from harm when they are traveling. She does this by calling the ancestral spirits to accompany her children during their travels. In addition, she also teaches her children traditional approaches to promote their health and to heal themselves when they are sick. She states that her children's wellbeing may be threatened if they come home late, or if they are frightened to where their hands and feet get cold and sweaty. Cold and sweaty hands and feet are a sign that there is a spiritual imbalance that needs to be addressed, because the spirit has been frightened. She then has the ability to call their souls while grinding up ginger and giving it to her children as herbal medicine. If they are off far away, she is able to take one of their shirts to steam it over the stove for them to live comfortably, and potentially be rid of ill-intentioned spirits. Sheng Thao's son Fer Yang, explains to me the meaning of this in his own interview. When a healing ritual is performed, a physical body is not needed for spiritual healing. When a person wears anything, you leave small traces of yourself with it. Having the smallest trace of you on your shirt is all that's needed to represent you. Therefore, you don't need to be present during the actual ritual. The shaman or the guardian performing the ritual however does need to know who you are and to understand your spiritual state. Steaming the shirt on the stove allows the person to be purified of the spiritual un-wellness that malevolent spirits are causing.

Ger Yang (maiden name) is the mother of Alex Vang. She came to the United States when she was thirteen years old and is currently 40 years old. For herself, she defined being healthy as having love and friends, and talking well to and of others. She stated that if you are upset or moody, you won't have happiness and will make yourself prone to sickness. She believes that her family is loving and diligent, but if they weren't and were instead lazy,

unloving, and always scolding one another, then they would be ill-fitting and unhappy. Ger Yang currently follows *kev cai qub* as she did growing up, but during her first marriage, she had converted to Christianity. In her second marriage now, she follows what her husband believes in, *kev cai qub*. She believes that regardless of your religion, if a person believes in it then it is good for oneself. *Kev cai qub* is also what her parents have always followed, and since she grew up believing in it, then it is important to her. She stated that even in the United States, *kev cai qub* is important because if you don't have joy in your life, you are able to plead to your ancestors for help. As a result, this further increases your belief in it. Those who follow the old ways have given hope to the ancestors because the ancestors have helped them, thus helping to bring happiness in their lives. Ger Yang also emphasizes that she has faith in *kev cai qub* because when she dies, her friends and family are able to come see her. Culturally, one's importance and impact is not only demonstrated in life but also in death. If many people come to your funeral and physically cry, it is a manifestation that you were a good person. Conversely, it could work against you if you don't show sympathy when you attend a funeral.

Choj Xiong is the father of Hnubci Xiong. For Choj Xiong, cultural traditions are our way of life, our beliefs, our identity. He addressed physical, emotional, and spiritual health through cultural traditions in various ways. In addressing physical health, he used a Hmong proverb to demonstrate. He explained that when someone is physically hurt in one area, then you feel that your life depends on that body part. For him, it's important to take care of all your body because all your body parts are equally important. Regardless if it's your nails, hair, or leg, all parts of your body are important. This proverb is not only used to teach his family about taking care of one's physical body, but the meaning of it intersects with other commonly used proverbs. Another one, when translated, denotes that if you know how to take care of your life,

then you will live even longer. Therefore, as demonstrated by Hmong scholars, there is a prevention aspect to Hmong traditional practices.⁷⁰ The way you carry yourself and live your life will determine your life expectancy. Folk wisdom carries with it health promotion ideals that are embedded in daily life.

He further explained that generally, Hmong follow this notion of *ua zoo ces tau zoo, ua phem ces tau phem*. Like many other proverbs in other cultures and religions, it translates to “do good and you’ll receive good, do bad and you’ll receive bad.” Another one states *neeg los zoo siab, dab los zoo siab*, which can be translated as: if your human self is happy, then your spirit self is happy. Furthermore, it implies that if one is doing the right thing, or wrong thing, then they know it. These two proverbs are passed down to help guide individuals to develop morals and for individuals to demonstrate these ideals through their actions. For Choj Xiong, these, in essence, carry significance in daily activities to maintain one’s emotional and spiritual health. The proverbs provide guidelines for one to live an honorable life but also provides a preventive health aspect for spiritual and emotional well-being. Similarly, to all the other parents interviewed who still practice *kev cai qub* or *kev dab qhuas*, he often makes comparisons of Hmong ideals to western ideals to demonstrate that conceptually, it’s not too drastically different. I believe he does this to demonstrate his understanding that the generations born in the United States have difficulty understanding these ideals, sometimes because there is already a pejorative bias against it from the second generation. Other times it may be a language divide, that even when translated does not carry the connotations that helped to guide their survival in the past.

⁷⁰ Cha, *Hmong American Concepts of Health, Healing, and Conventional Medicine*; Thao, “Hmong Perceptions of Illness and Traditional Ways of Healing.”

Tou Moua and See Lee (maiden name) are parents to Sami Moua. Tou Moua was born into a Christian family while See Lee was born into a traditional family. When she married Tou in the U.S., she converted to Christianity. See Lee addresses health as: 1) being happy, 2) having a good family structure, 3) *noj hus sib*, and 4) obtaining an education. Tou Moua sees health as: 1) good education, 2) good career, 3) good family relationships, and 4) self-care, in order to have a good life. He emphasizes that the church promotes mental and spiritual health by teaching forgiveness and to provide positive reinforcement. Both parents emphasized good family dynamics and education. See Lee stressed that in the United States, there seems to be a disconnect in communication between the generations and that the communication gap is widest for the oldest generation. She described that this is largely due to the necessary switch in traditional roles when adapting to American standards. In the past, children and women were under the husband/father. Here in the U.S., it is important to talk well of each other to create a positive environment. For both of them, education is a prerequisite for a good career, and thus the means to have a healthy life. By fostering a healthy relationship with their daughter, they are able to instill the importance of education. Tou Moua prioritizes education because it is the means that will help you take care of yourself. Through good communication, they can teach Sami to be a responsible and an independent individual so that she can achieve her career goals. Family dynamics are especially important here in the United States for the Hmong so that children are able to develop like other American children. He asserts that obtaining a higher education allows you to live a life in which you can take care of yourself. You are able to have hobbies and leisure time while still being involved with the community. Tou Moua explains to me that although he does not practice *kev cai qub*, he and his wife practice *kev muaj noj muaj haus*, or community and social gatherings. *Kev muaj noj muaj haus* ensures that family and

community members are able to come together and are taken care of. Often times, for those who practice *kev cai dab qhuas*, *kev muaj noj muaj haus* requires that families attend an event such as a *hu plig* (soul calling) and come together to make sure that the individual(s) for whom the ceremony is performed is healthy. The second-generation often refer to learning about traditions from these events that are scheduled during the weekends during their youth and adolescent years.

Section Two

Modern or traditional? Traditional or Culture?

Those who consider themselves growing up in “traditional” households were more likely to acknowledge a spiritual component of well-being. There is a misperception that being traditional is conflated with *kev cai dab qhuas*. Regardless of religious affiliation, those who grew up with Christianity, Shamanism, or both, state that their parents are traditional, even if the parents believe they are modern. Therefore, tradition seems to coalesce more so with *kev cai qub*, which although it intersects with *kev cai dab qhuas*, can have aspects that aren’t affiliated with religion. Therefore, when speaking of tradition, the line between tradition and culture also become obscure. Since culture is the way of life of a group, this is expected.

As noted, all parents interviewed brought up a component of spiritual health, while only a handful of students mention spiritual health. However, some students speak about aspects of spiritual health without actually explicitly recognizing spiritual well-being. Through the interviews, students often talked about spiritual health when they spoke about cultural traditions and beliefs. For those who were Christian, there was traditional Hmong culture that was independent of *kev dab qhuas*. Although her parents did not mention it to me during their

interview, Sami Moua spoke of her parents using herbal medicine, a tradition that has been passed on from her grandmother, an herbalist on her father's side. Sami, who listened in to her parents' interview states that "although my parents think they are modern, they are still traditional." Although she doesn't explain further why she thinks that, her own experiences are more telling.

Her parents' primary action against illness is to use the modern biomedical system. They often consult with their uncle first who is a medical physician. This is similar to other participants who report that their traditional parents, who are wary of medical doctors, often go to their friends, family, herbalists, or shamans for health advice. Although Sami's uncle is a cardiologist, her parents consult with him initially because they trust him, a factor in which some students speculate that their parents, most often their fathers, don't use the biomedical system because they don't trust American physicians. The Hmong community relies on the connections that they make with their respective care takers, such as shamans or herbalists, and the reviews of their care from trusted friends and family sources. This is often not provided for them, or is difficult for them to obtain in a biomedical health system. The reinforcement from trusted individuals helps to encourage the healthcare seeking behavior.

Furthermore, Sami demonstrated that her father had instinctive knowledge of herbal medicine (or *tshuaj ntsuab*).

I had an allergic reaction to amoxicillin... We were eating dinner, my throat feels like it's closing... so we went to my uncle's house and he looked at my throat and he [said]... I think you're having an allergic reaction, so we went to the hospital. On the way there to the hospital... my parents made me drink some hot water with lemongrass in it, and by the time we got to the hospital, they were like everything seems fine but my uncle was like yeah, but it was not fine five minutes ago. He was just like, how is this possible? Sami Moua

She recognizes that herbal medicine is an option that can benefit her health even when she and her parents have a stronger trust in the biomedical system. Although she herself doesn't know the scientific evidence for the herbal medicines she's used, herbs with anti-inflammatory properties have worked for her before. Maddie Moua, who also grew up in a Christian household, ordinarily chooses to use herbal medicine over pharmaceutical medicines, when she can obtain them. Although her family regularly uses herbal medicine, she tends to use herbal medicines because she doesn't like chemicals in her body. She has taken several classes in high school and college, and with health information widely available online, she opposes western drugs because of the chemicals in them. However, as the oldest of five girls, she has admitted that her sisters, including herself, have doubted their parents' choice of herbal medicine while growing up. She explained that herbal medicine and modern medicine are used interchangeably in her family.

