

“Because I am a woman. Being a woman, you have to do most!”: A Qualitative Study of Hmong Women’s Nutrition Experiences and Health Outcomes In Rural Northern Thailand by Lee Lor, Susi Keefe, Connie Vang, Gao Sheng Yang
Hmong Studies Journal, 27: 1-39.

“Because I am a woman. Being a woman, you have to do most!”: A Qualitative Study of Hmong Women’s Nutrition Experiences and Health Outcomes In Rural Northern Thailand

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Volume 27: 1-39.

Abstract

Many factors shape nutrition practices for Hmong Thai Women. The aim of this study was to explore the cultural, social, and economic factors that shape the experiences and health outcomes related to nutrition among Hmong Thai women in rural northern Thailand. Data were collected through focus group discussions (FGDs), key informants, and individual interviews and analyzed using grounded theory. The socio-ecological approach identified factors contributing to the causes of women’s health and experiences relating to nutrition and the life course approach. We recruited women from three different age groups of Hmong Thai women to participate in the FGDs. Four main themes were identified: (1) Hmong Cultural Expectations, (2) Family Nutrition Practices, (3) Health and Dietary Practices, and (4) Barriers and Challenges to Nutrition. Findings highlighted the complexity of nutrition practices and experiences among Hmong Thai women. Findings will inform SEASA program development and help guide interventions.

Keywords: Nutrition, Hmong, Hmong Thai Women, Ban Mae Sai Noi, Ban Mae Sai Mai, Chiang Mai, Thailand

Introduction

Nutrition promotes overall health, development, and well-being (WHO, 2019). Adequate nutrition is related to better health outcomes such as improved maternal health, child health, stronger immune systems, and lower risk of non-communicable diseases. Healthy diets are influenced by many social and economic factors, including income, food prices, individual preferences, cultural traditions, and environmental aspects (WHO, 2020). Eating good, nutritious

foods and a healthy diet can be challenging, especially for those experiencing poverty or living in rural areas, where food security and availability are often limited (Sang-Ngoen et al., 2019). These barriers and challenges are compounded by a lack of infrastructure that makes healthy foods less accessible.

Southeast Asian Study Abroad (SEASA)

This qualitative study originated as part of a collaboration with SEASA, the Southeast Asian Study Abroad, which is a Hmong-led non-governmental community-based organization situated in the mountains of northern Thailand. SEASA is located in Ban Mae Sai Noi. During the summer of 2024, the team spent six weeks in Ban Mae Sai Noi. SEASA works towards community development programming focused on the well-being of Hmong women and children and demonstrates a commitment to community partnership and engagement. This collaboration ensures that the research findings will be directly aligned with the community's needs and aspirations. SEASA's strong ties with the community helped facilitate the recruitment and engagement of women in the community. Furthermore, SEASA will also be able to implement the recommendations of this project to ensure that future interventions are informed by evidence and reflective of the local context.

Theoretical Frameworks

This project engages three theoretical frameworks; the first is the social-ecological model (SEM), which acknowledges the multifaceted nature of health determinants, considering individual, interpersonal, community, and policy factors (Kilanowski, 2017) contributing to the root causes of women's health. The second is grounded theory, a systematic methodology used in social sciences and humanities that focuses on developing theories based on data collected (Lumivero, 2023). The third is the life course approach, which describes the factors that

influence health outcomes across the life span (Herman et al., 2013). Through the collaboration with SEASA, we aim to amplify the experiences of rural Hmong women, whose nutritional needs have often been overlooked in broader public health research. This research explores how cultural, social, and economic factors shape the experiences and health outcomes related to nutrition among Hmong women in rural northern Thailand.

Background

The Hmong Diaspora

The Hmong people are an ethnic group originating from the mountains of China. (Religions in Minnesota, n.d.). Due to the expulsion and governmental land expansion by the Chinese during the early 1800s, many Hmong fled China and resettled in Vietnam, Laos, Thailand, and Burma. (Hmong American Center, 2024). The Vietnam War, which began in 1955, significantly impacted Laos and the Hmong Lao people. The Central Intelligence Agency (CIA) secretly enlisted the Hmong in Laos to aid American forces in the Secret War (1962-1975) in their combat against the communist Pathet Lao and the North Vietnamese. Following the war, many Hmong people were displaced globally.

The largest Hmong community resides in Southeast Asia, including northern Thailand (Kamdee & Nuntaboot, 2021). Hmong people's lifestyles revolve around farming, employing slash-and-burn techniques, and sewing practices. They possess a unique language and a rich cultural heritage with vibrant traditional clothing, intricate embroidery, and spiritual practices rooted in Animism, Shamanism, and Christianity (Owens, 2007). Historically, they have experienced cycles of farming, facing persecution resulting in migration and displacement, and relocating to new lands. They often move together with families resulting in large households or splitting apart to create new villages (Yanah, 2023).

The Hmong Thai In Northern Thailand (Hill Tribe)

The diasporic history of the Hmong people has led to varying exposures and lived experiences. In Thailand, there are Hmong communities that resettled directly from China and others that resettled after the war in Laos. Specifically, amongst the Thai locals, partially due to their geographical resettlement, the Hmong are referred to as the Hill Tribe people. Hill tribes are ethnic minority groups who immigrated from different countries and settled in the mountains of northern Thailand (Betgem, 2015). Hill tribes are among the most disadvantaged groups and face higher degrees of poverty and lack of resources (FAO, 2002). Roughly 207,000 Hmong people reside in the hills of northern Thailand, specifically in provinces such as “Kamphaeng Phet, Chiang Mai, Chiang Rai, Mae Hong Son, Lampang, Phayao, Sukhothai, Tak, Nan, Phrae, Phitsanulok, Phetchabun provinces” (Kamdee & Nuntaboot et al., 2021, p. 3717).

Approximately one hour north of Chiang Mai are the Hmong villages of Ban Mae Sai Noi and Ban Mae Sai Mai. These villages were noted as having been established in 1967, referencing that these communities did not experience the Secret War, but instead have lived and acculturated in Thailand since their initial resettlement. Evidence from our community partner, SEASA, suggests women in this community, younger or older, experience challenges related to nutrition and have little to no education regarding nutrition. They are a group of hard-working and ambitious women who are often the primary providers of meals in their households.

