

AN ABSTRACT OF THE DISSERTATION OF Suzan Al-Abidi for the degree of Doctor of Education in Learning, Leadership and Community presented on June 21, 2018.

Title: A Mother's Perspective: Factors Influencing the Well-Being/Wellness of Muslim American Children in the Northeastern United States

Abstract approved:

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This ethnographic research was conducted in the Northeastern U.S. to investigate factors influencing wellness/well-being among Muslim American children in this region from their mothers' perspectives, and to explore how Muslim mothers mediate challenges faced by their children in order to support their children's well-being. Data were collected via semi-structured interviews with seven Muslim mothers from different countries, observation, and field notes. The ecological model and Hettler's definition of wellness were used as frameworks for understanding Muslim mothers' experiences. Using thematic analysis, two categories of themes emerged as research questions: 1) factors impacting wellness/well-being (discrimination, cultural friction, apprehension and fear, lack of awareness of Islam, and misalignment of organizational processes); and 2) mother's methods of mediating their children's challenges (nurturing, cultural accommodation, and acceptable adaptations within family practices. The study identifies its limitations and implications for future research.

Keywords: immigrants, public schools, acculturation, social integration, minority group children, well-being, wellness, cultural awareness, cultural

*differences, cultural conflict, mothers, parent role, parent child
relationship, family, emotional adjustment, Muslims, Islam, Islamic
culture, ethnography, religious discrimination, teachers, administrators,
community, personal narratives, qualitative study*

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A Mother's Perspective:
Factors Influencing the Well-Being/Wellness of Muslim American
Children in the Northeastern United States

By

Suzan Al-Abidi

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Dedication

In the Name of God, the Most Compassionate, the Most Merciful, I am extremely grateful to the many people that influenced my life, inspired me to pursue a doctorate, and who have contributed to my success throughout this long journey.

With deepest appreciation, I dedicate this dissertation to my father, Mahmoud Al Abidi, who was the strongest inspiration to pursue my doctoral degree and who always fueled my heart. My dad, who passed away 16 years ago, always doted on me. He believed in my intelligence and did whatever he could to encourage me in my educational journey. I remember he once told me he predicted I would be someone important in my community. That is why I am committed to completing a doctoral program. I believe that he would be proud of his daughter even though he is not with us. I am also thankful to my mother, Amal Rayyan, who shared her love of lifelong learning with her six children. Thank you, Mom, for your support, encouragement, and wisdom throughout my life journey. I would like also to acknowledge Osama, my husband, as well as my children. Osama and I have paid it forward to our children Razan, Zaina, Zaid, and Omar to continue to learn, find what interests them, persevere, and follow their dreams. Never, ever give up. To my children, thank you for your support and patience as I focused on this work.

I will always be proud to be Muslim.

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Abstract

This ethnographic research was conducted in the Northeastern U.S. to investigate factors influencing wellness/well-being among Muslim American children in this region from their mothers' perspectives, and to explore how Muslim mothers mediate challenges faced by their children in order to support their children's well-being. Data were collected via semi-structured interviews with seven Muslim mothers from different countries, observation, and field notes. The ecological model and Hettler's definition of wellness were used as frameworks for understanding Muslim mothers' experiences. Using thematic analysis, two categories of themes emerged as research questions: 1) factors impacting wellness/well-being (discrimination, cultural friction, apprehension and fear, lack of awareness of Islam, and misalignment of organizational processes); and 2) mother's methods of mediating their children's challenges (nurturing, cultural accommodation, and acceptable adaptations within family practices). The study identifies its limitations and implications for future research.