... my mom and dad they give us herbal medicine first, and if it doesn't work then they'll go to modern medicine...also if it's a sickness that they feel like they can't handle, then they'll go to modern medicine... For fevers and stuff like that, I feel like we just use modern medicine now, whereas if it's like a cough or like your muscles hurt or if you back hurts, then they'll go to traditional medicine first... when they don't use herbal medicine, I feel like it's not their fault. I feel like it's the kids fault or whoever they're giving the medicine to because we're in a westernize culture now. We automatically lean toward modern medicine, and so we think that herbal medicine are just trees and plants and it's not going to work. And so sometimes like my sisters and I, we'd be like oh, but that doesn't work but we take it anyways because our parents gave it to us. Maddie Moua

She defines modern medicine as pills, drug store medications, and pharmaceuticals. Although she may be unaware of the scientific properties of the herbal medicine her family uses as well, they've been historically used through trial and error. To be an herbalist in the Hmong community means that you learned the trade, most often through a family member to where it becomes esoteric knowledge. Herbal medicine or *tshuaj ntsuab* is separate from *kev cai dab*

qhuas but it often used concurrently with certain *kev cai dab qhuas* traditions, sometimes needing both the traditions (i.e. chant) along with the herbal medicine to be effective. Both Sami Moua and Maddie Moua demonstrate that although they are Christians, Hmong cultural traditions continue to influence their family dynamics. However, additional influences, such as academic education factors into their preferences and health choices.

Alex Vang stated that he grew up being exposed to both the Christian faith through his father, and Shamanism through his mother. While his mother had converted to Christianity while she was still married to his father, Alex's mother, Ger Yang grew up with both her parents being shamans. Alex admits that he grew up conflicted, not really understanding either faiths.

...there was a period that I proclaimed I was Atheist. Cause like I don't really know if it works so then I would question it because, [I was unsure if] like is it really helping me, is there really a god or do our ancestors still really exist because I don't really feel helped from anything you know, but I believe that there is a higher power but that's it really. So like it's now more like I really believe in it but like it's like part of me so it's been ingrained in me you know, especially shamanism because I've been exposed to it more.

After having time to reflect on his own beliefs, he has begun to believe more strongly in *kev cai dab qhuas*. When asked what is something that he strongly believes in, he answered:

...the tying of the strings [around your wrist], cause that's what I believe in because if they tie it on to you... you're protected from the spirits and stuff... and if they say some words and they tie it on you, you'll be ok...when I was a kid and I didn't have this [string tied unto my wrist,] I would be so scared at night because I would always think that ghost would come and take me away, but then like when I have it on I feel safe because I know that their words will keep the ghosts away.
Alex Vang

During the interview, he was wearing a white and red string around his wrist that is often tied during a *khi tes* (tie the hand) or *khi hlua* (tie the string) ceremony. The white string aids in keeping the spirit in the body while the red string wards off evils spirits. He explained to me his purpose for wearing it:

One reason is to show off my Hmong-ness because nobody has it and when people see it, they're like oh what is that? Second, it's because my dad, I think not only does it ward off evil but then to also have good luck. Because I think it's the words they say that instills powerful things into it. When he, [my step-father] said it, it's because I'm far you know? We're in LA and they're in Fresno, so it's to keep me safe. Just because they did it I feel like I should wear it.

For him, the string around his wrist is a cultural identifier that distinctly labels him as Hmong. It was not only meaningful to him, but also a fashion statement in which he could tell his non-Hmong American friends that he is Hmong. Although he articulates his beliefs in an irresolute manner often using "I think," his beliefs are strong enough that it impacts his life in minor ways. For example, he chooses to wear the strings when he could simply cut them off. As in other shamanic cultures, the religion instills a community. Rituals/ceremonies require that you bring attention to the individual, and seeing others care for you ultimately is the driving force that reassures your well-being, regardless if it did or did not improve health or prevent sickness.

While Hnubci Xiong uses very scientifically based methods to measure health, her desire to work in the Hmong community enlightens her to use a different approach in helping the Hmong community. She explains that she socializes with the elderly to understand their experiences and the reasons why they do not seek healthcare. Not only do they distrust the western medical system, financial and language barriers are additional reasons why Hmong elders would rather turn to herbal medicine or shamanism for health promotion. Additionally, she explains that Hmong often have a reputation for prioritizing the spiritual and natural:

...we have a certain respect for our bodies, for example when my grandma was really sick, she was in the hospital, the doctor offered to do a feeding tube for her body and because she couldn't swallow, they said they could do a feeding tube. Her children told them no we're not going to do a feeding tube because we want her to die peacefully with no holes in her body...

Because these preferences have embedded in them spiritual beliefs about respecting the body and natural processes, there is often times distrust in modern medicine practice that may contravene

these ideals. For Hnubci, whose goal is to become a medical doctor, this can be disheartening at times. However, she supports her parents' use of Hmong traditional ways of healing and health promotion because they've worked for them, and it sometimes benefits her own health and belief system:

They usually have a stash in the cupboards of like herbal medicines for different pains that you have, I even use it myself too. Yeah there's like this herbal medicine for cramps when you're on your menstrual period, I know like also like it can also be used for stomach indigestion so yeah I use it for myself too... For me, like I'm really against drugs and antibiotics, because I learned about antibiotics in high school and that the more you take antibiotics, the more your body becomes resistant to it so I usually don't take a lot of antibiotics. I take precautions and I know there are side effects of drugs if it's not carefully done so I kind of have this paranoia about taking drugs, so I usually just use my parents' herbal medicines. Hnubchi Xiong

She ensures me that she does consult with her physicians when needed. Participants like Hnubci express that they agree with their parents' use of herbal medicine or traditional rituals or ceremonies when they need to. Her support for herbal medicine stems from the fact that herbal medicine has not worsened her health after experimenting with it herself. Therefore, she feels better that her parents have an option to use it. In fact, it has often alleviated her own symptoms without having the negative effects that she gets when she takes pharmaceuticals and over the counter drugs. However, it's important for Hnubci to exchange health information with her parents to make sure that they use alternative western health promotion strategies—alternative for them that is, especially when the health issue is dire.

I usually make sure that I talk to them about what I know, what I learn from health panels or health trainings that I've had, and I just use what I learn to broaden their knowledge on health out there... they've had their health insurance from Obamacare for 2 years now, they've been having access to it, they got physical check-ups and so when they feel sick and stuff, I usually tell them... don't wait, if you have a lot of pain, don't use your herbal medicines and then I usually tell them... you don't want to wait until the last minute and then you have this major pain and you can't do anything about it if we're not here to help you because most of my brothers and I are either at work or at school... they look

young, but then like you know they're growing older and as you grow older, you start to decrease metabolically and like you know your body is not the same as when you were young so I tell them to make sure that they check their body and check their health because they have insurance for it. Hnubci Xiong

Hnubci willingly accepts and practices both traditional and biomedical forms of healthcare. To her, you alternate the practice you use depending on your personal circumstances. There is however, an indistinct inclination to favor the biomedical healthcare system by the second generation. Herbal medicine is used to treat symptoms and as long as those symptoms aren't too severe or if the herbal medicine doesn't deteriorate one's health, then it is acceptable. In recognizing that her parents will benefit from the knowledge she's gained, she approaches her parents in a culturally sensitive way. She doesn't disrespect her parents' beliefs.

Furthermore, her ability to talk openly with her parents about *kev dab qhuas* has also reinforced her support for *kev cai qub* and the results that proceeded after the traditions were practiced, as demonstrated below. She informs me that she had a conversation with her mother that gave her goosebumps because to her it was unimaginable. For example:

[My grandma] was close to passing away and my family and relatives were really worried that it's not her time yet you know, because we were worried that she was going to leave but because she was feeling really ill and then she was not spiritually there with us so they asked for a shaman and he did a *ua neeb* [shaman ritual] and it's really rare to me to see this kind of scene, because what they did was [that] relative representatives of each family would be given a cloth pocket and [they] put a teaspoon of cooked rice and a strip of boil chicken that was sacrificed. Then each relative will sew it onto the shirt of my grandmother. While doing that the shaman is doing his chanting and ways you [usually] would see during *ua neeb*. So I've never seen that before and I think that's one of the most memorable experiences... seeing the shaman do that, and they would tie the pig around her... and when I asked my mom a few years later after my grandmother actually passed away, she said the reason why we did that was to extend her time of living with us,...but it kind of just made me realize like wow, it probably works, and I don't see it spiritually but you know it's amazing how the results come out through having to do *ua neeb* or *hu plig* or stuff like that, and so yeah when we did that cause like my grandmother was ill and she was close to just passing away that month but they wanted to ask a shaman if they could extend her

living promise on the land, so when they did that, she lived for another few years and then she just recently passed two years ago. Hnubci Xiong

Hnubci admits to not understanding the tradition when she witnessed it. Reflecting on what she saw and being appreciative that she gained more time with her grandmother have helped her to learn and continually navigate her perceptions of cultural traditions. In this case, it has strengthened her belief in Hmong traditions or at least her acceptance that enigmatic events can happen as a result of them. Her father Choj Xiong, would later explain to me that his mother-in-law's passing was a dark time for his wife and Hnubci. Although he insists that he does not utilize traditional methods of healing often, he sought out the help of a shaman during this time.

...my wife was crying so hard, she lost her mom, she lost her world, she lost all her happiness and you know that particular reason, the Hmong people do believe that maybe... your spirit will chase after her... the spirit will follow the mom or [go] looking for the mom...that part was the most darkest in her life and also my daughter Hnubci's too, so I actually go and ask this lady from Fresno, she's a very good shaman, and she come to my house and she actually do the shaman thing, and actually go get the spirit of everybody [to come] back home... It's the same like psychological, [for example] it's the same as you have a very good friend right and she left to work to the other side of the country right, you will not see her for a long time, and you will miss her for awhile... [similarly my wife] is going to be very sad and to get the shaman there and [for] everybody [to] *khi hlua khi tes* and all of that, you know that physically we all happy [even though] we're still sad... [but] spiritually, the spirit is very happy too. Choj Xiong

There is nothing inconceivable here as Choj's intentions and purpose for hosting this tradition are clear. In understanding that his wife and daughter are struggling emotionally, and to prevent his wife from also losing her own spirit, he enlists the help of a shaman. He asserts that in a situation like this, a medical doctor would not be able to help. There are instances in which consulting a medical doctor is appropriate, while at other times, herbal medicine or shamans are instead employed. In this case, his wife's spirit was threatened and therefore a shaman was needed to secure her spirit. Furthermore, he emphasizes that relatives were invited to come and *khi hlua khi tes*. Although he doesn't provide an explanation of this process, the *khi tes* process

generally allows for relatives to recite traditional blessing incantations and to provide words of support and encouragement. While the traditional ritual and incantations function to reconnect the spirit and body, the presence of the relatives and their physical and emotional labor that they provide for the recipient aids in the healing process.

Second generation raised in traditional households have varying levels of knowledge on *kev cai qub*. When asked if their parents still practiced Hmong traditions, second-generation informants who stated that at least one of their parents were more Americanized would use the biomedical system before using a traditional method. "Americanized" thus becomes a proxy to mainstream perspectives of conventional medicine. In interpreting their own parents' health habits, some participants would briefly state a character that they thought was not commonly attributed to "Hmong-ness".