The Hmong Thai are skilled farmers who grow crops and vegetables and raise their livestock. Farming has been a central part of their lives and serves as an economic opportunity (Yanah, 2023). Historically, opium was a major cash crop, with cultivation beginning in A.D 600 – 900 (Yanah, 2023). Today, they are still known as farmers but grow all types of

vegetables, roses, and hemp for fabrics to make Hmong clothes. Additionally, Hmong Thai sell their vegetables at markets around the region and transport their goods to more urban areas, such as Chiang Mai. They are also recognized as successful entrepreneurs (Chartrungruang et al., 2022). The Hmong Thai participate in different types of entrepreneurship, including tourism, souvenirs, embroidery or sewing, homestay, (a form of hotel, similar to a bed and breakfast within a local community) (Chartrungruang et al., 2022, p. 156), batik (Nigh, 2018), and farming (Yangh, 2023).

Foods with significant connection to Hmong culture include rice, vegetables, and greens (Vue et al., 2010). Rice is a staple food in the Hmong culture (Vang, 2025, p. 5), as it is eaten daily with other dishes. Traditional Hmong food usually includes some type of meat with a vegetable. Common traditional dishes include pork boiled with green mustard, chicken boiled with herbs (VanSlooten & Shields-Culter, 2023), and Hmong peppers. Despite the Hmong's significant population, research on nutrition perspectives and experiences is limited. The Hmong population, particularly in rural northern Thailand, represents a historically marginalized group facing significant health disparities such as lack of healthcare, lack of proper nutrition, chronic disease, and preventable illness. (Kunstadter, 1985; Rojjananukulpong et al., 2021; Roman et al., 2021). The majority of research on Hmong culture is based in the U.S. among Hmong immigrant and refugee communities, health beliefs, and practices (Barlow, 2002; PinzonPerez, Moua, and Perez, 2005 cited in Perez & Thao, n.d, p. 4) leaving a notable gap in understanding the health and cultural experiences of Hmong people in their ancestral region and Southeast Asia.

The health of Hmong communities in Thailand is shaped by environmental exposures, socioeconomic conditions, and access to healthcare (Kunstadter, 1985; Kunstadter et al. 2001; Culhane-Pera et al., 2009; Culhane-Pera et al., 2015). Many live in remote villages where

housing structures, agricultural practices, and air quality influence overall well-being (Kunstadter, 1985). Because farming is a primary livelihood for many Hmong households, pesticide use is common to improve crop production. However, pesticide exposure can lead to a range of adverse health effects, including muscle weakness, headaches, dizziness, vomiting, and other systemic impacts (Kunstadter et al., 2001, p. 317). As the Hmong live in large households, housing conditions impact health outcomes. For example, iron roofs can increase air pollution due to smoke from cooking (Kunstadter, 1985, p. 337). Exposure to indoor smoke from cooking fires, pesticide use in farming, and limited access to preventive health services contribute to respiratory illness, musculoskeletal problems, and chronic diseases (Kunstadter, 1985; Kunstadter et al., 2001; Culhane-Pera et al., 2009; Culhane-Pera et al., 2015; Roman et al., 2021; Grey, 2007). Despite these challenges, Hmong communities maintain strong cultural practices and resilience through healing and spiritual beliefs (Grey, 2007; Owens, 2007).

Hmong Thai Women's Experiences Related to Nutrition

Traditional gender roles deeply influence the role of Hmong women in nutrition. Women are often tasked with caregiving and household responsibilities (Lo, 2002, p. 1), including food preparation and child-rearing (Vue et al., 2010). They are taught to be submissive to their husbands, “keep a good reputation, be good wives, stay home, and do the chores” (Lo, 2002, p. 12). As homemakers, Hmong women often manage household meal planning, preparation, and feeding practices. Women's food choices and dietary practices are influenced by the role of patriarchy in Hmong culture (Mouavangsou, 2018). For example, there are dietary practices where women are responsible for cooking meals during funerals, weddings, and other occasions, but men are prioritized to sit at the table, perform traditional practices, and eat whenever women are finished cooking. Women are also expected to follow a strict boiled chicken diet during

postpartum (Vang, 2025, p.7), a tradition beneficial for recovery but a dietary restriction targeting only women. Many women also encounter judgment and pressure from their spouses, family, and community members to adhere strictly to the practices.

Evidence from research demonstrates that meal preferences and preparations vary between younger and older generations. Younger generations prefer fried foods, while older generations prefer boiled foods (Vue et al., 2010). This generational difference in food preferences further impedes the gap between younger and older generations in terms of dietary habits. A study on older Thai adults in Samut Sakhon Province, Thailand, found that physical and social factors, such as loneliness and economic status, influenced food choices, with older adults struggling to meet nutritional needs due to limited resources (Chalermisri et al., 2020). Additionally, factors such as education and income were found to play a crucial role in determining food access and dietary choices for Thai and hill tribe women (Sang-Ngoen et al., 2019, p. 17).

Women living in rural villages often consume homegrown and reared or wild foods and consume less ready-to-eat foods (Sang-Ngoen et al., 2019, p. 11). However, some women do consume ready-to-eat foods due to convenience and the cheapness of ready-to-eat foods (Sang-Ngoen et al., 2019, p. 11). Processed and convenience foods are common and accessible due to busy lifestyles and the price of fresh ingredients (Vue et al., 2010). Additionally, women in rural settings often experience nutrient deficiency because of the inaccessibility of nutritious foods due to lower socio-economic status (Sang-Ngoen et al., 2020, p. 13).

Methods

Ethical Considerations

An Institutional Review Board application (ID #2065) detailing the ethical considerations of the study was submitted and approved by St. Catherine University. In compliance with our IRB, consent was obtained from all participants verbally by SEASA. Participants were informed about the purpose and the use of qualitative research before any in-person focus group discussions or interviews.