Keywords: immigrants, public schools, acculturation, social integration, minority group children, well-being, wellness, cultural awareness, cultural differences, cultural conflict, mothers, parent role, parent child relationship, family, emotional adjustment, Muslims, Islam, Islamic culture, ethnography, religious discrimination, teachers, administrators, community, personal narratives, qualitative study

Chapter One – Introduction

Background

All people deserve the opportunity to enjoy good health and quality of life, more recently described as wellness. Wellness as a concept is complex, difficult to define, and involves many interrelated facets of a person's life. The World Health Organization (WHO) is cited as providing the first definition of wellness in 1967. WHO's definition included three areas of well-being: physical, mental, and social. Gradually, some definitions of wellness expanded to include 12 or even more variables (Witmer & Sweeney, 1992). In the absence of an agreed upon definition, the U.S. government's Office of Disease Prevention and Health Promotion [ODPHP] chose to address the issue through goals they believe achieve the desired result. They outline these ambitious national goals in a ten-year plan known as *Healthy People 2020*. The vision is to create a "society in which all people live long, healthy lives" (2017a, para, 3). The four overarching goals for *Healthy People 2020* are these:

- (a) attain high-quality, longer lives free of preventable disease, disability, injury, and premature death,
- (b) achieve health equity, eliminate disparities, and improve the health of all groups,
- (c) create social and physical environments that promote good health for all, and
- (d) promote quality of life, healthy development, and healthy behaviors across all life stages.

The second and third goals state the importance of including all groups on the path to a healthy society. The values established in *Healthy People 2020* also support the concept that healthy living is achieved starting at home but extends throughout communities (ODPHP, 2017b).

Taking care of ourselves is complex and includes addressing challenging inequities within the current public health system: “The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be” (ODPHP, 2017b). Given the government’s objective of addressing the social determinants of health, experts seek ways to be more inclusive of those groups most marginalized from the system. I am part of a growing trend of Muslim immigrants to the U.S. I have experienced challenges based in language differences, clothing customs, and Islamic dietary practices. These are differences that other Muslim immigrants likely face as well. The political climate in the U.S. also affects Muslim immigrants in a unique way, making this a group with special health and wellness risks. The rising Muslim population, together with the government’s public health commitment to support healthy living for all, underscores the importance of conducting research to learn more about the Muslim immigrant experience and its correlative effects on health and wellness. There should be a special imperative to study the immigrant experience as it affects Muslim children.

This dissertation was my first step to a formal understanding of the Muslim immigrant experience. As a Jordanian Muslim woman and mother who has lived in the U.S. for several years, I have access to the Muslim community, and in particular to the mothers who traditionally do not openly express their experiences, needs, issues, or challenges within the dominant culture. I positioned myself to hear their experiences and, as a health educator, used my position as an outsider which, when integrated with the emic perspectives offered by my participants, added to the body of knowledge in public health around the immigrant’s experience in the U.S., and to the impact of this experience on families and especially children. I wanted to set aside my real or implicit biases and inquire as to how other Muslim immigrant mothers build an environment

fostering the well-being of their children. Which obstacles cause the greatest concern to a Muslim mother's instincts?

Muslim Population in the U.S.

Muslim immigration to the U.S. continues to rise, but estimating that figure is difficult due to U.S. government restrictions on tracking the religious affiliation of immigrants. Nevertheless, in 2017, the Pew Research Center estimated that there were 3.35 million Muslims in the U.S.; others offer a number closer to seven million (Amri & Bemak, 2013; Lipka, 2017). The number of Muslims has risen over the last 15 years and continues to rise (Amri & Bemak, 2013). The Pew Research Center projects that by 2050, Muslims will make up 2.1% of the U.S. population, compared to 1% in 2017 (Lipka, 2017). Regardless of the source of reporting, however, few would dispute that the population is growing.

The rapidly growing population in the U.S. is largely due to immigration. And another reason their religious affiliation is difficult to estimate is because Christian immigrants from predominantly Muslim countries tend to get preference over their Muslim peers. Fifty-eight percent of U.S. Muslims are immigrants, and most are first or second generation, so their families immigrated relatively recently (Amri & Bemak, 2013; Lipka, 2017). In 2016, 38,901 self-reported Muslim refugees entered the U.S., comprising almost half the refugees admitted that year, more than any other year on record (Conner, 2016). The Pew Research Center estimated that in 2012, six in ten immigrants were Christian, while only one in ten was a Muslim, a statistic that is likely to have remained relatively constant, despite an increase in 2016 (Conner, 2016). Conner (2016) stressed that, overall, most immigrants to the U.S. are Christian, even though the dominant discourse portrays the majority of immigrants from the Middle East as Muslims. The complexity of U.S. immigration policies makes definitive estimates of Muslim

populations problematic.