My parents, they're pretty Americanized. It's kinda like whatever works, like shamanism, *ua neeb* is there to help us, my dad doesn't like to go to the hospital but then whatever works, then he'll agree with it but then he still doesn't like to go to the hospital. He doesn't like to take medicine, he doesn't really believe that he's sick sometimes, he thinks he doesn't get sick which he doesn't get sick very often, and he doesn't take the flu shot too...I don't know but that's their difference, my mom is more likely to believe in [western] medicine. But both my parents know that medicine does help, and physically it's also different from spiritually too because you know that it's spiritual when you go to the hospital and they see nothing's wrong but you're hurting in some way, and that's usually when you know that it's spiritual. Lena Chue

...my dad does [follow *kev cai qub*], my mom she's a little bit more Americanized so [she doesn't follow *kev cai qub*] not so much but mostly just my dad...My dad does not like to go to the doctors for check-ups or anything like that at all. If he ever feels unwell, he'll refer to his friends and then they'll kind of like help him, I guess give him a prescription and tell him to buy this medication at the Hmong store or something like that, or if ever we're sick or something then, he'll have a shaman come and do a ceremony. Tiffany Chang

As expected, they both unknowingly set the standard of health promotion in a western biomedical model. Although they suggest that their families are more Americanized, they talk

about how their parent(s) don't follow the accepted social rules that Americans observe when it pertains to seeking healthcare. This implies that although they have observed the dualities of Hmong culture and American culture, they have accepted the American social order of taking care of one's health. This seems to manifest in ways that suggest that Americans have a standard process for care and that health is not achieved when you don't follow these recommendations (i.e. getting a check-up, obtaining vaccinations, taking medicine). This is the implicit disconnect between the first and second generation perceptions of health. As demonstrated in Section One from multiple first generation participants, health promotion to them is often embedded in the values that guide one to do good. However, the second-generation did not disregard Hmong cultural traditions altogether.

The majority of the time, participants reported that cultural traditions were important for their families and their community, although to them, cultural traditions are enigmatic and yet essential.

Basically I know every year we do it, just to welcome the new year. Yeah. And what it basically is calling back your spirits and I think that's all I can think of right now. I'm having a hard time explaining it... but you don't really know if it helps you but... I think it's more of like a mental thing in a way. I guess knowing you know how they call back your spirits and you feel whole again... Honestly I kind of grew up with it so when I could remember, we've always done it.

TK Yang

I never really have questions on it [*hu plig*], I just know that that was normal [even though] my parents [mostly] cut that out my life [because they're not as traditional]. We did have experience with [*hu plig*]... and I just grew up kind of accepting the fact that we just do that and I never really know why but I guess we kind of do this to call our spirits and call out for ancestors and stuff but I never really think too much about it, or have any strong position on it... I just interpreted it as 'oh they're just doing that. But then I do hear from other friends, or other Hmong students, [and] they just say stuff and it's like, 'oh – okay, that's why they're doing that.' That's just where I got it from, I get influenced from other people that's traditional and then that's where I [understand], 'Okay, that's why they do this at the funerals or that's why they are killing the pigs or like

sacrificing the chicken because they need to do that for the ancestors and for our spirits to be well and to have a new fresh start of the year... Heidi Kue

These interpretations vary and depend on how the first generation negotiate their experiences with biomedical or traditional standards of health. For the second-generation, deeper understanding and realization usually comes after having discussions with friends who they relate to and compare stories for understanding. Through this process, they negotiate their own beliefs. In respecting their parents' beliefs and making sense of their upbringing and exposure to certain aspects of American culture, they have interpreted for themselves what they should do in regards to their own health.

Bryan Vang grew up in a traditional household in Oroville, a city in which there is a dense concentration of Hmong. Bryan has some reservations talking about the community that he grew up in because his own experiences have generated for him certain antagonistic notions of the Hmong community. In needing some independence and adventure in a bigger city, he chose to continue his college education in Los Angeles. It is in Los Angeles that he became conscious of not having a close Hmong community that had been ordinarily convenient for him. Through his separation from the Hmong community that he grew up with, he became more conscious of his differences, both in character and principles from other Asian students. Through this realization, he began to explore again what Hmong-ness was to him. Although he has a greater appreciation for being Hmong since moving to Southern California, his perspective on *kev cai dab qhuas* is dynamic and continually changing. This was especially salient throughout our conversation. He explained to me about a time his family performed a traditional ritual on him.

When I was in the hospital, my uncles and grandparents would come in and they would tie the red strings on my hand and then they wish for better health and to just get better. Then when I got out of the hospital, my parents, they sacrificed animals as a way for my spirit to heal... My interpretation of the red strings is for

better health and for protection... [to protect me] From what they believe that's maybe causing me to get sick. Bryan Vang

At first, he definitively stated that he didn't believe there was a spiritual reason that caused his hospitalization. He grapples with these beliefs because he sympathizes that it does go against his parents' belief system, but his strong belief in scientific knowledge takes precedence in his value system. He stated:

...it's a clash but I was leaning more towards the science part and just whatever the doctor said, I believed all of that. And like their results that they gave, you can clearly see what happened...that was a better [explanation], that was more believable than what my [parents believe in]. Bryan Vang

It is scientifically founded knowledge that is at stake when he grapples with accepting among cultural traditions. However, he does not intend to disrespect his parents and their beliefs. He allows his parents to perform the *hu plig* and *khi tes* ceremonies for him, in order to benefit their own peace of mind. Although he may be the focus and intended beneficiary of the ceremony, it benefits his parents by putting them at ease while they believe that he is protected by the cultural traditions. When delving further into what he actually believes, he became more ambivalent when he reflected on his own experiences, and the superstitions that he has grown up with. For example, he first stated that if he has witnessed it, then it is more believable:

...when we do these sacrifices, I've seen people [that] have gotten better if they're sick. So if I see results, then I believe in that...what makes me kind of question it, [is] when it sounds unbelievable or if they'd done it and it doesn't work...

Following this statement, he made another statement that further obscures the notion of what becomes believable. He talked about a superstition that he has grown up believing:

...so my parents would say do not point at the moon, or else it will come at night and cut your ear. So I never believe that. My sister, she pointed at it, and then the

next morning, her ear was cut so that was believable. It never happened to me but... [I never pointed to the moon].

After providing me an example that he does believe in, he tried to illustrate a tradition that he does not believe in. He started with:

My grandpa during [the time of Hmong New Years]... he would use maybe the rice wheat and go into our rooms and he would kind of like brush our rooms, as he was doing it he would say stuff... I guess just to get rid of bad spirits. I think that's my interpretation of it. But I haven't experienced anything that... goes on in the house. But now that I think about it, it could be just because of what he's done. Well I was trying to think of something that makes me question something that I think doesn't work...

During the conversation as he reflected on his own values and beliefs on this experience, he stated:

Yeah I'm thinking that it might work. Cause I haven't experienced anything bad.
Bryan Vang

Just in this one conversation, Bryan Vang demonstrated to me the navigational processes that many Hmong second-generation undergo. Although he still values scientific knowledge, he considered it less of a factor when he admitted to valuing ideas and beliefs that cannot be scientifically supported. He even changed his position on a belief that he at first didn't believe in. As one of the oldest second-generation participants, he demonstrates that there is no time-frame and age limit that their health beliefs become inflexible. Hmong beliefs and traditions, in general are dynamic, possibly even more so in the United States because the Hmong community is becoming more heterogeneous. As Bryan Vang demonstrates, there are aspects of Hmong traditions that he doesn't quite believe in. Other participants have witnessed non-believers rudely disparage their beliefs about Hmong cultural traditions. This is in actuality common within the second generation as they continue to grapple with what their beliefs are when navigating their world of health information.

The majority of the participants' state that they learn about the cultural traditions by watching them while growing up. It was a reoccurring cultural theme in that weekends were dedicated to going to relatives' homes, and either observing or partaking in the events. A majority of the participants would see that their friends would have to do the same thing. For Hmong youth, it is the norm to attend these events during the weekends. They would ask each other questions and navigate together the meanings of the rituals that were observed. When they had learned enough and still needed clarification, they would also ask their elders.

So like when I was a kid I would go to my grandparents' house because they would *ua neeb* so...they would tell us about what *ua neeb* is so that's how I knew, and I learned more of it from my grandparents then I did my mom, and a lot of it was just... you're a kid and your forced to go to these places and so you follow them and then you just kind of observe what they do, so that's kind of how I learned, from like being a little kid and walking around and seeing what happens.

Alex Vang

I had a lot of Hmong friends growing up too and I realized they always went through the same thing too so they would always have like little ceremonies or rituals on the weekends and then I just thought it was a common thing, but then...we would talk about the things that go on during those rituals and they would say like the shaman would get on the bench and jump, and they would have... the circular medal thing...[with] clinks on it and so you shake it... And then we would talk about things that go on during that ritual and I was just always curious as to why we had to do that all those stuff...I would ask my mom and my mom would explain to me and I would ask my dad and he would explain to me about what was actually happening.

Tiffany Chang

Fer Yang's upbringing, as he explains, is not typical when compared to that of other second generation Hmong. He started learning about cultural practices at the age of five years, which he states is unusual for the second generation. Although he doesn't claim to know all the Hmong traditions and cultural significance, he does state that he was raised in a very traditional household. As a result, he often addresses the second generation as "the youth" when he himself is part of that generation. He professes that his mind is "very old." Because of this, I sought his

advice on how he navigates his perceptions on health versus “the youth,” and why he believes that the youths' questions are out of context when they want to learn about cultural significance.

He responded:

... I spent my childhood with elders only so I never had that child experience you know... when I was 5 [years old] my dad starting teaching me all the traditions and cultural customs and what not, so by the time I was 10 [years old], I knew things that elders would know, so it wasn't normal for a 10 year old to know these things. So for me, the only people who I can talk these things to and they can relate to were the elders so then I spent a majority of my childhood with the elders, so now I always play the elders advocate. Whenever we have [Association of Hmong Students or] AHS discussion... I feel like the youth, when we talk about things we always say 'oh you know like the elders think this way and things like that', but sometimes it's how we think they think, it's not necessarily the way they think right... for me being with them for so many years, there are certain patterns of how elders think and how they talk about certain things you know, and while some of the things the youth say are accurate, there are also certain things where a lot of them are misinformed, miscommunicated, or misconveyed... I think once they [,the second generation] learn how to fix that, then they will understand each other better... I feel like they want to ask the question but they want to treat...the [Hmong] traditional methods the same as how they will do a research paper for a scientific article... and the science aspect of it and these spiritual aspects of it don't go together so...they're trying to solve something spiritual through scientific methods and that doesn't work because that's not the right approach. For me it's because they are using the wrong approach, they're asking the wrong questions that they don't understand these things in the spiritual side. So once they learn what approach to use, then they could better understand where the elders are coming from because the elders they only understand this aspect of it, and the youth a lot of them only understand the scientific side of it... they don't really pay attention to the spiritual approach of it, but the elders only know how to use the spiritual approach so that's the only method they will ever use, so then it's... scientific method against the spiritual approaches... and hence why there's always this miscommunication, misconveyed things, and misunderstanding between the two generations.