Design

This qualitative research was led by Dr. Susi Keefe, Director of St. Catherine University's Master's of Public Health Program in Global Health and Associate Professor and included three additional researchers; Lee Lor, lead graduate student researcher, Gao Sheng Yang, second graduate student researcher, and Connie Vang, MPH Visiting Assistant Instructor. Three of the four researchers hold Hmong identities and language skills, which influenced the interest in this project and permitted the data collection to be conducted entirely in the Hmong language. A combination of participant observation, focus group discussions, key informant interviews, individual interviews, and follow-up interviews was utilized for data collection. The qualitative research design allows for an in-depth understanding of the cultural, social, and economic factors that influence health and nutrition in this community through the data collection tools.

Participants

Participants were recruited by SEASA, leveraging their established relationships within the community to ensure trust and engagement with the study. Eligibility for participation required that individuals be 18 years of age or older. Three focus group discussions (FGDs) were

conducted with younger women ages 18-30, middle-aged women 30-55, and older women ages 55 or older. These different age groups allowed for a life course approach and an exploration of generational differences in nutrition experiences and health outcomes. Participants spoke Thai, Hmong, or both. Most participants were married, had kids, and lived with multiple extended family members. SEASA recruited participants and obtained their consent regarding the potential uses and findings of the research. The study maintained ethical standards for sensitive community-based research as outlined in our IRB protocol. A summary of the participants is detailed in Table 1.

Focus Group	
Characteristics	Total
Ethnicity	Hmong (21)
Gender	Females (21)
Age	20-30 (7) 30-55 (7) 55+ (7)
Marriage Status	Married (21) Widowed (4)
Household Size	0-5 (12) 6-10 (5) 10+ (4)

Table 1. Characteristics of Focus Groups

Data Collection

We conducted three FGDs, six key informant interviews, four individual interviews, and one follow-up interview – all were in person except for the follow-up interview, which was done virtually. The FGDs consisted of 30 open-ended questions, the key informant interviews consisted of 17 open-ended questions, the individual interviews consisted of 11 open-ended

questions, and the follow-up interview consisted of 12 open-ended questions. These questions were generated after reviewing the literature on nutrition and data collection methods. SEASA also reviewed all the questions and provided feedback. SEASA recommended incentives, in appreciation for participant time, in the amount of 300 baht, \$8.86 US, a small bag of fruits, and a small bag of eggs. At the end of the research, SEASA hosted a community meal for all participants.

Data Analysis

All data were transcribed and translated, with an emphasis on maintaining direct translation and interpretation to represent the participants' statements. Each transcript was read thoroughly to understand the data. Grounded Theory was used to analyze the data as it was particularly suited for uncovering insights and developing themes from the data itself (Lumivvero, 2023). Data analysis started with tagging and coding the translated FGDs and interviews. After tagging and coding, the research team worked together to discuss the codes, put them into categories, and place the categories into themes.

Results

Four main themes resulted from the data analysis: Hmong Cultural Expectations, Family Nutrition Practices, Health and Dietary Practices, and Barriers and Challenges to Nutrition. The focus group discussion for the oldest group of women lasted 3 hours and was oftentimes emotional for the women, who openly cried at times, reflecting on their lives, past and present. The participants expressed that this was the first time someone showed an interest in their lives – they appreciated the opportunity to reflect on their lives, have someone express interest in their thoughts and opinions, and support each other.

Hmong Cultural Expectations

Hmong cultural expectations were a strong theme across all three focus groups; women highlighted the cultural expectations placed on Hmong women, with particular emphasis on Hmong traditions, gender roles, and cultural norms. They discussed the Hmong way of eating, power and patrilocal issues, Hmong cultural expectations of men, and the community.

Hmong Culture and Hmong Tradition

There are many Hmong cultural traditions that influence nutrition and food behaviors. Women shared that men consume more beef than women. One participant shared, “Where we live, we don’t eat a lot of beef. Men eat more beef than women.” 1.13.4 Additionally, specific cultural clans have different practices.

2.28.3 For our Yang clans, men cannot eat hearts, but women can.

3.28.7 We [Yang clan] cannot eat *ncuav* [Hmong rice cake] three days after *hu plig* for the New Year.

The women shared that these practices are influenced and guided by a folktale orally passed through generations that;

3.28.7 Yangs cannot eat them because the mother-in-law hid the *ncuav* on a high shelf, and the daughter-in-law wanted to eat some and stole one and choked on it.

The folklore teaches a significant lesson and has contributed to shaping nutrition and food behaviors with specific dietary restrictions and practices tied to clan customs and gender roles.

Cultural Gender Role Expectations

Expectations of Men

Women across all focus groups discussed the expectations of Hmong men with regard to their marriage and family life. Overall, women articulated that men were privileged with more freedom and power, and this influences the dynamics and responsibilities related to food.

Women share their perceptions of men adhering to traditional roles and shaping their dietary practices. When asked who is responsible for cooking and preparing meals, women shared the following:

2.18.6 My husband knows that if he wants to eat something, and he tells me, I will make it for him.

3.18a.5 Men just know that after we are done cooking, they just eat.

When asked who does not contribute to meals, all women across all focus groups shared that men do not help in securing ingredients, preparing, or cooking meals. However, a few women shared that there are some situations in which their husbands will help; this was an exception to the norm.

2.18.2 I usually prepare meals, but when I am not feeling well or I am busy, my husband helps prepare meals.

1.18b.4 When I am tired, my kids and husband cook for me.

In their discussion of Hmong cultural practices and men's roles, several women brought up the stories of the Yang clan: "Sometimes, our husbands have cultural practices where they cannot eat certain things. For example, Yangs cannot eat hearts" (1.25e.4). This is guided by the folktale in which the Yang clan members came to eat together, and a disabled worker brought out the stew. The Yang members could not find the heart in the stew and accused the disabled worker of eating it, so they killed him. Later, they found the heart at the bottom of the stew, so the Yang men were cursed for eating it. It is clear that Hmong cultural practices and expectations have gendered dynamics, which result in the majority of responsibility for food being in the hands of women.