When studying immigrants, it is important to understand the diversity within each group. For example, Muslim immigrants in the U.S. are diverse in that they come from different countries such as India, Pakistan, and Malaysia. According to Britto and Amer (2007), Muslim immigrants, particularly Arab-Muslim immigrants, represent a unique portion of the immigrant population in the U.S. in that they are viewed as more “desirable” because 75% are fluent in English, thus decreasing the need for linguistic assimilation. Also, 40% of Arab immigrants have earned a bachelor’s degree and tend to have a higher median income than other immigrant groups. These authors also concluded that it is important to note that the U.S. Census defines most people from the Middle East (i.e., N. Africans, Lebanese, Syrians, Jordanians, etc.) as white. Christian-Arabs, however, may skew these data since they immigrated in waves before 1999, while most Muslims immigrated more recently, many coming as refugees (Britto & Amer, 2007). In future research, it will be important to acknowledge and recognize the diversity within the potential study population to allow for a clearer analysis of their experiences at the interface of cultures.

Little is known about the experiences of Muslim children regarding the impact of the immigration experience on their health and wellness. Amri and Bemak (2013) have observed that the children of Muslim immigrants, like other immigrant children, often take on a new role in their families within American culture. Muslim children in the U.S. can be either immigrants or native to the U.S., but often their parents immigrated either with them or just before their birth. This situation sets these children up with a new role in their families. They become the bridge between their parents and the dominant culture. Their experience of the new country from an early age promotes a facility with the language and culture. It puts them in a position to lead or to

assist as their families face the challenges of integrating into American society and attempt to cope with the linguistic, social, dietary, and health related differences between their family's original practices and the new culture (Amri & Bemak, 2013). The many hours these children spend at American schools immerses them in the culture in ways that were not as available to their parents. Muslim American children are important to their families because of their increased experience with and access to the language, culture, and customs of their new home.

Discrimination against Muslims in the U.S. is tied to international events that shape their experience in the U.S. All immigrants to the U.S. face barriers to integration, but the barriers to Muslim immigrants are less well understood and are complicated by the post-September 11, 2001 political environment (Kishi, 2016; Zine, 2001). In the years following the attacks of September 11, 2001 (9/11) and again during the 2016 presidential campaign, hate crimes against Muslims spiked (Kishi, 2016; Samari, Alcalá, & Sharif, 2018). This discrimination was propagated by concerns about mass immigration, illegal immigration, and perhaps overestimates about the rising population of Muslims in the U.S. (Hodge, Zidan, & Husain, 2015).

Discrimination creates a barrier to acculturation and has made it difficult for Muslims to reach out for the support that might ease their transition and improve their quality of life (Hodge, Zidan, & Husain, 2015).

Immigrant Muslim Children

Immigration in general, and discrimination in particular, make the examination of social determinates of health in Muslim American children especially relevant. Muslim children may be physically well, but in the contemporary political climate, other dimensions, such as their social and emotional wellness, may suffer. Wellness has a variety of definitions in the literature and contains seven different dimensions that, when integrated, create wellness (Roscoe, 2009).

After a complete review of the definitions of wellness, Roscoe (2009) concluded that wellness is not just the absence of illness, but rather it is having healthy habits in each dimension: *social, emotional, physical, occupational, environmental, psychological, and spiritual*. Hodge, Zidan, and Husain (2015) argued that the wellness dimensions “underscore the importance of research designed to understand wellness among Muslims in the West” (p. 1672).