For the second generation, there are certainly factors that are most salient in influencing their health perspectives. These factors include family dynamics, religion, health education in school, access to internet, strength of association to mainstream society, age, and exposure to *kev cai*

qub. Although broad, this also demonstrates the complexity of lived experiences of Hmong second-generation.

First Generation: Old or New? Eastern or Western? Hmong or American?

Tou Moua, Sami Moua's father insisted that there is a difference between western and eastern cultural perspectives which thus shift how health is perceived. In the United States, being healthy strictly to him is having a good education and good job, to ensure that you have the means to live well. He states that conversely, the Hmong way of health means depending on your family and sub-clan, as well as the extended clan to come together to ensure well-being. For him the "Eastern way" is that you have the family support, and you share everything with them, and the family takes care of each other. Western society depends on materialism and being self-centered.⁷¹ He understands that to survive in the United States, he must prioritize his well-being including his financial success, to then contribute to the well-being of the sub-clan and extended clan. His wife, See Lee uses the example of her husband's educational trajectory.

...once we got married, he just [had] his bachelors right... he work[ed] at social services, like [he was a] social worker, but you're only making that amount of money right, because that's what you'll be making...it's not the life you want, if you want to be healthy, happy, you have to go farther than that right? So that's why we have to go farther and pursue his education... When you complete your education, you got a good job... I think I consider we're ok now...

See Lee

Through education, they are able to make more money and therefore provide for themselves and to have a healthy life. They take care of themselves first before they can assume the responsibilities of taking care of others. When possible, they get involved with their church so

⁷¹ Interview. During the actual interview, Tou states "' [western] society a lot more into materialism, self-centered or something." I interpret this as intersecting with individualism, or "pull yourself up from one's own bootstraps" mentality.

that they can give back to the community. See Lee adds that even though they are Christian, they still practice *kev muaj noj muah haus*, or the social gatherings needed to ensure that everyone is healthy, happy, and getting along well. These social gatherings contribute to the well-being of the family, clan, and in this case church members, who affiliate *kev muaj noj muaj haus* as a Hmong cultural custom, which they don't associate with religion.

Similarly, Choj Xiong differentiates western and Hmong perspectives of health. As the oldest participant interviewed, he stated that he believes the Hmong lag behind the American people. He stated:

...I don't think Hmong people are really learning from the scientific way of finding out if you're living healthy or wealthy... We hardly believe other people you know and we [are] not searching to live longer, living healthier and all that...

Although he understands that modern society values scientific evidence, his statement also infers that culturally, Hmong don't prioritize the western ideology of using science to find an elixir. It is culturally ingrained knowledge that each individual's life has been predetermined by the "papers" they were given, when they were reborn into the human world. However, as demonstrated earlier through the proverbs he mentioned, his strong beliefs about taking care of yourself allows one to live a productive life. As an elder who settled in the U.S. during the first wave, he has seen the community undergo many changes. He is particularly worried for the health of future generations:

I think the Hmong people do not understand the way to living like the American people you know, to live healthy we have to do exercise, and you have to eat certain foods, and you have to follow a certain way. I don't think the Hmong people are up for that yet. One of these days maybe the modern generation will but as of right now... you see a lot of our Hmong people who are very heavy weight right, and that has to do with their diet. So they are careless about health whether it's certain foods that you eat or things like that... Choj Xiong

He addresses that the younger generations' struggle with overweight and obesity is a result of his generation's struggle to adapt to American standards of health. With that, the true meaning of *noj qab nyob zoo* has changed over time:

...when we first got to America, all the Hmong are very skinny...because they come from a country in which we were poor...when we came to the US, we ate well, we dress well [*noj zoo hnav zoo*] then we forget that *noj zoo* (eating well)... will make our body not well... [when] we're eating all the time...I think that the Hmong needs to change their diet so that Hmong see that if we eat too much, then we'll get fatter...This aspect in which our living [*ua noj ua haus*], there is not one that teaches us to eat what, to do what, to prohibit what, and to eat how much and exercise...

This notion of dieting and American standards of exercise is relatively new to the Hmong community, although physical activity was unavoidable if one was to make a living in Laos. Choj Xiong believes that more research is required to integrate dieting and exercise in the community which has become sedentary, because in the past, making a living in the fields often integrated physical activity. However, this also demonstrates how strongly American perceptions of health have seeped into the first generation's perceptions of what needs to be done to be healthy. This also suggests that mainstream health messaging implies that the lifestyles of the Hmong are causing them to develop chronic disease at alarming rates. Ironically, it is the first generation's adoption of American norms and standards that have increased their risk of disease.⁷² Although Choj Xiong believes that education and research can help to find strategies to promote the health of the Hmong community, I believe that those strategies should be focused on strengthening the aspects that are already working for the second-generation (which will be discussed in Section Three).

⁷² Devlin, "Our Lives Were Healthier Before."

Choua Yang, the mother of Lisa Moua hasn't interacted with Americans much and therefore wouldn't know if there are differences between Hmong and American perceptions of health. However, her husband believes that Hmong health perceptions are equivalent to western health perspectives. Pheng Moua stated:

[Hmong perspective of health is] the same in that Americans want to be healthy, Hmong want to be healthy as well and not have illness and sickness...they must protect the things that are good...In terms of eating, lounging, and all sorts of stuff, it's the same. Pheng Moua

Similar to Choua Yang, Ger Yang, mother of Alex Vang stated that she wouldn't know if health perspectives of the dominant culture would be different from Hmong culture. She has twelve children. Alex testifies that she would take them for an office visit when several of them were sick at the same time. Although she hasn't had formal conversations of what mainstream Americans believe health is, she has certainly adapted to the ways in which illness is treated in the U.S.

Mailee Yang, the aunt of Alex Vang brings an additional perspective. Although she was born in Laos, she came to the United States when she was very young. Mailee Yang stated that only recently, she and her husband have become more involved with the traditions. Speaking from her experiences, being caught in-between the younger first generation and the older second generation, has continually shifted her values. She stated:

I was raised believing in like the religion, but it wasn't really until I got married, my in-laws... are more traditional than my parents and my husband is traditional too, but I'm just happy that he can see it from two [sides], because he has friends that are much older than him and friends that are much younger than him, so we get to see the two. But after my father in-law passed away, that's when my husband really got into the Hmong culture. That's what he is learning right now...and because he believes it so much, that it kind of rubs off on me... I believe it before but I think now and plus I'm getting older too, I just feel like more connected to it whereas when I was younger, it was [more like] I believe in it but I don't really understand or know the true meaning. Mailee Yang

Mailee Yang's experience is mirrored by many immigrant groups who, when resettling in the United States, choose to acculturate into mainstream society in order to become economically stable. However, later in life when they begin to start their own families, they choose to reconnect with their culture. Although Mailee Yang and her husband do not have children, her father-in-law's death has prompted her husband to learn the Hmong traditions. One of the traditions that her husband has learned was the funeral rites to help spirits of those who have passed be guided safely to the spirit world. Faced with the reality that the elders are passing, it is even more pressing to learn the traditions that the elders believe will help them in death, as well as to provide good karma for those who are still living.

Many of the traditions are learned through observation. Many of those who practiced *kev cai qub*, stated sentiments similar to Pheng Moua and Choua Yang when they agreed that:

[The children,] They watch us... and then they just follow us, and [equivalently] all our elders, they follow and believe that...since we believe in it then it seems like our family will believe like us. It's just like that. One generation to the next.

Although in some families it may come easier than others, meanings are lost through observation. Without a formal written language until recently, oral tradition was the method to pass on *kev cai qub* knowledge. Much of the expectation from the second generation is that they be observant. As demonstrated earlier, some second generation do observe or partake in the traditional ceremonies. However, like Mailee Yang, they have barriers to understanding the meanings of what they observe. Ger Yang, mother of Alex Vang, firmly believes that the second generation will not follow *kev cai qub* in the future, as it will become the norm because the second generation has a limited understanding of *kev cai qub*. She explained for me:

...the reason I believe in the future that there won't be those following these ways is because when we do it, they don't come and watch, and they don't come and say 'oh who is my dad calling to come eat, and what is my dad doing, what is my

dad saying when he is burning paper, when he calls them to eat what is he saying to them for them to be able to eat the food, and receive and go off with the paper money' right? So when you don't even come study about that and we don't even know if they got it or not, then it's skeptical to believe that when there isn't us anymore, if they can call us to be able to eat right? So that's why I tell you that maybe in the future when there isn't us anymore, then you all won't do that anymore. Ger Yang

She also explains that she understands that the second generation mainly speaks English, therefore making it harder for them to understand. Her assumptions are also influenced by her kids retaliating in the past with statements like "Mom, we are American, we aren't Hmong, and in the future we won't do these anymore."

This section demonstrates that both the first and second generation are active players in syncretizing opposing cultural elements with mundane concerns of day to day life. As refugees, the first generation often distinguished between western and eastern, and the traditional and modern. Although second generation participants gather what they know to be traditional and modern, most of their belief systems are grounded through a Eurocentric stance in which eastern is the alternative to what is their normal. However, Hmong traditions and eastern models of understanding health are conceivable because of their direct experiences and relationships with their family and friends who share similar backgrounds, which then allow them to accept or at least consider a multicultural approach to health. This process is constant for the second generation where each individual adopts some components of each approach, as to why many participants state "we do whatever works."