Expectations of Women

Women discussed the strong cultural expectations placed on them. They communicated how their responsibilities are rooted in their identity as a Hmong woman. The most substantial

finding here is how their role as a daughter and daughter-in-law influences how they navigate cooking and dietary practices and hold the responsibility to care for the entire household. As a result, the participants emphasized the need and pressure to be a good daughter-in-law, and that cooking is a primary expectation.

3.7.7 Everything I learn is from my parents. If they did not teach me about nutrition and how to cook, then I wouldn't know. Learning about how to cook and about food will make me a good daughter-in-law.

3.7.4 As I grew up, I would ask my parents what to cook so that it would be good. They would say you cook this with this, and boiled vegetables with meat. I have always learned like that. My parents told me that as a daughter-in-law, I have to remember to cook like this so that it is good for my in-laws, and in the future, you can teach your children how to cook too. Knowing what to cook and what is good will make your in-laws like you. I always remember what my parents taught me.

1.32.1 Cooking meals is one of the biggest duties for a Hmong daughter-in-law.

Participants also described their roles as wives and mothers. Women are responsible for the majority of food-related responsibilities and practices.

3.18a.5 Because I am a woman. Being a woman, you have to do most.

2.18.5 I am home most of the time, so I prepare food for my family and lunches for my husband because he works early.

Patriarchy, Patrilocal, & In-law Relationships

Concerns stemming from patriarchal practices, in particular the patrilocal post-marriage expectation that a bride moves in with their husband's family, were spotlighted by older women with examples in response to many of the focus group questions. Women mentioned that this is not always a negative outcome for them, but there were many examples of emotional impacts on their relationships, including negative experiences.

3.7.1 If your husband loves you and your mother-in-law does not, you still have your husband to be there for you. It is also very stressful and makes you depressed when your mother-in-law does not like you at all. If your husband does not love you and your in-laws do, it is still difficult to live together.

3.7.4 There are some girls whose in-laws like them and will teach them how to cook and do things; however, there are some where their in-laws do not like even though they know how to cook and clean.

One woman reported that in a bad marriage, women have few options as they cannot seek a divorce independently of men.

3.7.3 We cannot run away either because we have nowhere to go. Additionally, they will not divorce you, so you cannot do anything but stay and tolerate it. You will just cry all the time, but there is still nothing you can do.

Women expressed frustration when the relationship with both in-laws and husband was difficult, sharing how they felt alone and disregarded.

3.25d.1 My mother-in-law did not like me at all. There was no one to watch my kids with me. I was so poor and sad. I liked my husband more than he liked me. My husband liked talking to girls even after we got married.

It is evident that women must endure patriarchal and patrilocal constraints, often feeling powerless to change their circumstances. As a result, they must compromise their mental well-being as there are few to no options to escape or improve their situations.

All food is good (Txhua Yam Noj Yeej Zoo)

Women discussed that they follow the Hmong way of eating, where all foods are considered beneficial for the body. They were careful to differentiate between Hmong and Thai food practices and also highlighted how they have to improvise and find creative solutions due to limited resources. While all foods are considered beneficial for the body, women do have an awareness of the idea of proper nutrition and a preference for infant formula when possible.

2.10.4 As Hmong, we always say whatever we eat has benefits and is good for our bodies...

1.25a.4 I listen to the Hmong way of eating instead of the Thai because they eat differently.

3.25b.3 A woman gave birth to a baby and didn't have formula, so they would pound rice grain to the point it looked like powder, mix it with hot water, and feed it to the baby. They did not have the money to buy formula.

Family Nutrition Practices

Family nutrition practice was a significant theme in all three focus groups; participants identified different nutrition practices within their households. Women highlighted their cooking practices, who prepares and does not prepare foods, family influence on dietary choices, and essential foods across life stages.

Cooking Practices and Self-taught

Women described their cooking practices within their households.

1.18.4 The first thing to do is cook rice, wash dishes, and prepare the ingredients. If it is boiled green mustard with pork, I put water in a pot, let it boil, wash the vegetables, cut the meat, and add it to the boiling water.

3.18.1 When I was younger and did not have kids, I knew that I had to prepare meals, so I would wake up early in the morning to make food. I would clean the house and make sure it is not a mess. Nowadays, my kids wake up and prepare meals, so I do not have to do much.

2.7.6 I am a person who loves to cook, so I learn about nutrition by myself. I learned about what I should cook.

Participants expressed their cooking practices and how they acquired knowledge about nutrition, which was often through self-taught.

Who Prepares Food, Who Does Not Prepare Food, and Who Contributes to Home

Women shared their experiences with those who prepare food and those who do not:

1.18a.4 As the daughter-in-law, we go and buy the food. We get it from the markets and little street vendors.

3.18a.1 My children and I buy food from the markets. My husband does not know what to buy to make dishes.

2.18b.6 My husband does not contribute most of the time.

2.18.6 I am the one who prepares meals. If my daughters-in-law are home, then they help sometimes, too.

Women emphasized that they are primarily responsible for meal preparations, with daughters-in-law helping when possible. They expressed that their husband typically does not contribute to the household. Women mentioned that they buy food from the markets and street vendors to prepare their meals.

Family Influence on Dietary Choices

Participants stated that their family plays a significant role in influencing dietary choices, particularly when it comes to purchasing foods that they prefer.

1.29.1 Sometimes, you must ask them what they want to eat before making the food or deciding what to buy.

1.29.6 I live with my kids, so I cook something quickly whenever I want to eat. But when I go to my in-laws' house, I make food they can eat. Since they are older, they like more bland foods.

Participants' food choices and the foods they prepare often depend on the preferences of their families and in-laws. As a result, family dynamics significantly shape how meals are prepared.

Essential Foods Across Life Stages

This project began with a clear understanding that a life course perspective would be necessary as women's experiences change across the life course. Three main groups were repeatedly discussed: elders, school-aged children, and adolescents.

Elder Generation

The food concerns of elders covered several topics, including changes in nutrition behavior that come with aging, intergenerational food differences, and how responsibilities for women decrease as they age. Women in the older age group explained their experiences with aging and health concerns as they age.

