

Hmong Culture and Foods

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This toolkit was written with Anny Vang, a Hmong-American and passionate advocate for the Hmong community.

Stereotyping

This is very basic level information about the culture described. It is meant to offer staff an opportunity to learn in general terms; it cannot account for the diversity within each individual society or culture and is not meant, in any way, to infer to all people.

Background

The Hmong also referred as Miao; is an ethnic group who originated in China in the provinces of Yunnan and Guizhou. For centuries, the Hmong, lived autonomously in the remote highlands of China where farming was their main lifestyle. The Hmong have no official country that they call their own.

Throughout history, the Hmong fought against cultural assimilation to maintain and preserve their freedom, ancestry, and unique cultural heritage. Historical records document that through the fourteenth and nineteenth centuries, the Hmong continuously engaged in many fierce and deadly rebellion battles against the different rulers of Imperial China. It was not until after the Miao Rebellion (1795-1806) and the Taiping Rebellion (1850-64) that began the mass exodus of the Hmong into the mountainous regions of southeast Asia such as Laos, Thailand, Burma, and Vietnam. The Hmong continued to live in the rigorous highlands where they now call home, having little contact with the citizens of the country.

During the Vietnam War (1962-1973) and in what is now known as the Secret War in Laos (1961-1975); the Central Intelligence Agency (CIA) sought the aid of the Hmong to fight on behalf of the United States. This would keep the United States (U.S.) from violating the 1954 Geneva Accord, which stated that Laos was to remain a neutral country during the Vietnam conflict to prevent foreign governments from being involved. Ultimately, the Hmong agreed to fight to help protect their families, homelands, and the country against the spread of communism. Backed by the CIA, they were provided with armed-support, military training, medical, food and financing.

About 50,000 Hmong Special Guerilla Unit (SGU) soldiers were recruited and trained; undertaking different missions and tasks to help prevent the spread of communism from beyond the borders of Laos and Vietnam. Some recruits were as young as ten years old, and training was as short as three days. Many Hmong women and girls were also recruited and trained as nurses to care for the wounded SGU soldiers and villagers. An estimated 70% of the Hmong SGU soldiers were killed during the Secret War.

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During the Fall of Saigon, in South Vietnam in 1975, American forces withdrew from southeast Asia leaving behind thousands of Hmong to fend for themselves. Without the backing of the CIA, the communists Laotian (Lao's People Party) declared the Hmong as enemies of the state, leading to many being persecuted and killed by the communists' government.

The Hmong then became political refugees who had to flee Laos. Thousands of families of Hmong men, women, and children made the perilous journey on foot through the jungles of Laos in hopes to cross the Mekong River into Thailand. Countless lost their lives due to being captured and killed, starvation, illnesses, or drowning while crossing the Mekong River before ever reaching the refugee camps set up in Thailand.

Those who made it into Thailand, were placed in refugee camps that became home to generations of Hmong people as they waited for foster countries to immigrate to. From 1975 to 1992, about 115,670 Hmong refugees were resettled to 12 countries. It is estimated that about 105,000 Hmong were sponsored to the U.S. thru organizations such as Catholic Charities and Lutheran Social Services. These organizations initiate help and support to the new incoming Hmong refugees thru resettlement, offering education and job training. In 2003, a refugee camp named Wat Tham Krabok, a Buddhist monastery, was the last complex in Thailand to close and the final resettlement of Hmong refugees to the U.S. was in 2006. **Today, the Twin Cities metro is home to the largest concentration of Hmong in the United States.**

Terminology

Hmong: often translated as meaning "free" or "free people."

Miao: an aboriginal people of China inhabiting southwestern China and the northern parts of Vietnam, Laos, and Thailand; a term used in academic literature that includes Hmong and other ethnic minorities in China.

Acculturation: learning and adopting aspects of another culture while maintaining one's own cultural identity.

Cultural assimilation: the process in which a minority group or culture comes to resemble a society's majority group or assimilates the values, behaviors, and beliefs of another group whether fully or partially.

Historical trauma: a complex and collective trauma experienced over time and across generations by a group of people who share an identity, affiliation, or circumstance.

Hlub philosophy: (pronounced hlu and means love in Hmong) is a child-rearing philosophy that prioritizes catering to a child's desires and providing them with ample affection and attention, often associated with practices that may include overfeeding or responding readily to a child's needs.