Wellness

More research is needed to identify the impact of Roscoe’s (2009) facets on Muslim immigrants. In fact, wellness among Muslim immigrants has rarely been researched, and Krause (2003) found that U.S. research into wellness has mainly focused on non-Muslim populations. Amri and Bemak (2013) suggested that future studies into Muslim immigrants should focus on cultural barriers to both physical and mental health, as well as barriers to social interaction and assimilation. While many studies have examined discrimination against Muslims in the U.S., few have touched upon the impact on wellness, and none of these have focused on children. For example, a recent study (Li et al., 2014) looked at differences in physical wellness among Muslim young adults. Another study revealed barriers to physical fitness among Muslim-American girls (Hamzeh & Oliver, 2013), and yet another examined barriers to mental health counseling as well as a corresponding cultural mistrust of it among Muslim-American immigrants (Amri & Bemak, 2015).

While these studies have profound findings, they are insufficient to provide a comprehensive picture of wellness among Muslim American children. The impact of spirituality, just one component of wellness, has been studied but researchers found that it did not offset the impact of discrimination and cultural barriers to social, emotional, and physical wellness (Hodge et al., 2015). Hodge’s study reported, “Spirituality does not mediate the relationship between

discrimination and wellness” (p. 1671). Studies to this effect are needed to fill this gap in literature.

Statement of the Problem

Muslims are indeed immigrating to the U.S., and most of their children either become American citizens or are native-born citizens. According to Amri and Bemak (2013), in the post 9/11 climate these children are facing difficulties, some due to their status as immigrants, but more often due to navigating their Muslim culture and religion within the new dominant culture. Amri and Bemak have also found that most immigrants face stress from immigration and the process of acculturation, and this is especially true when the circumstances of their migration, or the conditions under which they traveled, were harsh or dangerous. Immigrants can encounter changing family dynamics, and these can be problematic, putting immense pressure on children to protect, represent, or support their foreign-born, and possibly non-English-speaking, parents.

Some Muslim American children face a significant language barrier that could impact social integration and emotional expression (Amri & Bemak, 2013). In the U.S., Muslim American children experience religious and cultural differences within the dominant culture (Amri & Bemak, 2013). Such religious differences are yet another cause for discrimination, as there seems to be a lack of understanding among native-born Americans of the diversity of culture and religious practice within Islam (Carter & El Hindi, 1999; Mahmoud, 1996). Significant evidence suggests that American school systems are ill-prepared or are perhaps unaware of the needs of Muslim children regarding halal dietary restrictions (Carter & El Hindi, 1999; Mahmoud, 1996), cultural norms related to fasting, separation of boys and girls in exercise, or appropriate dress and proximity during play (Hamzeh & Oliver, 2012). These

difficulties will likely impact the social, emotional, and physical wellness of Muslim American children both in school and at home.

There is research evidence showing that Muslim immigrants suffer from emotional and psychological disorders such as depression and anxiety due to a lack of social support, linguistic difficulty with self-expression, and stress related to the dichotomy between their family's values and the dominant culture and the ensuing difficulty of their position mediating between the two (Amri & Bemak, 2013). According to information from the Pew Research Center (2007), while most Muslim immigrants are "middle class and mostly mainstream" (p. 7), immigrant children face issues in school from a variety of factors not limited to language. The dropout rate among children of foreign-born parents is significantly higher (7.2%) than that of non-foreign-born children (6.5%), with foreign-born children dropping out at nearly double the rate of non-foreign born (12.4%) ("High School Dropout Rates," 2015). A 2010 study by Schain found that immigrants do far worse academically than their native-born peers, with 32.8% of foreign-born children having a less than secondary education versus 12.5% of those who are native-born. Since schools and the government do not track children by religion, it is difficult to gauge where Muslim American children lie in these data.

Purpose of the Study

The purpose of this qualitative study was to examine the context, circumstances, and social determinants of health and wellness for Muslim American children in the Northeastern U.S. through the observations, interactions, and perspectives of their mothers. Results of this study may serve to inform public-health practitioners, agencies, schools and parents, and health-care providers about ways in which they can better support Muslim American children's health and wellness as they grow and develop.