3.5.7 Sometimes our kids will buy us ready-to-eat foods, and we do not want to eat them. They will lecture us and say that we are unknowledgeable because we do not know how to eat well.

3.21.4 As we get older, we eat the softer parts, so we eat the skin. The actual meat is rough, and we cannot swallow it.

Women also expressed the barriers and challenges they experienced without a present husband figure.

3.10.4 Now that my husband is not here anymore, there is not much I can do anymore. It makes me sad that my husband is not here anymore... When I do not have anything to eat, who will make it for me? (Participant crying). This year, I am getting older and having health issues I cannot work much anymore, so I just stay home, and my kids work and farm for us. I eat whatever they cook and whatever we have at home.

3.24.4 I don't know what to say. I think of things, but I just keep them to myself. I don't have a husband to discuss things with me, so I don't do much. I think I do not have any baht (money) today, and I am craving this pack of candy. Where do I get the money? I keep thinking there is no way to get money from anywhere, so I just do nothing.

It is clear that aging brings significant changes and challenges for women physically and emotionally, impacting their food choices and overall well-being. As they grow older, they experience more health issues, and their food preference also changes. Additionally, the loss of a husband added to their struggles, leaving them with feelings of loneliness and concerns about future care. As a result, older women have to make nutrition choices that are beneficial to their health.

Younger Generation

The older focus group women described their perspectives on the food preferences of younger generations and how they perceived these changes in dietary habits. Additionally, the younger focus group women also conveyed their perspectives on the food preferences of older generations.

1.31.4 The older generation likes bland foods...They like vegetables that are bland, with not too much salt, and not spicy. I think they have about the same knowledge of nutrition.

3.31.3 The younger generations like to eat food from restaurants. Younger generations like to eat foods that have more flavors and are good, but the older generation likes to eat foods that are bland.

Participants reflected on the contrast in food choices between younger and older generations, particularly in terms of cooking styles and flavor preferences. These differences highlight the evolving perceptions of nutrition and health across generations.

School-Aged Children and School Food

The food concerns of school-aged children covered several topics, including foods kids eat at school, benefits and challenges with school foods, and the setting influencing eating habits. In the community, children attend a local government school where lunch is provided free of cost by the Thai government. Women described the different foods their children eat at school.

1.23.4 Within one week, they eat different food every day. They eat 5 different foods. There are fruits, vegetables, and meat.

3.23.3 They feed them napa cabbage with glass noodles. They are scared of the teacher lecturing them, so they just eat it.

Women discussed that their children eat a variety of meats, vegetables, and fruits at school. Some women expressed uncertainty about the exact foods their children received, but noted that their kids typically eat the foods provided by the teachers. The majority of the women shared the benefits of school lunches.

1.23.4 Children eat free meals at school. Parents do not have to pack anything.

2.23.4 The food at school, I think it is healthy, but for our kids who do not like vegetables, they remove them and avoid eating them.

3.23.7 When they eat at school, they say it is good, but when they eat with us, it is not good.

Women revealed that school food is beneficial because it is free, healthy, and good food.

Although there are benefits to school food, women also share the challenges with school food.

2.23.6 One of my grandchildren does not eat rice at all, and even some dishes at school. This makes my grandchildren's stomachs hurt. My grandchildren don't eat it because most of the time the food is spicy. So they can't eat it, plus it has vegetables.

3.23.6 When they eat at school, it is usually in small portions. Some of the older kids at school say that the food is not good.

Despite the benefits of school food, women highlighted several challenges, particularly concerning the food's spiciness and portion sizes. Additionally, there were concerns about children expressing dissatisfaction with food at school. As a result, some children do not eat school food and wait until they get home to eat.

Women discussed how different settings, such as school and home, influenced their children's eating habits.

3.23.1 When they are at school, they eat the food because the teacher is there. When they get home, they do not eat.

2.23.6 So when my grandchildren get home, my grandchildren say, "I am hungry," and I will have to cook for them.

The women stated that the presence of teachers at school encourages their children to eat, while at home, the children do not eat. However, a few stated that their children do not eat at school and prefer to eat at home.

Adolescent Eating Habits

The food concerns of adolescents covered several topics, such as trends in adolescent eating habits and their food preferences. Participants communicated their observations on the changing eating habits of adolescents.

1.25c.1 My children just eat eggs and ramen. They don't eat much as they grow older.

1.25c.2 Kids nowadays do not eat much. They diet and avoid eating.

Women highlighted a growing concern that adolescents are eating less, with some avoiding meals or dieting as they age. Participants also discussed the food preferences of younger generations.

1.31.4 The younger generations like to eat spicy food with lots of seasonings.

2.31.7 The younger generations know about nutrition, but our Hmong people eat whatever we have.

3.31.7 They like to eat foods with salt and pepper.

It was clear that younger generations enjoy flavorful foods with strong seasoning. There is also a perception that they have knowledge about nutrition.

Health and Dietary Practices

Health and dietary practices emerged as a critical theme throughout all three focus groups; women highlighted multiple behaviors regarding nutrition, preference for homemade foods, postpartum dietary restrictions, and knowledge surrounding nutrition. Women expressed deep concerns about health outcomes for themselves, their partners, children, families, and community such as diabetes, high blood pressure, hypoxia, and gout.

Healthy and Unhealthy Nutrition Perceptions

Women discussed healthy and unhealthy nutrition perceptions with a focus on balanced eating, mindful food choices, as well as concerns about non-nutritious views that have become more common in their diets.

2.6.5 I think that to eat foods that are good for your body, you should eat rice, vegetables, fruits, milk, and meat. It helps you stay strong and have energy.

2.5.5 When eating foods, we do not add msg or other rich sauces to our food. We eat clean foods for our bodies.

3.6.1 We would eat vegetables all the time, and it made us strong and healthy. Now we eat meat every day, and it is not good because it causes health issues. Now, there has to be meat in almost every dish.