Intergeneration trauma: the apparent transmission of trauma between generations of a family.

Animism: the belief that natural objects, natural phenomena, and the universe itself possess souls and spirits.

Shamanism: the religion or spiritual practice that embraces a belief in spirits that can be influenced by shamans. It involves working with spirits to understand the interconnected nature of all in the universe.

Shaman: (especially among certain tribal peoples) a person who acts as intermediary between the natural and supernatural as a practitioner of animism; for example, using traditional methods of healing to cure illness, foretell the future, connect spiritual forces, etc.

Generational status

Being aware of a participant's (and if applicable their spouse's) generational status and number of pregnancies will help build rapport when using participant-centered counseling and ensuring that information exchanged, and topics discussed are understood. Some factors to also include would be level of education, occupation, and fluency in their native language or the English language.

- **First-generation immigrant or refugee:** One who is not born in the U.S.
- **1.5-generation immigrant or refugee:** Individuals who came to the U.S. as children.
- **Second-generation:** Born in the U.S.; have at least one parent born outside the U.S.
- **Third-and-higher generation:** Those who have two U.S. native born parents.

What has become increasingly prevalent with the first-generation, 1.5 generation, and second-generation Hmong in the U.S. are international marriages to Hmong brides/grooms from abroad. Understanding the dynamics of these families will allow staff the ability to assess how much information the participant (along with spouse) is able to understand. Naturally, acculturation will occur for each participant and their family as time goes by, which then should continue to be assessed at future encounters.

Language

During the Qing Dynasty, the Imperial Chinese government banned and made illegal to use the Hmong written language. With the written language lost, the Hmong switched to an oral language which was preserved and passed down through folklore, myths, songs, stories, rituals, and visual recording in the form of embroidery; flower cloths (paj ntaub). Mothers would pass down embroidery techniques, skills, and motifs to their daughters as part of the Hmong tradition.

In the 1950s, Christian missionaries along with Hmong advisors helped to create the Hmong written language using the Romanized Popular Alphabet (RPA) system to make the Bible accessible to the Hmong. This is the current written language system most widely used by the Hmong people everywhere. The Hmong written language also uses the Pahawh Hmong system, which is a semi-syllabic script, influenced by Laotian and Roman script. Pahawh is not widely used.

The Hmong spoken language is known as the best example of a tonal language and has eight distinct tones. The meaning of a word changes depending on the tone used. The eight Hmong tones can be compared to the musical notes of 'Do Re Mi Fa So La Ti Do.'

The Hmong spoken language is divided into two main dialects: **Green Hmong** and **White Hmong**, with the majority of Hmong speaking White Hmong. The closest comparison to the differences between White and Green Hmong would be comparing British English and American English. Green Hmong and White Hmong are universally understood when speaking, reading, and writing. If a Hmong speaker runs into a word, they are unfamiliar with from an interpreter, it is normal to ask for assistance, clarification, or correction.

Trauma, traditional healers, health disparities

Hmong immigrants and refugees will have experienced forms of historical trauma. Strongly impacted individuals would be the early waves of first-generation and 1.5 generation of Hmong immigrants and refugees who experienced the implications of war and drastic relocation firsthand. Feelings may range in severity and include post-traumatic stress syndrome, depression, loss of purpose in life, loss of individual and cultural identity, disorientation, and culture shock. Today's Hmong families, communities, and younger generation continue to heal from historical trauma and may see higher rates of mental and physical illness, substance use, incarceration, poverty, homelessness, and contact with child welfare.

Most of the Hmong in the U.S. continue the practice of animism, ancestor worship, and shamanism. These families rely on shamans for prevention and treatment of any mental, physical, spiritual, and life-threatening illnesses and will also choose cultural remedies and herbal treatments over seeking help with western medicine. For example, a Shaman may be called to perform an "ua neeb" ceremony before a mother goes into labor to protect her and have a successful birth.

Because of the Hmong's distinct culture and belief system involves the physical body and spiritual soul; the eldest male members of the family are often the ones making the final decisions on such issues as medical care and family management. With decisions being made collectively; extra attention especially towards the elders are taken into consideration when making life changing medical decisions. There are situations when many families will often hesitate or refuse surgical procedures, interventions, or removal of body organs; because of the belief that the soul of the person will be lost.