Methodology

This study used a modified social ecological model (SE); (McLeroy, Bibeau, Steckler, & Glanz, 1988) as a theoretical framework for a qualitative ethnographic study examining children's experiences as identified from their Muslim mothers' perspectives. Originally, the SE model applied five levels of influence regarding factors affecting health: *intrapersonal*, *interpersonal*, *institutional*, *community*, and *public policy*. These levels provide a multifaceted approach to examining the factors and social determinants that may impact Muslim American children's health and wellness. The model has since been simplified to four levels, but an understanding of the model's origin is helpful to understanding the evolution of the approach. At the *intrapersonal* level the ecological model examines one's personal knowledge and individual characteristics. The *interpersonal* level involves examining the issues from the perspective of social networks, such as family and friends. At the *institutional* level, the model examines support groups and organizations such as schools, care centers, and refugee resettlement programs. At the *community* level, the model evaluates the issues from the perspective of the climate and communication among these organizations and how they support people across the boundaries of their specific fields. Finally, the *public policy* level includes local, provincial, and federal recommendations and laws, such as required balanced, nutritional school lunches, 504 Plans and Individualized Education Plans (IEPs), and immigration policy (Chad, & Kwan, 2006; Gyurcsik, Spink, Bray, Chad, & Kwan, 2006; Needham, Dwyer, Randal, & Heeney, 2007).

A more recent version of the ecological model identifies four levels: *individual*, *relationship*, *community*, and *societal*, removing and incorporating institutional into the community level and more broadly redefining public policy to include the culture of a society

(Centers for Disease Control and Prevention [CDC], 2015). Generally, most public health problems are multifaceted and need to be addressed across multiple levels, which makes the ecological model useful because it offers a broader scope (Robinson, 2008). When conducting qualitative research, this model helps the researcher gather data through developing questions according to its structure. Moreover, this model helps in data analysis since the factors can be specifically assigned to one of the ecological levels.

Harvey (2007) used the ecological model in his study of resilience and wellness in trauma victims. He defined trauma as some type of suffering resulting from violence, abuse, aggression, or disaster. He determined that gender, race, religion, age, income, class, and cultural context largely influenced the way trauma was distributed among populations. Refugees and many immigrants could fall within the high-risk category. Harvey found that men disproportionately suffer from trauma both in the U.S. and abroad due to their increased exposure to violence. Women, children, and the elderly experience higher risk of trauma when living in war torn areas. Women in war zones are often victims of rape and are seen as trophies of victorious armies, while children can often be pushed into conflicts as child soldiers committing atrocities against other children. Harvey was a proponent of the ecological model, suggesting that it provides an appropriate multifaceted approach to analyzing the complex problems often faced by populations being studied.

For this qualitative research, semi-structured interviews of Muslim mothers were conducted at a local mosque where all subjects felt at ease and comfortable. The responses were recorded and analyzed for emergent themes using both the SE model and Hettler's definition of wellness as analytical frameworks.

Research Questions

The two main questions that guided this study were these:

1. *What factors influence wellness in Muslim American children living in the Northeastern United States?*
2. *How do immigrant Muslim mothers navigate the cultural interface and factors of influence while living in the U.S. to support their children's wellness/well-being?*

Chapter Two – Literature Review

Any study of an immigrant population is complex, and this literature review is organized to provide a context for understanding the complexities and various known elements about the experiences of Muslim immigrants in the United States and especially the experiences of Muslim mothers regarding the well-being of their children. The first part of the chapter provides background and discusses the history of Muslim immigration, outlines the values of Islam, clarifies the role of Muslim mothers in the family regarding health and wellness, and addresses the socio-political context affecting Western Muslims. The second part of the chapter reviews the rationale for the theoretical concepts supporting this research. It includes a description of the application of an ethnographic approach and ecological models, and it discusses how wellness models frame our contemporary understanding of well-being.