Many of the women emphasized the importance of consuming a variety of foods, including rice, vegetables, meat, and fruits, to maintain strength and energy. They also shared their understanding of the potential risks of overconsumption of meat, msg, rich sauces, and processed foods, as well as the consequences of eating white rice. They are aware of the consequences of eating foods that are not good for their bodies.

Navigating Nutrition Choices

Women discussed how they navigate nutrition choices and challenges. The cost of food is a real barrier, and the women shared the sustainable methods when buying food that are expensive.

3.27.7 When the food is pricey, I buy less of it.

2.26.6 For me, the cost doesn't matter much, but if it is pricey and I know I won't eat it, then I won't buy it.

Many of the women stated that cost plays a significant role in their purchasing decisions. As a result, they buy less of the food if the items are pricey and if they know they won't use them. Additionally, the older women's focus group reflected on the change in behavior over time. They noted that modern eating habits have led to an increase in health issues, demonstrating their trust in the behaviors and practices of the older days, with simple ingredients and flavors.

3.5.5 Nowadays, we have more health issues because we want to eat well with lots of sauce and seasonings. Back then, people ate foods that were simple and did not contain unhealthy ingredients. People live longer because they eat foods that are plain and do not contain too many ingredients, like boiled vegetables with food.

Furthermore, the women emphasized the value of home cooking as they expressed a strong preference for preparing and making their food. Many believe that cooking at home is the best option and allows for more control over ingredients. As one participant stated, "I think it is still better to prepare and make your own food." 2.8.2.

The women discussed postpartum practices and restrictions, which help with health and recovery after a C-section.

1.25a.1 If you have a C-section, you do not get to eat as well. You will have to eat pork for the first half of the month and then chicken for the other half of the month because it helps with the scar. Chicken can make your skin swell.

Participants pointed out that women who have a c-section must eat boiled pork for the first half of the postpartum diet, and then they can switch over to chicken. Eating pork helps with recovery.

3.25a.1 They said if you eat napa cabbage and potatoes during postpartum, then you'll have lots of kids like the vegetables, so I avoid eating them.

1.25a.1 Elder said eating chicken with black pepper...helps produce more breast milk. During postpartum, Hmong women can only eat boiled chicken, pork, and eggs with black pepper.

Women across all focus groups emphasized the important foods for women to eat during the postpartum period, including boiled eggs with black pepper, boiled chicken, and pork.

Additionally, women discussed some Hmong beliefs that help with having more kids and producing more breast milk.

Nutrition Knowledge

Women across all focus groups communicated their knowledge regarding nutrition.

Women, particularly in the older focus group discussion, revealed that they did not receive any formal nutrition education.

2.6.2 I know about nutrition and that we should eat bland food so that it will be good for our bodies and have no health issues. Those who eat foods with lots of seasonings and salt have health issues.

2.5.2 Nutrition is eating our Hmong food, boiled vegetables with meat.

Women were readily able to share their awareness and knowledge about nutrition and its importance. Many women emphasized consuming bland foods like boiled vegetables with meat

and consuming less salt to help with fewer health issues. Additionally, women expressed a desire to learn more about what foods are beneficial or not to improve their well-being.

3.10.3 Now, I do not know much, and I don't think there is anything much to learn about.

3.10.7 I do want to learn more, but I am getting older now, and I do not know what more to learn about.

Women, particularly in the older age group, revealed that they did not receive an education, which resulted in language barriers such as not knowing how to speak Thai and having limited knowledge about nutrition. Additionally, they reveal that as they age, they have more health issues due to some foods they eat.

Barriers and Challenges to Nutrition

Women across all three focus groups highlighted the underlying barriers and challenges to nutrition in their community, with particular emphasis on the lack of food security. Many noted the availability of cheap fast food as a contributor to unhealthy eating habits, but it is convenient. There is a clear awareness of how the inequities women face are rooted in financial disparities, and where they would welcome support and resources to improve their living conditions.

Poverty

Women shared the myriad ways they experience the financial burdens of poverty.

3.10.1 I grew up being poor. I was really poor. There was not much to eat. I did not have many clothes to wear. I barely even showered.

3.6.3 When I was younger, there was not much to eat. Sometimes we would go three days without eating. If I get too hungry, then I would just drink water.

3.5.6 Sometimes we do not have much to eat. Sometimes we would eat sugar, Hmong pepper, or ginger itself with rice and water.

Women readily connected their poverty and lack of resources to their food security and articulated the challenges with food access.

1.24.4 The issue is not having enough money because everything is about finding food to eat.

2.26.7 If the price is too pricey, then I do not buy it. So it affects me because I cannot buy food that are pricey.

3.27.1 For some meals with vegetables, it costs around 100 baht. Sometimes I just eat rice with water.

It is clear that women must make difficult decisions about food and nutrition because they do not have the financial resources to secure food, food is too expensive, and as a result, they must compromise their nutritional well-being.

Women also stated their thoughts on fast food and acknowledged the tension between fast food, access to money, and time. They also recognize that fast food is greatly convenient and less burdensome for those who do not have time to prepare meals for themselves and their families.

2.8.1 I think that fast food is convenient for those who do not have time to prepare food for themselves and their families. However, to be able to eat more fast food, you must have money. Fast food also does not waste time preparing food, giving people time to do other things.

2.8.4 If we come home late from the farm, we might just order food from restaurants to eat at home so we don't have to prepare. It is all about time because if you don't have time to cook food at home, then fast food is the easier way out.

In their discussions, the women also noted the negatives of fast food, sharing that it is not good for the body, hygienic, or fresh:

2.8.5 I think fast food is not good for your body and has no benefits, so it is better not to eat it.

2.8.6 In some restaurants, it is not sanitized because there are flies on the meat, and the food has just been sitting for a long time. However, if you don't think about it, then you will be able to eat it. Like 7-Eleven, they leave the food out in the refrigerator for a long

time, and then you buy it and microwave it, which is not healthy and good to eat for your body.

Women also highlighted that there are limited fast-food restaurants, such as KFC in the village. Therefore, they do not purchase and consume much fast food, unlike those who live in the city, as more fast-food restaurants are available there.