Section Three

Health Behaviors: Nutrition, Physical Activity, and Stress reduction

Nutrition

All second-generation participants demonstrated some understanding of nutrition and fitness by American health standards. However, the majority of the participants spoke of these standards by addressing that they were not actually meeting the recommendations. This is true for both generations. Often times, the second generation understand that health issues or health problems are prevalent in the family or community (i.e. overweight and obesity, diabetes, high blood pressure). Although the first generation has faced the brunt of experiencing and learning about diseases and trying to manage them (instead of preventing them), the knowledge is not passed down to younger generation. Research on diabetes has found that first-generation Hmong think of diabetes as a “western disease” because it was not known back in Laos.⁷³ Therefore, they have depended largely on western health educators to teach about “western” diseases. As a result, it is implied that the responsibility of teaching the second generation about health and illness is that of the institutions. With respect to how traditional knowledge has historically been passed on, this makes sense because from the first generation’s experience, they were taught about the common and important diseases while they grew up in Laos. In the United States, they were only taught about the illnesses when they began to experience these illnesses at alarming rates. Furthermore, disease prevention information has been minimal but when accessible, materials are not necessarily culturally understandable to them. Currently, both first and second generation have a fairly good understanding of what public health recommendations for them

⁷³ Devlin, “Our Lives Were Healthier Before.”

are, but it is limited to societal standards of what to do and what not to do. They understand the notion of eating healthier (i.e. eat less rice) and increasing physical activity, but their food preferences and lifestyle comforts often dictate their lifestyle choices.

With my own focus on active lifestyles and good nutrition as a way to prevent overweight or obesity, I asked my participants about their nutrition and physical activity. This resulted in many nuanced versions of the same thing:

I like [to eat] American food which is pretty much pizza, hamburgers, sounds good right now. I don't know like fries, although it's not American but it is American, and then like Hmong food. I feel like honestly I miss Hmong food a lot because I've been living in an environment where it's mostly American food, Hmong food or Southeast Asian food because Hmong food kind of stretches to Southeast Asian food. I miss that. I eat like pretty much anything.

Sami Moua

I don't usually go to the dining halls, usually, I do the [residence halls] take outs. I could get like a sandwich or if I don't want a sandwich, I will go to Ronde and they serve Asian food... [similar to] Panda where they have chow-mein, rice and the entrees. But when I do go to the dining halls, I usually go to the shortest lines. So, recently I have been eating like a lot more pizza, which I know is not good for me...I don't think of my health when I'm eating...It's whatever I can get my hands on...

Lisa Moua

...dancing really helped me with my stress issues, and yeah I just like dancing and then also I - within dance, they also taught me to do yoga stuff and then yoga really helped me to just like meditate and to just exclude everything else and breathe out the bad in me and to just relax and let go. So that really helped me along with like my growing path... [Eating healthy is] eating your fruits and vegetables, drinking water, exercising to help digest those foods, and then also eat like a little bit of...bad food but not a lot...and still maintain[ing] your fruits and vegetables, your greens and everything... I try to [eat healthy] but I think because I'm living on my own right now, it's very hard for me to just have that time to go buy all the fruits and vegetables... when I do, I buy too much and it goes to waste or I just, you know, get stuck with school... and I don't eat breakfast or eat my fruits and vegetables all the time.

Heidi Kue

Usually I go to school daily and I probably grab a banana or a fruit and from there, I eat between breaks so whenever I have a break, I would eat I guess... Honestly it varies because I don't pack my lunch so I go out to eat a lot... Usually like chicken bowls... from Waba Grill. I eat a lot there. It's basically you choose what kind of rice and protein. So like chicken, beef, fish... I guess it fills me up

longer... I think it has to do with how we grew up eating rice in a way, like I enjoy eating rice... yeah it is out of convenience too cause it's just down the road... TK Yang

For me, I try as much as I can to go to the gym as often as I can and it's very convenient now that I live in the apartments and we have a gym here so that means we don't have to walk all the way to campus. And I try to be mindful about what I eat too, and then for me I get stressed out very easily, especially when it comes to school life here, so academics and then also organizations and then I have my own research stuff too going on at work as well... I really like to eat a lot of fruits. I'm not really a vegetable person, I'm more a fruit person so I try as much as possible to eat fruits, and when I go a long period without eating fruits, I start to crave fruit so that's something that I constantly have...I'm not a big fan of fried food, so I try to stay away from that as much as possible. I just don't like the way that it tastes... when I'm stressed and I haven't eaten for a long time, I try to make sure that it's something good, something that is not like fatty, well not super fatty and not something that will tire me out like fast food. So I try to grab a sandwich or like maybe some Jamba Juice along with a fruit or something when I'm campus...I was really good last year but this year, it's been kind of hard to cook my own food and pack it for myself when I go to campus... When I'm here [in LA] I usually try as much as possible to walk to wherever I need to go. So some days there's a bus that runs but some days when it's a nice day, I just prefer to walk instead of taking the bus... [instead of] spending hours at the gym working out, doing weights or whatever, I much rather just walk for a very long time to wherever I'm going throughout the day... Tiffany Chang

...it's not only working out that helps you keep healthy and get a healthier body, it's also what you eat that determines how well you do, so like I just try to eat healthy you know, cause I don't want to eat oily foods all the time because if you do eat oily food, then you're not going to be healthy. So I try to eat an apple a day, a banana a day, stuff like that just so I keep a healthy body. Alex Vang

I try to get my protein, grains, and vegetables. Like I always have to, I don't feel good when I don't eat vegetables, like for me if I only eat meat then, it's like I need vegetables with it. Just having a well-rounded diet. But just because I say that doesn't mean I always do that too so... there was also a time where I was eating just mostly salad, like vegetables with meat and not a lot of rice, I reduced my carb calories intake from rice or bread or things like that. So I was able to do that more at UCLA but here [at home], I just eat whatever the family eats, whatever the family cooks...I was able to test it out, I was gaining weight and then I ate a lot of salads and mostly vegetables and meat, a little bit of rice sometimes and then I was able to lose like 5 lbs and then I was like wow, dieting does work, it's mainly just taking in less calories than you're using to lose weight. I think that's probably what I was doing even though I wasn't really calculating anything, I was

just taking in less calories and more vitamins and protein from the vegetables and meat. Lena Chue

I think eating healthy is eating in portions so like just eating until you feel full, not overeating because you still want to eat more or because it tastes really good... just having like a variety of foods, not just rice or not just meat, like with veggies, with fruits, to give yourself the vitamins that you need... so I feel like for being in a Hmong family like the typical food would be rice, meat, some sort of meat and some sort of veggies, and that would be pretty much it but instead of that just that, add more, like mix it up a little more so instead of just the typical... because I feel like with us we eat a lot of just rice and chicken and mustard greens, and then that's pretty much it and then I don't know... when I think about the traditional Hmong food or whatever, I feel like that's the image that pops up in my head.
 Maddie Moua

...my nutrition, oh my god it's so bad, well, it's mainly of...Rice and Water! I eat fruits too but I'm very specific with certain fruits that I eat, like if they're too sweet then I don't eat them. I tend to eat more of the sour, the tart fruits, kinda like raspberries or like the green mangoes...Vegetables, I'm very picky with vegetables so I don't really eat vegetables but I do eat carrots and celeries and things like that, also I'll eat them if they're cooked and like with the stir fry that I make and things like that, so then I do eat those too...I don't eat a lot of sweets and things like that, so then I don't think I have diabetes and things like that, so I think I'm good, I don't really focus on eating sweets and things like that or like eating fatty foods and what not. Fer Yang

When talking about the barriers to healthy eating, second generation participants stated that convenience and cost are important. Furthermore, preference was also a big factor. Most of them don't actively think of their nutrition as a means to promote their health. Many participants said that they prefer stir fry and Asian foods. With this, there were varying opinions about rice. White rice is widely labeled as unhealthy. However, it is a staple that many participants grew up eating, and as students, it is a staple that keeps them "stuffed up longer." For many participants who have grown accustomed to white rice, brown rice does satisfy their palettes as does white rice. With them alternating school schedules and other obligations, it is a food that pleases their taste buds and is a practical food to keep them full longer. Therefore, it is impractical for public health practice to ask communities that have grown up eating these foods to completely restrict or

prohibit them. Many of the participants acknowledge that they know it is bad for them. Although a few of them can restrict it or eliminate white rice altogether, many of them, even when going off to college, gravitate towards familiar foods. Furthermore, they know that they have to eat fruits and vegetables. Although the second generation is sometimes more willing to “mix it up,” the dishes that they’ve grown up with that incorporate vegetables should be promoted rather than introducing a whole new diet.

As most of them demonstrate, they generally have a good understanding of mainstream health perspectives. Specific to healthy eating, they understand that they should be eating fruits and vegetables. Public health efforts have been pushing for an increased intake of fruits and vegetables as a strategy to combat the high rates of overweight and obesity that have been strongly correlated with higher rates of diabetes, heart disease, and cancer. Although the parents may emphasize that they encourage their children to eat vegetables and fruits, most of the children state that they grew up eating rice and meat, and only occasionally vegetables. In some instances, there are additional factors. Lisa Moua illustrated that it’s very hard for her family to eat healthy at times:

[My siblings get their health information] from my parents and partially from school...it’s not effective because I would say like they would say it, but then like at the same time they would be part of the reason why we are eating fast food... my dad would tell my younger siblings to not eat fast food so much but whenever he takes them out and they’re like tired, they will just drop by and get fast food so that my mom doesn’t have to cook. Lisa Moua

For students who live at home, it’s hard for them to cook only for themselves.

[It’s difficult for me to eat healthy]...I think it has to do with...I guess it’s how we cook things. Or like how the parents like certain foods cooked certain ways and with like certain ingredients... like we usually use a lot of oil in our cooking...So deep frying, stir fry, and things like that... it’s there, out of convenience too and like you know like you’re home, you don’t have a lot of time. TK Yang

Parents sometimes do admit that their children know more than themselves. Because of this, they also put the responsibility on their children to learn and teach the family about health. However, as demonstrated, it can take the students awhile to internalize and reflect the knowledge that they are given, especially when it is knowledge that they need to incorporate into their lives. Even when they have a good understanding, some don't actually pass on that knowledge to their parents or siblings. Because they have learned it individually, they expect that their siblings will eventually learn about it in school as well. In some instances, the second generation does talk to their parents about nutrition in the U.S. However, this is often after the fact that they have learned the information elsewhere (i.e. Hmong television, friends, workshops) that they are able to confirm what they have learned with their kids.

For the first generation, health perspectives are continually changing as well in regards to healthy eating and physical activity. With the advent of Hmong television and Hmong radio, more information is readily available and disseminated. Also, with a lot of the elders dying, and now even the younger youth dying, there is a push to improving *kev noj kev haus* (eating or nutrition). For those who are more literate, this comes easier than those who depend on relatives or friends to obtain health information. Some of the participants shared that although the parents may have a basic understanding of health promotion, the actions of the parents don't always correspond with their knowledge. This is true for most people in America.

