Bridging Refugee Youth & Children's Services

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Steven A. Gelb, PhD and Mary Jo Clark, PhD, RN
University of San Diego

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Implementation of the Parents As Teachers Program with Hmong Mothers and Children[1]

Steven A. Gelb, PhD[2] and Mary Jo Clark, PhD, RN[3]
University of San Diego, 5998 Alcala Park, San Diego, CA 92110-2492

This paper presents the results of a two-year pilot study of the use of the Parents As Teachers (PAT) parent education program with Hmong mothers and their children between birth and three years of age. Although the PAT model is widely used—there are currently over 2400 programs in the United States and internationally--the study describes the first attempt anywhere to adapt the PAT to an exclusively Hmong population.

The Parents As Teachers Program

The PAT program is a national, award-winning, primary prevention and early education program that provides home-based parenting, child development, and health education to parents of children from birth to age three. Among other national honors the program has received the Charles A. Dana award for Pioneering Achievement in Health and Education and the Lela Rowland Award for outstanding achievement and promise in prevention programming presented by the National Mental Health Association. In 1991, it was accepted in the U.S. Department of Education National Diffusion Network. The program monitors quality and implementation by tightly controlling training and certification for all parent workers, strictly controlling dissemination of curriculum

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[2] School of Education (sgelb@sandiego.edu)
[3] School of Nursing (clark@sandiego.edu)

materials, and requiring and evaluating implementation plans at all PAT sites (Parents As Teachers National Center, 1998).

PAT uses Certified Parent Educators to assist parents to prepare children for formal schooling. The educators make weekly visits to assess children's development and support parents in raising their children. The visits are structured through an immense curriculum guide that focuses on the sequential development of motor, intellectual, social, and language skills and which includes copyrighted educational handouts for parents. The recent "Born to Learn" revision incorporates research findings on stimulation and early brain development from the field of neuroscience. Children whose families participate in the program are screened for developmental problems using the Denver II Developmental Skills Inventory. When problems are identified, referrals are made to appropriate community services. In addition to home visits, there is a monthly meeting for parents at which a speaker on education or health issues provides information on topics raised by parents in the home visits. Families eligible for PAT include mothers in their last trimester of pregnancy and children from newborn through three years of age. Some programs expand service through the use of a supplementary curriculum for children from three to five years of age.

Evaluations of the PAT program indicate that PAT children at age 3 are significantly ahead of comparison children in language, problem solving, social development and cognitive abilities, score higher on kindergarten readiness tests and standardized measures of reading, math and language in the early elementary grades, have lower rates of suspected or documented child abuse and neglect, and have parents

who are more involved in their schooling and are more confident in their parenting skills and knowledge (Parents As Teachers Program, 1999).

In spite of its wide dissemination, the PAT program's appropriateness for meeting the needs of an immigrant, southeast Asian refugee group such as the Hmong is not known. Although PAT documents claim that the program is adaptable in all settings it was developed in Missouri using a population of primarily white, middle class families. During the 1998-1999 year, only one percent of families being served by PAT programs were of Asian background (National Parents As Teachers Center, 2000).

Hmong Refugees in the United States

Hmong adjustment to American society has been difficult due to differences between their autonomous, rural, preliterate culture, and mainstream American culture (Walker-Moffat, 1995). Prior to immigration, in isolated Southeast Asian Hmong villages, there were no books, schools or newspapers. Children learned everything they needed from village elders and stories orally transmitted from generation to generation. Thus, many Hmong children arrive at public schools in the United States lacking the knowledge, experiences and attitudes that are taken for granted by American school (Hendricks, Downing and Deinard, 1986; Walker-Moffat, 1995).

As Laotian allies of the United States during the American-Vietnam war, the Hmong became the target of postwar genocide by the victorious, communist Pathet Lao . (Hamilton-Merritt, 1993; Faderman, 1998). They suffered enormous casualties and trauma on a perilous exodus through jungles and the crossing of the Mekong river to seek refuge in Thailand. The survivors were consigned in camps there for several years

(Hamilton-Merritt, 1993; Faderman, 1998). The United States government's decision to place them in large urban centers completed a process of radical cultural dislocation that left over 95% of the Hmong in poverty (Walker-Moffat, 1995).