2.8.4 I have heard of it, but as we are Hmong in the mountains, we have not really bought fast food, but those who live in the city do eat fast food more.

2.11.4 The issue is not having enough fast food restaurants in the village, such as KFC, pizza...

Opportunities and Income

The majority of women also readily connected their poverty to the challenges they face in making a profit and income from sewing, farming, and other businesses. While some sew and sell their products and own homestays, many struggle to make a sustainable profit.

2.3.3 I own a homestay and open it to the public anytime. I clean it daily.

1.32.2 We want to profit from our vegetable farms, sewing, and get money because everything comes from money.

3.11.7 The biggest issue is not getting our profit from our farms.

It is apparent that the lack of profitable opportunities in sewing, farming, and business significantly hinders women's ability to escape poverty and highlights the need for greater access to resources, land, and markets to encourage economic stability.

Wealth

Participants stated their awareness of the inequities they face in financial issues as they compare themselves to others who are wealthier and better resourced. Additionally, participants shared that being healthy is better than being wealthy.

3.10.3 Sometimes I think about why I do not have what others have and compare myself to them, and it makes me upset and sad, but I try not to think about it much anymore.

3.10.6 My daughters wanted to travel, but I told them we don't have money. Others have money, and they can eat whatever they want, but you guys don't have money.

3.10.5 Now we just wish that we had food to eat today. Even if you are not wealthy, as long as you are healthy, it is good. Even if you are wealthy and have lots of money, you can't even take it with you when you pass away.

Most of the women envied others whom they perceived as having more in terms of financial stability. They imparted that they have to make difficult choices that impact their nutritional well-being as they lack financial freedom.

Financial Assistance

Our participants shared examples of the types of support they desired that would improve their financial circumstances and create sustainable income opportunities.

2.32.5 I want them to make a store for us in the village where we can sell our Hmong clothes and fabrics and our vegetables.

2.32.6 If they want to support our village, I think they should have jobs available for us and support us financially.

2.32.7 I would like it if the government or other people donate food to us. I prefer this because if we receive money, we might use the money for something else other than food.

Most women were not interested in handouts but instead identified ways that would help them in areas they are already invested in. For example, one participant shared how her entrepreneurship efforts around sewing were a challenge because she did not have customers.

2.32.1 For those who open homestays/guest houses, they get guests to rent them and they get money that way. However, for those who sew Hmong clothes and skirts, like me, we have our finished products, but there is no one to come and buy them. So I want there to be people to come look at our products and buy them, or have our products be sold outside of the village.

Women are involved in efforts to make money, striving to overcome poverty and secure a sustainable livelihood. With regard to nutrition specifically, women across all focus groups expressed that there are no programs or resources available in the village for them.

1.30.4 There is not much in the village. No program comes to teach us about nutrition and how to cook food. Regarding nutrition, there isn't much information.

3.30.7 I don't think they do anything in our village, Ban Mae Sai Mai, but in Ban Mae Sai Noi, there might be. There are no programs or anything.

It is clear that there is a lack of nutrition programs and resources within the village, and without such support, there is limited access to information on proper nutrition and dietary practices.

Environmental Limitations/ Rural Land Limitations

Women expressed several limitations they face in the village concerning environmental and rural land challenges.

2.24.2 The government does not let us do anything to the land. We cannot cut down trees. If they find out we cut down trees, they will arrest us. We do not have a lot of land for farming. Some people in the village do not even have land to farm because of how small the village is.

2.11.6 Our village is at the very end, so I would say that it is in poverty. So if we want to eat something we don't have in the village, we have to get out of the village to get it.

2.24.1 There are no accessible roads that we can take. We also do not have public transportation to our village.

It is evident that the environment and rural land limitations faced by women in the village create significant barriers to their economic stability and food security. Additionally, no public transportation to travel between the village and other locations further hinders their ability to access essential resources and sell their goods.

Discussion

This collaborative research with SEASA explored the nutritional practices and challenges faced by young, middle-aged, and older Hmong Thai women in rural northern Thailand.

Grounded theory was utilized to discover four main themes that emerged from the experiences and stories that women shared: (1) Hmong Cultural Expectations, (2) Family Nutrition Practices, (3) Health and Dietary Practices, and (4) Barriers and Challenges to Nutrition. The socio-

ecological model provided a valuable framework for understanding the complex interactions between individual, interpersonal, community, and policy factors (Kilanowski, 2017) contributing to the root causes of women’s health. The life course approach provided a framework for addressing women’s nutrition experience across the entire lifespan and intergenerationally that influences health outcomes and nutritional practices (Herman et al., 2013). The women identified health outcomes relating to nutrition practices such as diabetes, high blood pressure, hypoxia, and gout. These observations by women reflect broader patterns documented in rural and low-income families due to the limited access to nutrient-rich foods and the increasing availability of processed foods (Sang-Ngoen et al., 2019, pp.11–13). Nutrient deficiency and consuming too much of certain nutrients may exacerbate the health issues as women age (Muscaritoli, 2021).

Theme 1: Hmong Cultural Expectations

Women across all age groups identified the daughter-in-law relationship as one of the most challenging issues related to nutrition throughout the life course. This dynamic often reflects deeply ingrained cultural expectations, where traditional gender roles and intergenerational hierarchies shape daily practices, including food preparation, distribution, and dietary choices. The research across the Hmong diaspora reveals similar gendered and generational expectations of women in Hmong culture (Lo, 2002; Vue et al., 2011; Owens, 2007; Vang, 2025; Langill, 2024; and Mouavangsou, 2018). Women are expected to bear the burden of most household responsibilities, “cooking, cleaning the house, taking care of the children, tending livestock, weaving textiles, making clothes, and most importantly, obeying and respecting her husband” (Lo, 2002, p. 9). These findings are not limited to Hmong women, research on other traditional communities from around the world also reveal this pattern of

gendered expectations of women, for example in India “women are the center of food choices” (Das & Misha, 2021, p. 1) and “due to entrenched gender-specific roles and duties, unfortunately, women suffer more. Therefore, while making the gender-sensitive and -specific policy, women’s perspectives should be integrated” (Das & Misha, 2021, p. 6).