Physical Activity

Similar to those in mainstream society, second-generation members have varying levels of physical activity, knowledge about physical activity, and motivations for physical activity. Although it is inappropriate to group all Asians together, due to the lack of disaggregated data, there are no specific rates of physical activity for the Hmong community. In general, it has been

found that of college-aged students, Asian females are the least likely to participate in physical activity. The responses below provide an idea of how Hmong college students perceive physical activity, and how they participate in it when they can:

I bike to school everyday. So it's like 20 minute bike to school, 20 minute bike back so then I've been doing that. Uhh also, I don't work out cause I just don't like out in general but I do do the simple one. But you know the best exercise that we do everyday is simply walk, because when you walk, you use the most amount of muscles in the body, yeah so then like I do a lot of that and like given the option to like drive or walk, I will usually walk unless it's a place far away then like I will go, I will like drive there... I'm a very lazy person (laughs). I'm a very lazy person, if I don't have to do anything I wouldn't do it. Yeah, biking to school is because I have to get to campus (laughs) and the reason I choose to bike is because I refuse to pay the 50 cents for the bus fee (laughs) cause I think about it, I don't want to pay \$30 for the quarterly fee and I don't want to pay 50 cents, \$1 for the trip to campus and back home you know, to save that \$1 a day and to save that \$30 a quarter, I will just invest in a \$75 bike and then bike it for the rest of my academic year so then, that was my mindset, It kinda comes back down to do I have to spend that money, I don't so I will just bike, so that's what I did. Walking, I don't think I can really change that (laughs). Fer Yang

As expected, many participants stated that as a student, they don't have time for it:

I think it has to do with time management of like keeping up with your grades, socialize, and other things and just trying to fit that in your schedule... [I prioritize] family events, and like school friends. I think that's about it and then just trying to fit exercising into that schedule can be difficult... TK Yang

I go walking, we just went walking at the dam, the Oroville dam. And then sometimes we go to the park they have little stations where you can do, where they have equipment but they're not really like equipment, they're like bars or seating so you can do pushups and situps. We did that sometimes once a week...but nothing really motivates me... I haven't ever been physically active consistently... in high school the only time I was physically active was because I had sports, something that I had to do because I joined some. So I guess that would be like expectations from other people... like when you make a commitment to something then you kind of have to do it. That's usually what motivates me to do things... like not letting someone else down... if I myself is keeping me motivated then it's usually for a short time. Lena Chue

I feel like for physical health, I think of working out and stuff, and I feel like for me I don't need to work out, not because like I'm fit, well I'm not fit... but like I don't have time, I don't make the time for it... I just feel like, as a student... I

have a lot of other things to do so whenever I do have free time, I just want to lay in bed and be lazy so I prefer not to work out so yeah. Lisa Moua

I was doing it [physical activity] twice [a week], I was trying to do it almost everyday at the beginning of the quarter but I got sick and then now I have a bunch of meetings and everything is just very crazy so I don't have time anymore, midterms... it's also a mental thing like oh I worked out today so you feel better about yourself and you're like ok I did something good, not only does my body feel good but my mind feels good about it, umm so I do it not because I'm suppose to, well [even though] I'm supposed to, but... I feel like sometimes I miss working [out] so I'll do it, after it's so tiring [then] no more.

Sami Moua

Physical activity is a concept that is widely encouraged in mainstream society, including social media where many adolescents internalize a preference to look and be fit. Among American students do not differ from mainstream society about the reasons that deter them from partaking in physical activity. Similarly, many assert that they are more likely to engage in physical activity if their friends do it with them.

Stress and Mental Health

All the second-generation participants stated that school and extracurricular activities are their main stressors. Many appear to have learned or developed effective strategies to reduce stress. However, not all participants have found the most productive ways to reduce stress levels:

So I guess like procrastinating really helps because you don't really think about it too much and you get it done really quickly because you know the deadline is there but then you have all this time before the deadline that you know you don't have to think about it whereas if you do do it from early to finish then you'll be thinking about it all the time you'll probably stressed out all the time you know.

Alex Vang

I do a lot of things that I enjoy, which is weird because whenever... I'm stressed, I don't tell people things, I just kind of get out of that environment and I just play games or watch anime and... kind of just spend time with myself... I think about things and think about how to deal with them and then once I come to terms with them, then I go back to...reconcile but if it's like a class then I will take the next approach and say ok what do I do to be less stressed about the class and how to do better in the class. So like I will really resort to like doing things that I like doing

or basically excluding myself from like everyone and have that alone time where I can just think... about what will happen next. Fer Yang

...it's really strange because whenever I get really stressed out, I kind of miss my periods and so that's when it becomes very apparent to me that I'm really stressed out, so maybe I should like read a book or take some time to myself, and then as soon as I do that, I start my period the next day which is really strange... I also try as much as I can to talk to people, when I get really stressed out, I tend to isolate myself and then I get really emotionally low and then once I talk to people, I talk to my family, my friends, and my roommates, then it tends to like brighten up my mood and it kind of helps me get through the stress that I'm going through.

Tiffany Chang

Although this study is limited to Hmong American college students, this is an important portrayal of their ability to maintain a healthy mental state. Since many of these individuals are role models for their siblings and trying to meet their parents' expectations while dealing with their multicultural realities, second-generation participants cope with a great deal of pressure as they also aim to improve their socioeconomic status. Finding effective ways to de-stress is imperative so that they can accomplish their goals. This is especially true when addressing the low rates of graduation in the Hmong community.

Discussion and Implications:

Health education through schools may be one of the best and most effective ways for the second-generation to learn about healthy eating behaviors and physical activity. It appears that this has been effective, in conjunction with health information being widely available on the internet. However, there is still a disconnect between knowledge being learned and passed on to siblings and parents by second-generation students in college. Both the first and second generation participants agree that it is the responsibility of the second generation to learn about health prevention and promotion strategies, and to bring that knowledge back to their families

and the community. The first generation, in the chaos of resettling, have navigated through the visible dissonance of Hmong and American health perspectives. Contrarily, the second generation has navigated the first generation's long held health beliefs that, even in the United States, have become syncretic.

The second generation also believe they are more adept at bridging the dissonance between the first and second generation, especially when they think about their futures as well. However, there have been times that the second-generation does reach out to the community, but they may not always be welcomed. Often, it is because they discredit the knowledge and lifeways of the first generation. Therefore, it is important to know the community as suggested by many scholars who use a community-based participatory research to ensure that the community truly understands that there is a need, and that they take action in improving the health of their own communities. However, it is also important to address that even in the Hmong community, there are intragroup variations across and within generations and that the mechanisms that produce these variations are constant. Factors include: age, learning and teaching styles, intrapersonal communication, socioeconomic status, and physical environment.

Public health efforts are much needed in this community. However, much of the research performed in this community erroneously suggests that Hmong culture is static. For the Hmong community, as well as other refugee and immigrant communities, other factors also inform their lives, with the first being that second-generation Hmong have a dynamic view of health. Although this is true for individuals in general, the factors that affect the Hmong community are unique to them and their circumstances. The belief exists in the Hmong community that as refugees, their presence in the United States was unwelcomed. They came to the United States at a time in which the U.S. economy was in a recession and therefore government assistance to

foreigners, especially those who represented the Vietnam War, was not supported. In order to survive and to maintain their culture, Hmong communities chose to regroup in cities across the United States. Although this has led to a strong ethnic identity that in some instances can carry political influence, the strong ethnic ties have also led to second-generation identity crises, in which their cultural upbringing is in conflict with mainstream society, or at least they believe so. Not until they are older and are able to make sense of their experiences or reflect on them, are they able to define for themselves their values and beliefs, including their health beliefs and decisions from both cultures.

Public health practitioners should incorporate culturally familiar and appropriate foods into mainstream dietary recommendations. Although some vegetables may be universal, other vegetables that are often regarded as unfamiliar or disregarded altogether from American supermarkets are actually regularly eaten in ethnic communities and are health promoting. With multi-cultural food being more readily available and influencing the fusion food scene, information needs to be more readily available on foods that are not thought of typically as “American” food. The erroneous assumption also exists that “Asian” food is the same for everyone. Where there are no other choices, the second-generation will choose what is closest to and most familiar to them, whether it is “generic” Asian food or typical American food.

CONCLUSION

This study is a health-focused look into what is happening in Hmong culture as we Hmong Americanize. There are structural pieces that impact the Hmong community as they continue to adapt to survive. From an insider context, this can mean that there will continue to be conflicts within the community about what “Hmong” is. Who will be considered Hmong? Who

is authentic? Does adaptation make us any less Hmong? Diasporic Hmong communities have always adapted and changed for historical purposes, but have always maintained a strong ethnic identity. What will that ethnic identity look like in the future? As an extension to these questions, my thesis specifically explores what health beliefs are prioritized in the second and latter generations as a consequence to first generation resettlement. All cultures have a concept of health, but much like the Hmong, most non-Western cultures have a more holistic sense of health that encompasses the spirit world as well as the physical and emotional, and the physical and emotional are manifestations of the well-being of the spiritual and family harmony. My research provides a small glimpse into how second-generation Hmong college students view health. The variations and flux identified in what they believe in and why it should be further studied with a larger and more diverse sample of this age group of Hmong who represent the generation who truly bridge the traditional Hmong and dominant U.S. cultures. Such information would better inform public health professionals about the ways in which health education and promotion could best be provided to this population as well as what could be learned from a different cultural group about how health is conceived and achieved.

Limitations:

This study was constrained by several limitations, the first being that not all parents of the students chose to participate. I later found out that it was not in my interest to give the student the choice if they wanted to ask their parent(s) or if they, themselves wanted me to ask. There was a higher chance that the parents would decline if their child asked them versus if I asked them myself. The parents whom I asked directly or at least talked to before continuing with an interview, were more likely to consent. They were comfortable confiding in me after they

understood that all I really wanted to do, as a Hmong daughter myself, was to learn from them. For the parents who did not participate, I assume that they were afraid that they wouldn't know the answers to my questions or were intimidated, which discouraged them from participating.

There was one interview that I needed to consult with a green dialect speaker to make sure I was hearing and interpreting the words correctly. The first-generation participant had a thick green dialect accent and even if simple words were used, it was still possible that I could misinterpret her. Although I am fairly fluent in the Hmong language, I still had a hard time interpreting some of the phrases that are widely known, but not used regularly. This whole paper is a demonstration of the entanglement of my emic and etic interpretations of my data.