Hmong Mothers

In spite of the hardships and cultural uprooting that they experienced, research has shown that Hmong mothers are excellent parents. Therefore, the relevance of the skills and dispositions taught in the PAT curriculum to Hmong families is not readily apparent. Culturally, the Hmong have a deep affection for the young and all children are highly valued in the Hmong culture, including those with physical or mental disabilities (Scott, 1986). A study of infants born within two years of their families arrival from Thailand found happy and healthy babies despite the families' recent traumatic experiences (Newlin-Haus, 1982). Hmong mothers are sensitive and responsive to their infants needs, and cooperative, accepting, and accessible to their children (Cumming, 1988). In a study of low income Hmong and Anglo-American infants (Cumming, 1988) the Hmong children were found to have significantly higher attachment security scores than the Anglo-American children. Hmong babies are typically touched and held longer than mainstream American babies (Newlin-Haus, 1982.) As toddlers their diets were found to be more nutritionally balanced than those of Anglo-American toddlers (Oberg, Muret-Wagstaff, Moore, and Cumming, 1986).

Access to medical care is often a significant problem for the Hmong. Since shamanic religious healers in Asia attended to health needs, the Hmong have trouble understanding and working with the American medical system. Many of their children

have not received required immunizations, thus making them ineligible for school entry. Even when medical care is provided, cross-cultural misunderstandings often lead to negative outcomes (Fadiman, 1997; Reznik, Cooper, MacDonald, Benador, and Lemire, 2001).

Yet, although Hmong mothers are younger and less likely than mainstream mothers to receive adequate prenatal care, their culturally intact self-care practices appear highly effective for healthy pregnancies and their pregnancy outcomes are typically good (Erikson,, Swenson, Ehlinger, Carlson, and Swaney, 1987; Faller, 1992). Hmong women typically do not use alcohol, drugs or tobacco (Faller, 1992) and they are more likely to have normal weight-height status as measured by Metropolitan Life Standards than Anglo-American women (Eriskon, et al, 1987). Compared to mainstream mothers Hmong mothers are far more likely to be living in intact marriages (Erikson, et al, 1987). During pregnancy Hmong women gain less weight than Anglo-Americans while following strict diets that are nutritionally balanced and adequate by Western scientific standards (Erikson, et al, 1987).

The Hmong PAT Program

The impetus for our program came from an expression by the Hmong community that parents needed help in preparing their children for school. Despite this initiative, at the outset it was not known if Hmong families would be willing to invite program educators into their homes, and, if they did, whether they and the home visitors would find the PAT curriculum relevant to Hmong parents' needs and concerns. Hmong women are often reluctant to interact with strangers. In spite of the fact that Scott (1986)

had spent years among this population, he found that Hmong women were unwilling to speak with him. His attempt to gain access to them through a newly arrived Hmong woman also failed; the Hmong women in his sample rejected her after learning that she had "shamefully" separated from her husband.

The study reported here took place in the inner city of a large southwestern urban area. In order to maximize the program's chance of success, a young Hmong mother was recruited and trained as a parent educator/community health worker. The Hmong parent educator translated PAT parent handout material into the Hmong language. She worked under the supervision of a certified parent educator who is also a community health nurse. Over the course of two years and one-half years, the program served twenty families with a total of 37 children (some families had more than one child in the target age range). Although we did not ask families for their annual income it is safe to say, based on observations of the conditions in which they live, that all of our families can be classified as poor. The inner city neighborhood in which they live is characterized primarily by small, two-bedroom homes in poor repair. In all cases, it was mothers who met with the home visitors, although in some families' fathers and other relatives were present during some meetings.

Several PAT program records were accessed to collect data for the research. These included PAT personal visit records, Denver II Developmental screening results, family health questionnaires, and written parent evaluations of the program. In addition, interviews were conducted with the Hmong parent educator, the community health nurse parent educator. We also interviewed two members of our program's advisory board, a female community activist with many years of experience in working with the Hmong

and a male Hmong clan elder.

Overall, the physical and emotional health of the population of Hmong children served in the program was excellent. All of the infants had been born with normal {birth} weight, and developmental screening with the Denver II revealed no delays. As in previous studies, there was no evidence of child abuse. Observations of mother-infant interactions suggested that the quality of attachment in infants was secure. This confirms an earlier study of Hmong parenting that noted the unusual sensitivity of Hmong mothers to infants' behavioral cues (Cumming, 1988).