History of Muslim Immigration

In the twentieth century, with the collapse of the Ottoman Empire and the rise of independent states in the Middle East, the frequent regional international conflicts encouraged an increase in migration of Muslims to the U.S. Relations between the West and the Middle East have been tense, especially given the region's many wars over the establishment of Israel, combatting Communism, and extreme ideologies. The situation was made worse with the terrorist attack on the World Trade Center in 2001. This was a pivotal event in how Muslims were perceived in the U.S. The label of "terrorist" was indiscriminately associated with Muslims in the media and in political contexts (Samari, Alcalá, & Sharif, 2018).

Although several U.S. relationships with nations in the Middle East have been strained, some relationships have not. Muslims living within the U.S. come from all over the world,

including parts of Africa, South Asia, Southeast Asia, and elsewhere. While international conflicts have brought Islam into the U.S. consciousness and political dialog, immigrants have been coming to the United States for decades for a variety of reasons independent of conflict. Muslim immigrants represent a variety of religious practices, nationalities, and cultures, but the nuances, especially of religion, seem unknown to most Americans.

Children of Muslim immigrants find themselves in peculiar circumstances in the U.S., caught between the cultures of their parents and the different, dominant culture in which they are being raised. There is little research in the literature about children of Muslim immigrants and their impediments to acculturation. According to the 2005 U.S. Census (the most recent documentation of religious groups), 25% of children aged 0–10 come from a home with at least one parent who has immigrated (Hernandez, Denton, & Macartney as cited in Frisby & Jimerson, 2016). Camarota (2007) reported that immigrant children make up about 10 million or more of the U.S. school population. According to 2013 estimates from the U.S. Census Bureau's American Community Survey, 13% of the U.S. population is comprised of new immigrants (Frisby & Jimerson, 2016). The Migration Policy Institute reports that 60% of U.S. immigrants are between the ages of 25–54 and often migrate with their children. They found that of the children, 6% are under the age of 4, 1.2% are aged 5–9, 12.2% are aged 10–14, and 3.6% are aged 15–19 (as cited in Frisby & Jimerson, 2016). These are not numbers easily ignored in a democratic society, and the government took note.

Under the Obama administration, the U.S. Department of Education (2014) mandated that regardless of immigration status, all children within the U.S. must have access to public education. As many of them are American citizens, or likely to become citizens, their health and

wellness falls under the jurisdiction of the *Healthy People 2020* mission, vision, and objectives. It is a public-health concern.

Immigration and Policy in the U.S.

The U.S. has a long history of restrictions on foreign immigration, at some points limiting immigrants from certain regions of the world for a variety of reasons, sometimes discriminatory. In recent years, U.S. immigration has impacted the country in both negative and positive ways (Grigorenko, 2013). In 2012, the American Psychological Association Presidential Task Force on Immigration (APAPTFI) was asked to produce a scientific report on the impact of immigration. The task force focused on immigrants and their social, emotional, and behavioral necessities, and it made recommendations for clinicians and practitioners to become sufficiently culturally competent to collaborate with immigrant families and community members. The goal was to promote effective and ethical mental and behavioral health as well as educational support for immigrant-origin individuals and their families. The task force recommendations reflect a need to prioritize socio-political research to help develop evidence-based practices that will improve the life outcomes of immigrant groups.

Immigrants can include refugees, those escaping war or famine, students with temporary visas, and even those who come here illegally. For these groups, there are many paths to citizenship. According to U.S. Citizenship and Immigration Services (USCIS, 2015), to be considered a U.S. citizen, one must be born in the U.S., or if born in another country, be the child or legal ward of an American citizen. People who do not have U.S. citizenship are labeled *foreign-born* or simply *immigrants* (Zong & Batalova, 2015). Some immigrants will eventually become naturalized citizens by being permanent U.S. residents for five years, by being under the age of 18 and living in the U.S. for a specific time period, or by serving in the U.S. armed forces

and meeting all citizenship requirements of the Immigration and Nationality Act (USCIS, 2015). Naturalized people can have a U.S. passport or an official Certificate of Citizenship (USCIS, 2015).