Studies have found that the Hmong community have higher rates of stroke, infection-related cancers such as nasopharyngeal carcinoma, gastric cancer, hepatic cancer, and cervical cancer and have higher rates for gout and diabetes when compared to other groups. Due to their beliefs and the healthcare experiences, they have had as refugees, many Hmong may be less likely to pursue treatments for chronic disease management and may be non-compliant with taking medications when prescribed.

Traditions, customs, and taboos

There are 18 clans (18 surnames of Hmong clans) in the patriarchal Hmong society. Decisions are made by the eldest male in the family with inputs from other male members of the same clan. The Hmong family system emphasizes relationships between self, family, clan, and

community. The existence of the clan in the Hmong society is to offer identity (family lineage), security to each of the clan's family members, and representation during big life events such as weddings or funerals. Every clan consists of spiritual healers, marriage brokers, teachers and disciplinarians who are available if a family member needs it. Traditionally, Hmong males are expected to learn, practice, and pass on Hmong oral traditions and ritual observances to the next generation. Hmong parents are expected to live and be cared for by their sons and their daughter in laws. However, these traditional practices are being adopted by Hmong females.

Many Hmong Americans continue the practice of shamanism and/or animism, with many who had embraced Christianity and Buddhism. This at times has caused conflict between non-Christian and Christian family members within the clan as it causes a challenge for clan leaders to maintain the traditions of lineage, its ritual obligations, and clan solidarity. One example of this belief difference would be that some Hmong may feel threatened by others complimenting children, especially infants, as they believe it welcomes the bad spirits to take the young child's spirit away and cause the young child to fall physically ill.

Culture and foods

The Hmong have always been resilient, industrious, and extremely skilled farmers. They grew their own crops and vegetables, raised their own livestock, and hunted and foraged in the forest to feed their families before their arrival in America. Their strong family structure and resilience are carried into the current generations as agricultural farming continues to be practiced today where Hmong farmers make up more than half of all farmers throughout the Twin Cities metro area farmers markets.

Traditional Hmong food is fairly plain with rice as a staple. Salt is the primary seasoning. It includes foods which they have grown, such as a variety of leafy greens, ginger, vegetables, small amounts of meat (from game or livestock) or fish, occasional fruits and sweets, and water as the main beverage.

With their nomadic history and journey, Hmong food has also been influenced by the dominant culture within their surrounding environment.

The following is a list of popular and widely consumed Hmong American dishes commonly prepared at home for meals or celebrations.

- Fawm (Pho-Beef Rice Noodles)- a very popular dish that can be eaten any time of the day, consisting of rice noodles, aromatic beef bone broth, raw beef slices, beef brisket slices, beef meatballs, bean sprouts, Thai basil, cilantro, green onions, jalapenos, and lime.
- Khaub Poob (Red Curry Chicken Noodle Soup)- a very popular dish eaten daily or at events consisting of chicken, red curry paste, coconut milk, shallots, garlic, kaffir lime leaves, mint, green onion, cilantro, bean sprouts, cabbage.
- Qhaub Piaj (Chicken Noodle Soup)- a warm and hearty breakfast or lunch dish with thick tapioca rice noodles, chicken, green onion, cilantro, garlic chili oil, black pepper, fried pork rinds.

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- Nqaij Qab Zib (Sweet Pork)- a sweet and savory main dish consisting of braised pork, ginger, garlic, star anise, sugar, black soy sauce, oyster sauce and eggs.
- Kab Yaub (Egg Rolls)- popular appetizer, snack, or side dish consisting of ground pork or chicken, cabbage, green onions, carrots, bean thread noodle wrapped up in eggroll wrap and deep fried in oil.
- Naab Vaam (Coconut-Tapioca Dessert) – a refreshing and sweet drink and desert in Laos, Thailand, Vietnam, and Malaysia consisting of tapioca pearls, cendol, colored chestnuts, fresh fruit, grass jelly, caramelized syrup, and coconut milk over ice.
- Fawm Kauh (Steamed rice roll with pork) – a warm and savory dish consumed for breakfast or lunch consisting of a steamed rice crepe filled with ground pork, diced onion, wood-ear mushrooms, cilantro, green onion, black pepper wrapped into a roll.

Parenting

With the Hmong's long history of wars and battles since ancient times, the structure of their family, traditions, and culture has helped them to preserve their unique culture and independency. The Hmong culture continues to place high value on elders and clan leaders which can lead Hmong parenting to be more authoritarian and patriarchal. Authoritative parenting may be found less in Hmong families.