Although the national Parents as Teachers program is primarily directed toward child development and school readiness, the program, as implemented in a few sites in this locale, has an expanded health focus. Some of the challenges encountered in extending this health focus to our Hmong population include identifying health concerns, immunizations, care of minor illness, child safety, and dental health.

A routine component of each PAT visit involves soliciting questions from the parents about their children's health or development. This opening was usually met with silence or the statement that the family had no questions. For this reason, we have had to rely on the initial health screening questionnaires and the observations of parent educators and our public health nurse for information on health issues in this special target population.

One area of concern that arose from health questionnaires was the lack of up-to-date immunizations in the population, half of the enrolled children. When referred for missing immunizations, Hmong mothers were extremely compliant, but returned stating that their health care providers told them the children's immunizations were up to date.

Because of language difficulties, we are not able to ascertain whether the providers are just not current on the most recent recommendations for childhood immunizations (PAT national recommendations were similarly out of date) or the parents did not adequately understand the providers' comments. Parents may not have understood what immunizations were lacking well enough or been willing to challenge the provider and obtain the needed immunizations. Home visitors regularly observed that Hmong mothers did not understand the instructions they were given by physicians. Resolution of this problem of immunizations will probably only be achieved when the program nurse contacts each family's provider and clarifies the issue of missing immunizations.

The health questionnaire also indicated that a surprising 27% of the children had been hospitalized some time after birth. This finding suggests that Hmong parents are not knowledgeable regarding minor illness care and do not know what to do to prevent illness from escalating to require hospitalization. Monthly educational sessions are planned to address this lack of knowledge, but here again we encountered some difficulties. Culturally, Hmong are not conversant with externally structured group activities, particularly learning activities, and it is sometimes difficult to attract parents to the group education sessions. We have found that a give-away helps and we now provide $5 gift-certificates for the local supermarket to participants.

Another feature that seems to motivate family participation in the program is providing parents with children's books. Although reading to children is encouraged by the national PAT program, the program does not include distribution of books. This is a strategy that we have stumbled upon which has helped to insure our welcome in the home.

Parent educators and the public health nurse have identified other health issues through their observations in the home. The foremost of these is child safety. Most of our Hmong population come from a rural background and many modern conveniences are foreign to them. Similarly, maintenance of traditional practices, such as cooking over an open grill, pose safety hazards of burns and carbon monoxide poisoning in crowded housing conditions within the urban community. In one home a propane tank was on the floor in easy reach of young children. Another common hazard was exposed extension cords winding through homes. In some homes toddlers were seen playing near space heaters. Hmong parents have also adopted a number of modern chemical products such as household cleaners, but often do not realize the potential for poisoning that these products represent. Consequently, they may not take appropriate precautions regarding their use and storage.

Many of our families do not use car seats for children, although that is a requirement of California state law. Having little money, the Hmong who own cars typically drive small, older vehicles. Car seats are not only expensive for the families, but they also take up room which can be a problem for a family trying to fit many children into a small vehicle. Absence of car seats continues to be a significant health risk for our children.

Hmong parents have also enthusiastically adopted such devices as walkers and are resistant to education about the safety hazards involved and the adverse effect of walkers on leg muscle development. Walkers were sometimes used near open doors leading to concrete steps and other hazards. Traffic safety is also an issue, and the three year old son of one of our PAT families was killed by a passing car when he stepped out between

two parked cars. Months later our community health nurse found his four year old sister in front of the agency where our office is located on a busy intersection. Her father, who works nights, had forgotten to lock the door when he went to sleep.

In general, however, we have found our Hmong parents to be very watchful of their children, but often unaware of some of the hazards they should watch for. For this reason, one of our nursing students developed a pictorial home safety brochure that has been translated into Hmong by our parent educators. In the brochure, she was particularly careful to select pictures that are self-explanatory and culturally sensitive. We have provided the first page of the brochure in both English and Hmong in your handouts.

An inspection of the teeth of the children indicated widespread dental disease including soft teeth, decay, discoloration and gum disease. The home visitors noted that the Hmong in the sample have adopted a diet that is drastically different than that followed in Laos. It is low in calcium and includes a high proportion of refined flour and sugar products. Our visitors observed Hmong parents giving infants soda in baby bottles. As an insular group with a unique history, the Hmong have less access to information regarding hazards in an American lifestyle than many other groups.

