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# Project Examines Health Behaviors and Health Promotion Methods for Hmong Farming Families

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Safe work practices for children must be considered within the larger context of a family's enterprise if we hope to reduce work-related injury and illness. The University of Minnesota Agricultural Safety and Health team's research project investigates culture-specific health behavior patterns in order to develop appropriate health promotion methods for Hmong farming families.

In our project, 19 Hmong farming families with children between the ages of 7 and 15 have agreed to participate. Our team conducted interviews, focus groups, and field observations to learn about adult supervision patterns, tasks performed by children, hazards in the work environment, and tools used during work. Cultural knowledge, health and safety beliefs, and decision-making processes of the Hmong farming community were examined as well as learning styles and preferences for receiving health and safety information. Field tools and practices, gender roles, reasons for farming, physical growth and decision making abilities of Hmong children, and Hmong parenting techniques were all examined to help us understand how Hmong parents assign specific tasks to their children.

## Results

Current agricultural practices of Hmong in Minnesota can be described as generally small-scale operations that use hand tools, manual labor, and local direct marketing techniques. Many Hmong farming families use older, smaller tractors and walk-behind rototillers. Hmong farm children have different work tasks, roles, and responsibilities compared to mainstream North American farm children and are exposed to different hazards. Specific jobs done by children include thinning, weeding, and hoeing; carrying tools, buckets, or baskets; setting plant supports; and watering. Hmong children appear to be given greater amounts of responsibility at earlier ages as compared to North American children. Hmong parenting practices that relate to assigning farm tasks are somewhat more authoritarian-based and lead to interpersonal and social skills that are more group-oriented than individual-oriented.

Hmong perceptions of health and illness, safety, and injury prevention are limited and are highly influenced by traditional cultural perspectives. Learning styles and preferences for receiving health promotion information can be described as cooperative and group-oriented rather than focused on the individual. Personal, visual, and tactile methods of health promotion within the Hmong community have been found to be the most culturally appropriate.

Standard health and safety educational materials in a written format are not widely accepted by Minnesota Hmong farmers. However, participants have helped develop other formats of culturally appropriate and relevant information for Hmong farm parents and children. Collecting qualitative, contextual data to design the most responsive and culturally competent solutions is essential to help meet the agricultural safety and health needs of ethnic

communities. Hopefully, our close partnership and collaboration with the Hmong community will lead to fewer injuries and work-related illness among Hmong children who are working.

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