The Hmong child-raising philosophy of “hlub” (which means love) allows Hmong family caregivers, often, grandparents and close relatives such as aunts or uncles to provide and allow toddlers to drink milk (often from a baby bottle) on demand and to the child's content. There is a misconception that a child is not “loved” if the caregivers do not practice the “hlub” philosophy. Studies show a high rate of anemia in Hmong toddlers due to excessive feeding of cow's milk from Hmong family caregivers.

Pregnancy

Almost all healthcare decision making for Hmong families is communal. The Hmong traditionally uses a holistic approach to health and wellness and historically has always had natural births at home due to the costs of hospitalization and unreliable transportation. Their traditional lifestyle of farming and living in the highlands and being active helps to contribute to make having natural home births easier. The use of holistic healing practices and traditional healers are considered complementary to modern medicine.

These methods have been used for centuries, being passed down from generation to generation. It is believed to be more effective in promoting long-term health and wellness and considered more natural and less invasive. These beliefs are still carried into many Hmong American families which may reflect the pattern of late initiation and/or non-adherence to recommended prenatal care or prenatal vitamins by Hmong women. In addition, some Hmong women may also delay or limit prenatal care visits for other various reasons such as language barrier, vaginal examinations, and lack of understanding obstetrical procedures.

Postpartum beliefs and practices

Usually before childbirth, the mother-in-law or another very close family member of the pregnant woman will prepare ahead of time enough servings of fresh young chicken to freeze along with special Hmong green herbs for the mother's 30 days Postpartum diet period. Each special Hmong herb "tshuaj" which translates as medicine, has a different purpose in healing the body and can be adjusted according to each new mother's taste and preference. The ritual of "Nyob duab hlis" which means postpartum in Hmong, has been passed down for centuries. Because the first 30 days after birth are considered a vulnerable time for new mothers, there are several practices in place to make sure the new mothers regain strength and avoid poor health effects as they age. It is believed that chronic health problems would be the result of not following these practices.

- Consuming Hmong postpartum (chicken) diet for 30 days after childbirth which consists mainly of white rice and boiled chicken with special Hmong herbs to help with cleansing the uterus. Eggs can be substituted for chicken if the egg is cooked in an egg drop soup style.
- Drinking warm or hot water is the main beverage during this post-partum period as it is believed that drinking cold water will cause blood to congeal in the postpartum body.
- Resting and avoiding heavy lifting and walking, until the body is healed, and energy regained. Close family members such as in-laws or husband will take on household tasks.
- Binding of the stomach mid-area to help uterus shrink and avoid loose and saggy abdomen.
- Keeping covered with warm clothes, especially wearing a knit hat or a wrap around the head to avoid easily catching a cold or headache.
- Restraining from visiting other's homes for 30 days, especially for the newborn, as to not disrupt, bring unwanted health or spiritual problems to a household.

It is believed that chronic health problems in the later part of life would be the result of not following these practices.

Infant feeding decisions

Traditionally, Hmong women exclusively breastfed their babies. Even while farming and tending to their household chores, they would carry their baby on their backs with a traditional Hmong baby carrier to keep them close. Infant formulas were either not readily available or too expensive for the Hmong in their original homeland to use.

When considering infant feeding decisions in the Hmong community today, identifying the generational status and age will assist staff in understanding lifestyle, values, goals, and complexities in the participant's family dynamics. Some Hmong parents may also be with or marry someone outside of their race/culture, but still hold onto some traditional values.

The different generations of Hmong parents and their rate of acculturation or assimilation to life in the U.S. may have a large effect on the Hmong populations' breastfeeding rates overall.

Each generation of Hmong may have experienced significant changes and/or adaptations to the U.S. culture:

- A first-generation immigrant or refugee will have had experienced more trauma upon arrival and may have already breastfed before; knowledge of feeding options and the expectations and influences from family and peers would be different in comparison to a 1.5-generation immigrant who was either a baby or child when they immigrated here.
- A 1.5-generation immigrant or refugee, coming here as a baby or child will have had some high school education or higher and their knowledge of feeding options and the expectations and influences from their family and peers for how they should feed and raise their children would be different, in comparison to a second-generation immigrant who was born in the U.S.
- A second-generation, having been born in the U.S. would have likely had education from K-12 and higher. Their knowledge of feeding options and the expectations and influences from their family and peers would be different from a third-generation immigrant.
- A third-generation or higher having been born in the U.S. to parents who were both also born in the U.S.; all who should have education from K-12 and higher, will have certain knowledge of feeding options and the expectations and influences from the family and peers in how they should feed and raise their children will be different.