One prominent feature of the national PAT program is the use of members of the community as parent educators. We suspect that entry into the homes of our Hmong families would not be possible without our Hmong parent educators. In fact, one parent even admitted that, when her children are misbehaving, she threatened them that if they did not behave “the ‘white lady’ [our community health nurse] would take them away.” Even with the use of members of the cultural group as parent educators, however, we

have encountered some surprises. Initially, we selected a young Hmong mother with young children as our parent educator. Our selection was based on knowledge that, in Hmong culture, child rearing is the responsibility of women and the belief that having children herself would give our parent educator greater credibility. Unfortunately, another aspect of the culture involves staying home to care for one's children. When our parent educator became pregnant and her mother moved out of the area, she resigned to care for her children.

Our second parent educator was also a young woman, married without children. We selected her because she had a better command of English and a better grasp of the developmental concepts upon which the PAT program was based. With her, we encountered a different concept of time and work responsibilities, and many other events in her life took priority over her part-time work for us. She also resigned when she became pregnant and chose to follow the cultural pattern of staying home with her newborn.

In some desperation, we turned to a Hmong elder who is on the staff of the agency where the PAT program is housed and who serves on our program's advisory board. He has also translated PAT material into Hmong for us. The agency received a small grant to allow them to lend us a part of his time, and he accompanies our community health nurse on visits to PAT families. We were quite surprised to discover that having him accompany us greatly increased our credibility. He has the authority of a male and an elder in the culture and is a clan leader in the Hmong community. His endorsement of the program has led to greater follow-through on recommendations as well as fewer missed appointments (a frequent event with our female parent educators).

A recent group meeting at which he was present drew the largest number of families we have ever had. Despite the gender-specific childcare role, the presence of a male elder has greatly enhanced the effectiveness of the program. What we had failed to consider in selecting young women as parent educators is that in the Hmong culture males and older persons have more authority and respect than females and younger persons. We had, initially, chosen low status Hmong adults to serve as family educators and this compromised our effectiveness.

Our experience of the Parents as Teachers program with our Hmong population has reinforced our previous beliefs that wholesale importation of programs for application to populations other than those for which they were designed is not always effective. We have found that the program has needed considerable adaptation to assure cultural sensitivity and to enhance its effectiveness in an ethnic minority population.

The attitude of Hmong parents to the program has been difficult to assess and is likely complex. Before we began to work the male elder, families accepted the Hmong and non-Hmong parent educator together, or the Hmong parent educator alone, but some were resistant to “the white lady” visiting alone. The parent educators’ experience has been that mothers do not respond when asked if they have questions or concerns about childrearing. However, in written evaluations of the program mothers have indicated that they like the program and that it is useful to them in helping to learn about books that they can use with young children to prepare them for school.

The reputation of the program received a large boost within the community when one of the workers accompanied a mother to a county administrative office to obtain a birth certificate for a child who had been born at home. News of the successful outcome

of this visit, which would have been impossible for the family to accomplish on its own, quickly spread through the close knit community and led to more families joining the program. Increasingly our parent educators are being asked to mediate between families and community agencies, including schools and health facilities.

Our Hmong elder explains that the PAT program is useful and important to the Hmong, but its value may not be quite that imagined by the programs' developers, with their concern that the findings of neuroscience be shared with parents everywhere. The insular Hmong community, with its effective, culturally intact tradition of care for pregnant mothers and the parenting of young children, does not seem in dire need of information on the importance of sensitivity, stimulation and responsiveness to the behavioral cues of young children. Instead, the Hmong are concerned about their need to acculturate to the unfamiliar conditions of urban American life, especially the navigation of its educational, medical and social systems. A community activist with a long experience of service to the Hmong suggested that the primary value of our program is that it serves as a mediator between the outside society and the isolated world of our Hmong mothers. Thus, it may be that our parent educators' primary role is to provide access and information about the rules, conventions and dangers of mainstream American society, rather than to disseminate universal, scientific principles of child development.

This pilot study suggests how great is the need to adapt early childhood program models to the needs of diverse populations, and how much there is to learn in this area.

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