Lastly, this was a very small-scale project. Second-generation Hmong who enroll in college are a small percentage of the Hmong community. Therefore, the knowledge produced from this thesis may be limited to those with similar backgrounds. Even so, Hmong students are raised in cultural communities that inevitably influence their cultural perspectives.



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APPROVAL NOTICE New Study

DATE:	2/29/2016
TO:	MARCIE LEE ASIAN AMERICAN STUDIES CENTER
FROM:	TODD FRANKE, PhD Chair, NGIRB
RE:	IRB#16-000245 Cultural Perspectives of Health in Second Generation Hmong and their Parent(s)

The UCLA Institutional Review Board (UCLA IRB) has approved the above-referenced study. UCLA's Federalwide Assurance (FWA) with Department of Health and Human Services is FWA00004642.

Submission and Review Information

Type of Review	Expedited Review
Approval Date	2/27/2016
Expiration Date of the Study	2/26/2019

Specific Conditions for Approval

-- The IRB has determined that this study meets the criteria for a 3 year extended approval. (For reference, please see the OHRPP guidance document "Extended Approval for Minimal Risk Research Not Subject to Federal Oversight" at http://ora.research.ucla.edu/OHRPP/Documents/Policy/4/Extended_Approval.pdf).

Regulatory Determinations

-- The UCLA IRB determined that the research meets the requirements for expedited review per 45 CFR 46.110 categories 6 and 7.
-- The UCLA IRB waived the requirement for signed informed consent for the screening and the research under 45 CFR 46.117(c)(2).

Documents Reviewed included, but were not limited to:

Document Name	Document Version #
16-000245_Eligibility_Script.pdf.pdf	0.01
16-000245_Informed_Consent_Hmong_Version.pdf.pdf	0.01
16-000245_Email_Recruitment.pdf.pdf	0.01
16-000245_Informed_Consent_Form.pdf.pdf	0.01

Important Note: Approval by the Institutional Review Board does not, in and of itself, constitute approval for the implementation of this research. Other UCLA clearances and approvals or other external agency or collaborating institutional approvals may be required before study activities are initiated. Research undertaken in conjunction with outside entities, such as drug or device companies, are typically contractual in nature and require an agreement between the University and the entity.

General Conditions of Approval

As indicated in the PI Assurances as part of the IRB requirements for approval, the PI has ultimate responsibility for the conduct of the study, the ethical performance of the project, the protection of the rights and welfare of human subjects, and strict adherence to any stipulations imposed by the IRB.

The PI and study team will comply with all UCLA policies and procedures, as well as with all applicable Federal, State, and local laws regarding the protection of human subjects in research, including, but not limited to, the following:

- Ensuring that the personnel performing the project are qualified, appropriately trained, and will adhere to the provisions of the approved protocol,
- Implementing no changes in the approved protocol or consent process or documents without prior IRB approval (except in an emergency, if necessary to safeguard the well-being of human subjects and then notifying the IRB as soon as possible afterwards),
- Obtaining the legally effective informed consent from human subjects of their legally responsible representative, and using only the currently approved consent process and stamped consent documents, as appropriate, with human subjects,
- Reporting serious or unexpected adverse events as well as protocol violations or other incidents related to the protocol to the IRB according to the OHRPP reporting requirements.
- Assuring that adequate resources to protect research participants (i.e., personnel, funding, time, equipment and space) are in place before implementing the research project, and that the research will stop if adequate resources become unavailable.
- Arranging for a co-investigator to assume direct responsibility of the study if the PI will be unavailable to direct this research personally, for example, when on sabbatical leave or vacation or other absences. Either this person is named as co-investigator in this application, or advising IRB via webIRB in advance of such arrangements.

Cultural Perspectives of Second Generation Hmong and their Parent(s)
Marcie Lee

PARTICIPANT INFORMED CONSENT FORM
2016

The following explains this research study and your rights as a participant. Providing oral consent will indicate that you have been informed about the study and that you want to participate. We want you to understand what you are being asked to do and what risks and benefits—if any—are associated with the study. This should help you decide whether or not you want to participate in the study.

Cov lus nram qab no qhia txog qhov kev tshawb fawb thiab tus koom tes txoj cai. Thaum koj hais tias koj txaus siab koom tes txhais tau hais tias koj to taub txog qhov kev tshawb fawb thiab koj xav koom tes ua qhov kev tshawb fawb. Peb xav kom koj to taub txog qhov uas peb xav kom koj ua thiab tej qho uas zoo thiab tsis zoo—tej zaum yuav tsis muaj—nrog rau qhov kev tshawb fawb no. Xav tias qhov no yuav pab rau koj txiav txim siab seb koj puas xav koom tes ua qhov kev tshawb fawb.

CONTACT INFORMATION

You are being asked to take part in a research project conducted by Marcie Lee, a graduate student in the University of California, Los Angeles's department of Asian American Studies. This project is being done under the supervision of Professor Kagawa Singer, PhD, MA, MN, RN, FAAN. Marcie Lee can be reached at (323)413-7468.

Xav thov koj koom tes nrog qhov kev tshawb fawb uas Marcie Lee, uas yog ib tug kawm ntawv qib siab nyob hauv University of California, Los Angeles' department of Asian American Studies, yog tus ua. Qhov kev tshawb fawb no tus saib xyuas yog Professor Kagawa Singer, PhD, MA, MN, RN, FAAN. Muaj lus nug hu tau rau Marcie Lee (323) 413-7468.

PROJECT DESCRIPTION

This research study seeks to learn about how first and second generation Hmong think about health, and the appropriate steps they follow to promote their health and well being. Additionally, I would like to learn more about the cultural perspectives that first generation find important when ensuring their children's wellbeing.

Qhov kev tshawb fawb no yuav kawm txog cov neeg Hmoob phaum ib thiab phaum ob qhov kev xav txog kev noj qab nyob zoo, thiab tej kauj ruam ua lawv ua kom noj qab nyob zoo. Txuas ntxiv ntawd, kuv xav kawm txog Hmoob txoj kev ntseeg ua cov neeg Hmoob phaum ib xav hais tias tseem ceeb rau lawv cov menyuam kom noj qab nyob zoo.

You are being asked to be in this study because you are a Hmong community member who is first generation (born in Laos and now live in California), or second generation (living in California). You can recall your cultural health perspectives that you live by, or are influenced

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by when making lifestyle and health decisions.

Xav thov koj koom tes nrog qhov kev tshawb fawb no vim rau qhov koj yog Hmoob phaum ib (yug tim Nplog Teb thiab nyob hauv California tam sim no), los sis Hmoob phaum ob (nyob hauv California). Xav kom koj qhia txog koj txoj kev ntseeg raws li koj ua koj lub neej, los sis txoj kev ntseeg uas pab koj xaiv zaub mov noj thiab ua koj lub neej.

PROCEDURES

Taking part in this study is completely **voluntary**. You do not have to participate if you don't want to. You may also leave the study at any time. If you leave the study before it is finished, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled. If you are a parent or relative of a student participant, there will be no penalty to the student. If you decide to participate, you may skip or decline to answer questions that make you feel uncomfortable, and still remain in the study.

Kev koom tes nyob hauv qhov kev tshawb fawb no yog nyob ntawm koj xav ua xwb. Yog koj tsis xav ua los tsis ua li cas. Koj muaj cai tso tseg qhov kev tshawb fawb no txhua lub sij hawm. Yog koj tso tseg qhov kev tshawb fawb noj ua ntej thaum ua tiav, yuav tsis muaj kev nplua koj dab tsi, koj yuav tsis plam tej kev pab uas koj tau. Yog koj yog leej niam, leej txiv, los yog ib tug txheeb ze rau ib tug tub/ntxhais koom tes, yuav tsis muaj kev nplua nws dab tsi. Yog koj txaus siab koom tes, koj muaj cai hla lo lus nug los yog tsis teb tej lo lus nug uas koj tsis xav teb, thiab yuav tsis muab koj tshem tawm ntawm qhov kev tshawb fawb.

Description of Procedures

If you agree to take part in this study, you will be asked to:

- A. Meet with Marcie Lee for an interview. You may provide a translator if you have limited English or feel more comfortable.
- B. If needed, meet with the investigator to clarify any confusion.

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Kev qhia txog yuav ua li cas

Yog koj pov zoo koom tes nrog qhov kev tshawb fawb no, yuav thov kom koj:

- A. Ntsib nrog Marcie Lee, teb cov lus nug. Koj coj tau ib tug neeg txhais tuaj nrog koj yog hais tias koj tsis paub lus Askiv zoo.
- B. Ntsib nrog tus tshawb fawb ntxiv, yog tias muaj tej yam tsis mee pem.

Description of Interview Questions

You will be asked questions about your cultural perspectives and knowledge about health, as well as your lifestyle habits and experiences.

Kev qhia txog cov lus nug

Yuav nug txog koj tej kev ntseeg thiab kev paub hais txog kev noj qab nyob zoo, thiab tej cwj pwm thiab xeeb ceem ua neej.

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Time Commitment to Complete Research Procedures

Participating in this discussion should take about an hour of your time.

Yuav siv sij hawm npaum cas ua qhov kev tshawb fawb
Qhov uas koj sib tham no yuav siv li ntawm ib teev.

Research Location

Participation will take place at a location that works best for you.

Qhov chaw tshawb fawb

Qhov kev tshawb fawb no yuav ua nyob rau ntawm qhov chaw uas haum rau koj.

Audio Recordings

Participation in this research will include audio recording the interview. The interview will be transcribed into a readable document. If you feel you would like to have the opportunity to review, edit, and erase any portion of the transcripts of your comments that you do not want to be included, we will make this option available to you. Only the primary investigator will have access to these recordings. No one, except the Interviewer will know who is interviewed. Your name and/or any personal information will not be on the transcript and the tapes will be kept confidential and locked in a secure, password protected location in a locked office.

Kaw koj cov lus

Kev koom tes nrog qhov kev tshawb fawb no yuav muaj kaw koj cov lus. Yuav muab cov lus ntau ua ib daim ntawm nyeem. Yog koj xav nyeem, kho, thiab muab txiav tawm ib feem twg ntawm koj cov lus uas tsis xav muab khaws tseg, peb yuav kam koj ua li no. Tsuas yog tus kws tshawb fawb thiaj li pom thiab hnov koj cov lus no xwb. Tsuas yog tus nug cov lus nug thiaj li paub hais tias leej twg koom tes nrog qhov kev tshawb fawb. Yuav tsis sau koj lub npe thiab lwm yam ntaub ntawv qhia txog koj rau ntawm daim ntawv nyeem thiab daim kaw lus. Yuav muab daim ntawv nyeem thiab daim kaw lus xauv rau hauv ib lub chaw ua hauj lwm, tsis muaj neeg nkag tau mus rau hauv.