Women internalize their roles as daughters, daughters-in-law, wives, and mothers individually, impacting their interpersonal relationships within the household and the immediate and extended family. The strongest factors that influence women’s dietary choices and practices are Hmong culture, in particular the role of patriarchy. “Understanding how gender functions within a Hmong family structure, we understand the gendered specified roles and expectations within a Hmong patriarchal system” (Mouavangsou, 2018, p. 6). This is similar to research in other patriarchal contexts and modes of inquiry, such as Keefe’s work with Muslim women in Tanzania on marriage, divorce, and polygyny: “Women are still enmeshed in patriarchal cultural and religious structures that privilege men and their preferences” (Keefe, 2019, p. 126).

Theme 2: Family Nutrition Practices

Women revealed that their family influences nutrition practices and the important foods across various life stages in all focus groups. Women must ask what family members, such as children, husband, and in-laws, would like to eat, and then they must buy, prepare, and serve those meals. This finding aligns with findings that demonstrate Hmong women must defer to the preferences of family members (Liu et al, 2021; Vue et al., 2011).

Food choices across all focus groups differ intergenerationally. Food preferences change as women age and experience different health conditions, for example, “Older generations are more inclined to maintain traditional food habits, whereas mothers and children are changing their food habits” (Vue et al., 2011; Liu et al, 2021; Winter et al., 2016). These findings reflect

the shifting nature of food practices, where food decisions are not static but evolve with life stages, household composition, and personal health. Older women spoke of physical limitations, a desire for simpler foods, and a decreasing role in food preparation. In contrast, younger women and adolescents described more active involvement in food decisions, greater autonomy in choosing foods, and a preference for more flavorful, restaurant-style meals. Women also described that school-aged children have particular food needs and food preferences that are most evident as they experience the government-provided funds for meals as part of elementary education in Thailand (Petchoo et al., 2022).

Women acquire nutrition knowledge primarily through self-teaching and experience, which then guides their food preparation practices. In a patriarchal Hmong society, food choices are shaped by a need to please others, maintain household harmony, and accommodate the preferences of children and family, often at the expense of their own health needs and personal autonomy and agency. As noted in previous studies, women often cook multiple dishes to suit others in the family (Liu et al, 2021; Vue et al., 2011).

Theme 3: Health and Dietary Practices

Across all focus groups, women identified various nutrition behaviors related to health outcomes and the postpartum period in particular. The role of nutritious behavior is essential for health outcomes and postpartum, and the Hmong diaspora has specific dietary restrictions for postpartum women to secure their health and well-being (Vang, 2025; Kamdee & Nuntaboot; Owens, 2008). During the postpartum period, women are expected to follow a specific diet, which women described as needing to eat clean and boiled foods, such as boiled chicken, pork, or eggs with rice. The global nutrition literature reveals similar findings regarding eating healthy foods for better health outcomes, where eating non-nutritious foods is connected to bad health

outcomes (Herman et al., 2013; Stang & Bonilla, 2018; Winter et al., 2016; Overcash & Reicks, 2021). For example, in the Hispanic/Latino community, eating meals outside the home is prevalent and has been associated with poorer diet quality and health outcomes (Overcash & Reicks, 2021). Many of the women shared that eating homemade food is better than eating food that is prepared outside the home.

Most women have some knowledge of nutrition, but expressed that they want more knowledge on what foods are good for them and what foods to avoid. The strongest factor affecting this knowledge is the lack of education, particularly for older women. The literature identified similar findings where more education on nutrition and what foods to eat would be beneficial (Stang & Bonilla, 2018; Liu et al., 2021).

Theme 4: Barriers and Challenges to Nutrition

Throughout the life course, women in all focus groups revealed that poverty is one of the most challenging barriers to nutrition. Women consistently articulated how financial insecurity constrained their food choices, nutritional intake, and overall well-being. These findings align with the research identifying poverty as a barrier in accessing nutrition (Stang & Bonilla, 2018; Herman et al., 2013; Schuler et al., 2024; Liu et al., 2021) and as a social determinant of health (Herman et al., 2013; Whitman et al., 2022). The barriers shifted at each life stage but remained rooted in systemic inequity and lack of access to resources.

Women's food practices are shaped by what they can afford and access. Limited resources often meant choosing the cheapest or most filling option, such as fast food, even when it lacked nutritional value. As seen in the literature, high food prices are a barrier to eating healthy foods in many communities globally which experience poverty (Liu et al, 2021; Stang & Bonilla, 2018), ethnic marginalization, challenges associated with lack of access in rural settings

(Onah et al., 2021; FAO, 2002), and patriarchal and gendered expectations rooted in culture (Keefe, 2019; Lo, 2002; Vue et al., 2011; Owens, 2007; Vang, 2025; Langill, 2024; and Mouavangsou, 2018). Women also linked their financial barriers to limited opportunities for sustainable income through farming, sewing, or small businesses. They explored entrepreneurial enterprises, such as sewing traditional Hmong textiles or running homestays, but without consistent customers, markets, or exposure for proper income. These findings suggest an urgent need for interventions that operate across multiple levels—addressing infrastructure, income opportunities, access to nutritious foods, and culturally grounded nutrition education.

Conclusion

In conclusion, the nutritional needs and challenges Hmong Thai women face in rural northern Thailand are complex and influenced by various social, cultural, and economic factors, which also affect their health outcomes. With the Hmong population understudied, the voices and stories of marginalized communities like the women in this research are important contributions. The findings of this study underscore the need for culturally sensitive public health interventions that consider the unique experiences of marginalized communities.

Acknowledgments

We would like to thank the Gerald and Henrietta Rauenhurst Foundation Graduate Traineeships, St. Catherine University's MPH program, and SEASA: Chen Vue, Phiraya Vue, and Jin Xiong for the opportunity to conduct this research. Thank you to the research team, Susi Keefe, Ph.D., Connie Vang, MPH, and Gao Sheng Yang, MPH, who worked tirelessly on this research.

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