Breastfeeding Support

Prior to their settlement in the U.S., Hmong women breastfed successfully. Recent statistics and studies have shown that the breastfeeding rate for Hmong women in the U.S. is exceptionally low; given, that there are support, services, and information available to them.

Breastfeeding rates in the Hmong community may have been impacted by complexities and dynamics within Hmong families, in addition to the influences of acculturation and assimilation to mainstream America. There are beliefs in the Hmong culture about breastfeeding and handling breastmilk that can also make the decision to breastfeed for a parent more challenging. Considering these cultural factors along with their generational status, the decision to breastfeed can become very overwhelming for some Hmong woman.

Historically the Hmong believe that breastmilk and food should not be stored in the same place, which can make it difficult for breastmilk storage, especially if there are multiple families that live together, which is very common in Hmong households. Also, if breastmilk is touched by or spilled into another person's food or beverage, it will cause that person to be struck by lightning. These beliefs can cause a mother to not breastfeed, specifically when it comes to handling breastmilk and/or feeding baby breastmilk from a bottle by caregivers and extended family members.

Hmong breastfeeding resources, support, and current project information is available through [The Hmong Breastfeeding Coalition](#).

Formula feeding support

Formula feeding is often the preferred feeding method for infants and is usually encouraged because often Hmong children are raised and cared for by many members of the family. It is common to find Hmong families living together in large households with extended or multiple

families. Traditionally larger households help with providing childcare, financial, social, or management support within the home. Extended family members usually will help to care for and feed the baby if a mother must go to work, school, or appointments. An early return to work after delivery is a common reason why some Hmong women may choose to formula feed over breastfeeding. Lack of support from employers and community may contribute to high rates of formula use. The opinions of the mother-in-law or father-in-law or both, plays a big part in the decision to only formula feed. Even for those who do not live with extended family, a new mother's decision in feeding can still be influenced by their family's popular opinion outside the home.

Starting Solids

Traditionally Hmong families will make their own baby foods from the crops and vegetables they grow. The first solid food introduced is typically fresh rice porridge. Eventually boiled and mashed fresh vegetables from the garden may be introduced.

For Hmong families, the introduction of solids is considered a snack or treat and does not displace formula/breast milk intake in any way. Around this time is when the child-raising philosophy of "hlub" emerges and continues through the toddler age.

Under the "hlub" philosophy, many Hmong families with infants between six and twelve months of age begin and continue to intake an excessive amount of formula from the bottle instead of starting to increase solids. Often, the introduction and encouragement of drinking from a cup is also delayed, leading to the long-term use of the baby bottle after age one and the preference of milk over table foods. Additionally, between the ages of one and five years old when cow's milk is introduced, parents and particularly grandparents, may continue to offer milk in excess. Some Hmong parents and caregivers may also continue to hand feed their children between the ages of one and five. These "hlub" practices may be significant contributors to the high rates of anemia for many Hmong children.

Holidays & celebrations

Traditionally, the Hmong New Year is the one major Hmong holiday. It marks the end of one agricultural year and the start of the next. It is also a time for family reunions and Hmong community gatherings.

The annual Hmong New Year Celebration in Minnesota is often celebrated between November and December. Different Hmong New Year Celebrations are organized by independent Hmong organizations all throughout the U.S. People travel from all over the world to join these highly anticipated events every year in the fall into the winter months.

Thank you for taking the time to learn about Hmong culture and ways that you may offer support and encouragement to all our WIC families.

Resources

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[Understanding Infant Feeding Choices Among Hmong-American Women in St. Paul, MN](https://scholarshare.temple.edu/bitstream/handle/20.500.12613/1202/Feliciano_temple_0225E_10623.pdf?sequence=1) (https://scholarshare.temple.edu/bitstream/handle/20.500.12613/1202/Feliciano_temple_0225E_10623.pdf?sequence=1)

Minnesota Department of Health - WIC Program 625 Robert St N, PO BOX 64975, ST PAUL MN 55164-0975; 1-800-657-3942, health.wic@state.mn.us, www.health.state.mn.us; To obtain this information in a different format, call: 1-800-657-3942

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