RISKS AND DISCOMFORTS

There are no foreseeable risks for participating in this study. However, either you may decide to discontinue your participation in this research or the investigator may discontinue the interview if circumstances arise which make that necessary. If that becomes necessary, the investigator will explain the reasons why.

Yuav tsis muaj dab tsi phem tshwm sim ntawm qhov kev tshawb fawb no. Txawm li ntawd los, koj los sis tus tshawb fawb muaj cai tshem koj tawm ntawm qhov kev tshawb fawb yog hais tias muaj qee yam ua rau tsim nyog kom ua li ntawd. Yog hais tias yuav tsum tau ua li ntawd, tus tshawb fawb mam li qhia rau koj tias yog vim li cas.

BENEFITS

You may not receive any direct benefit from taking part in this study. However, your participation in this study may help us learn more about cultural perspectives of health and the influences that affect them for different generations. You will receive a summary of the study upon its conclusion, and the investigator will seek your approval of both the interpretations and the presentation of the findings. All such presentations will assure that all participants are in no way identifiable to the reader or the audience.

Tej zaum koj yuav tsis tau dab tsi muaj nqis los ntawm qhov kev tshawb fawb no. Txawm li ntawd los, qhov uas koj koom tes nrog qhov kev tshawb fawb no yuav pab peb kawm txog tej kev ntseeg ntawm ib co neeg hais txog kev noj qab nyob zoo uas yuav raug rau tej phaum neeg tom qab. Thaum qhov kev tshawb fawb tiav, koj yuav tau txais ib daim ntawv qhia txog qhov kev tshawb fawb. Tus kws tshawb fawb yuav nug koj seb koj puas pom zoo txog tej lus thiab ntaub ntawv ua tau muab sau tseg ntawd. Txhua daim ntawv thiab txhua yam ntawm qhov kev tshawb fawb yuav tsis muaj tus neeg koom tes lub npe, los sis tej yam uas yuav qhia hais tias nws yog leej twg.

SOURCE OF FUNDING

Funding for this study is being provided by Dr. Marjorie Kagawa Singer.
Cov nyiaj xtiag siv rau qhov kev tshawb fawb no yuav muab los ntawm Dr. Marjorie Kagawa Singer.

COST TO PARTICIPANT

There are no direct costs to you for participation in this study.

Koj yuav tsis tau them nyiaj rau koj qhov kev koom tes ua qhov kev tshawb fawb no.

SUBJECT PAYMENT

You will be provided a \$25 incentive for your participation at the end of the interview.

Thaum nrog koj tham tiav, yuav muab \$25 pub rau koj.

DATA MANAGEMENT

In addition to the research to which you are consenting under this study, we are requesting your permission to save your **recording** for the primary investigator's graduate studies. Any identifying information will be kept separate from the tapes or other information about you in a secure, encrypted and locked location. No one will have access to the information except the primary investigator. All the information you provide us will only note a participant code. The connection between the code and your identity will, as noted, earlier, be kept under lock and key, and accessible only to the investigator. The data may be kept for up to **5** years and information about you, but not who you are, may be shared with other researchers at other institutions who will keep the information confidential.

Dhau ntawm qhov uas xav thov kom koj tso cai rau qhov kev tshawb fawb no, peb kuj xav thov kom koj tso cai rau peb khaws cov lus uas tau muab kaw rau tus kws tshawb fawb rau kawm. Yuav muab txhua yam ntaub ntawv uas qhia txog koj tso kom deb ntawm cov ntawv thiab cov lus kaw, muab xauv cia kom zoo. Tsuas yog tus kws tshawb fawb xwb thiaj muaj cuab kav mus muab tau cov ntawv thiab cov lus no. Yuav muab ib tug zauv sau rau txhua neeg uas kom tes ua qhov kev tshawb fawb. Yuav muab daim ntawv uas qhia txog tus zauv thiab koj lub npe tso rau ib qho chaw uas xauv cia, tsuas yog tus kws tshawb fawb xwb thiaj nkag tau mus. Tej zaum yuav muab koj cov lus khaws cia li ntawm 5 xyoos, tiam sis tsis khaw koj lub npe hais tias koj yog leej twg, uas tej zaum yuav muab faib rau lwm cov kws tshawb fawb nyob rau lwm lub tsev kawm ntawv. Lwm lub tsev kawm ntawv ntawd los kuj yuav khaws cov ntaub ntawv kom tshob muaj neeg paub thiab.

CONFIDENTIALITY

We will make every effort to maintain the privacy of your data. Your answers and any information that can identify you will be kept private. The primary investigator will compile the data on an encrypted hard drive to maintain confidentiality.

Peb yuav ceev cov ntaub ntawv no kom zoo. Yuav tsis muaj neeg paub txog koj cov lus teb thiab txhua qhov ntaub ntawv qhia txog koj. Tus kws tshawb fawb yuav muab koj cov lus sau ua ke rau ib daim ntawv nrog lwm cov neeg, kom txhob muaj neeg paub hais tias yog koj.

QUESTIONS?

If you have any questions regarding your participation in this research, please feel free to ask the investigator at any time. If you should have questions or concerns during or after your participation, please contact Marcie Lee at (323)413-7468 or the faculty sponsor, Professor Marjorie Kagawa-Singer at (310)825-9481.

Yog koj muaj lus nug txog qhov kev tshawb fawb, hu xov tooj tau rau tus kws tshawb fawb txhua lub sij hawm. Yog koj muaj lus nug thaum tab tom ua qhov kev tshawb fawb los yog tom qab ntawd, hu rau Marcie Lee (323) 413-7468 los yog tus saib xyuas Professor Marjorie Kagawa Singer (310) 825-9481.

If you have questions about your rights while taking part in this study, or you have concerns or suggestions and you want to talk to someone other than the researchers about the study, please contact the UCLA OHRPP:

Yog koj muaj lus nug dab tsi txog koj txoj cai thaum koj koom tes nrog qhov kev tshawb fawb no, los yog koj muaj kev txhawj xeeb thiab tswv yim dab tsi es koj xav nrog lwm tus neeg tham txog qhov kev tshawb fawb, koj hu tau mus rau UCLA OHRPP:

☐

University of California, Los Angeles
Office of the Human Research Protection Program
11000 Kinross Avenue, Suite 211
Box 951694
Los Angeles, CA 90095-1694
Office Phone: (310)825-7122

AUTHORIZATION

I have read this paper about the study or it was read out loud to me before I agreed to participate. I know the possible risks and benefits, and that being in this study is voluntary. I choose to be in this study and I know that I can withdraw at any time. I give oral permission for the PI to interview me for her study. Continuation of this interview is evidence of my consent.

Kuv tau nyeem daim ntawv no los yog muaj neeg tau nyeem daim ntawv no rau kuv ua ntej kuv pom zoo koom tes ua qhov kev tshawb fawb. Kuv to taub txog tej qho tsis zoo thiab tej qho uas yuav pab thiab kuv txaus siab koom tes los ntawm kuv tus kheej. Kuv xaiv koom tes nrog qhov kev tshawb fawb, thiab kuv paub tias kuv muaj cai nrho kuv tus kheej tawm thaum twg los tau. Kuv tso cai rau tus kws tshawb fawb nug kuv rau nws qhov kev tshawb fawb. Qhov uas kuv kam teb cov lus nug txhais tau hais tias kuv tso cai.

First Generation Questions

Parents: The PI will converse with the participant to make him/her feel comfortable. This will assure them that within this research, they are the experts. This is especially pertinent for the first generation where there may exist some distrust towards researchers. Initial questions to break the ice may include:

a. Are you White Hmong, Green Hmong, Black Hmong?

Koj yog Hmoob dab tsi (Nstuab, dub, dawb)?

b. In Laos, where did you live? What did you and your family do for a living?

Nyob tim teb chaws Nplog, koj yug nyob qhov twg? Koj tsev neeg ua dab tsi kom muab kev noj kev haus? Koj tsev neeg khwv noj li cas?

c. When did you immigrate to the United States?

Nej tuaj rau teb chaws Asmesliskas thaum twg?

d. How long have you lived in your current residence?

koj nyob ntawm no rau ntev npaum li cas lawm?

e. Where have you lived before?

Ua ntej koj los nyob hauv lub tsev no, koj nyob qhov twg?

Research Questions:

1. How are you?

Koj nyob li cas? Koj puas noj qab nyob zoo?

2. When you think about health, what is important to you?

Thaum koj xav txog kev noj qab nyob zoo, dab tsi yog qhov tseem ceeb rau koj?

3. Do you still follow the traditional ways?

Koj puas tseem coj kev cai qub?

a. What do you feel important to continue?

ntawm Hmoob tej kev cai qub, koj xav tias dab tsi yog yam uas yuav tsum tau khaws thiab ua ntxiv mus (to carry on)?

4. Do you feel you are healthy?

Koj puas xav tias koj noj qab nyob zoo thiab? Koj piav rau kuv puas tau?

5. What do you tell your children when you want them to be healthy?

Koj yuav qhia koj cov me nyuam li cas kom lawv muaj kev noj qab nyob zoo?

a. How do you tell them?

koj qhia rau lawv li cas?

b. What is important for them to know to be a healthy?

Dab tsi tseem ceeb rau lawv kom lawv thiaj paub txog kev noj qab nyob zoo?

c. Is being healthy as a Hmong the same as being healthy as an “American”?

kev noj qab nyob zoo ntawm ib tug Hmoob puas zoo tib yam li ntawm ib tug Asmesliskas?

d. What do you believe they understand?

Koj tseeg tias koj cov me nyuam to taub dab tsi thaum kov qhia rau lawv txog kev noj qab nyob zoo? Yuav ua li cas kom lawv to taub?

Second-Generation Questions

1. What does health mean to you?
2. How have you formed your perception and definition of health?
 - a. Do you and your family still practice Hmong traditions for health?
 - b. How did you learn about these traditions?
 - c. How have you interpreted the meaning(s) and importance of these traditions?
3. What do you do to be healthy?
4. When you're ill, what do you?
5. What influences your health decisions?
 - a. Where did you learn about the things that influence your decisions about health choices?
6. What does your nutrition consist of?
 - a. Is this part of a health promoting strategy to you?
 - b. Are your choices totally by choice, by convenience, or a combination of personal choice and convenience?
7. What types of activity do you physical activity?
 - a. What reasons motivate you to be physically active? Can you list them?
 - b. What activities do you consider to be physically active?
 - c. How about your parents?

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