But not all immigrants and their children are permanent residents; some people come with temporary visas and can enter the U.S. for a limited time with legal status. Those with temporary visas usually include students, visitors, tourists, entrepreneurs, and temporary workers. However, there are also those who are here illegally, usually because they overstayed their visas, and these fall into the category of undocumented immigrants (Frisby & Jimerson, 2016). Because of this wide variety of methods of entering the U.S. and the several paths to citizenship, it is difficult, if not impossible, to arrive at a simple one-size-fits-all approach to identifying immigrants and serving their needs.

Over the last few years, the U.S. has experienced an influx of refugees, with 2016 immigration being at an all-time high. Envoy Global, Inc. (2017) defined refugees as people who leave their country for reasons such as oppression, discrimination, or violence that is based on religious, cultural, or political views. Moreover, Zong, and Batalova (2015) noted that the 1996 Illegal Immigration Reform and Immigrant Responsibility Act broadened the definition of those who might be considered for refugee status to include those who were forced into abortion, tube tying or vasectomies, or who have had legal action taken against them for refusing sterilization. Zong and Batalova (2015) stated that a refugee's status can only be gained outside the U.S. According to the authors, the U.S. is the top choice for relocation.

Before being considered a refugee, asylum seekers looking for shelter and protection are called *asylees*. Asylees have long been a presence in the U.S., and according to Zong and Batalova (2015), about 70,000 refugees came to the U.S. in 2015. Refugees desiring admittance

in the U.S. due to dire circumstances create competition under the quota limitations of the United States, and a sudden influx of immigrants of any type often opens the door to discrimination. The circumstances in which an immigrant arrives in the U.S. can impact their wellness.

Amri and Bemak (2013) provided extensive information on Muslim immigrants to the U.S. arriving in the last 15–20 years but indicated that the total number of U.S. Muslims is unclear. It is estimated that there are between two and seven million Muslims in the U.S. The disparity in these statistics could be due to a number of variables in surveying, including hesitation among Muslim respondents to identify themselves or to provide information on their religion or status, or to language barriers. Of those surveyed, between 65% and 75% of Muslims in America are immigrants from diverse countries across North Africa, the Middle East, and South Asia. The other percentage is comprised of native-born Muslim Americans; half are children of immigrants, reflecting the relatively new migration of Muslims to the U.S.

Muslims in the U.S. differ in their religious practice. This difference is usually due to nation of origin; 50% are Sunni, 22% are non-denominational, and 16% are Shia. Furthermore, Amri and Bemak found that Sunni comprise the majority of Muslims in the U.S. and around the world. The differences between Sunni and Shia have both political and religious origins from the time of the prophet Muhammad and have evolved to vastly different religious practices today. These data reflect the diversity of Muslims living within the U.S. and the fact that their beliefs, cultures, and immigration status cannot be generalized.

Core Values of Islam

Examining the experiences of Muslim immigrants and their families to the U.S. requires some background knowledge of the Muslim cultural traditions and heritage. Islam is not simply a religion, but a lifestyle. Izetbegovic (1993) found that Islam allows Muslim immigrants to

simultaneously feel fulfilled in their religion and at the same time disconnected from a different dominant culture. Islam gives Muslims a structure for conduct and meaning in their lives; this has been found to positively impact their wellness (Izetbegovic, 1993). The practice of Islam is not separated into public and private spheres, especially with religious traditions that emphasize incorporating one's whole life into the faith (Haynes, Eweiss, Mageed, & Chung, 1997). Islam, (الإسلام) means *surrender to God*, or Allah (الله), whom Muslims believe is the one and only God. Muslims seek to surrender to a lifestyle that follows Allah's doctrine as described by the Prophet Muhammad. Shari'a, which guides Muslims in all areas of life, is taken from two sources, the *Qur'an* and the *ahadith* (singular, *hadith*). Ahadith are approved Islamic traditions or sayings of the Prophet that have the force of law second only to the Qu'ran (Hodge, 2002). Compliance to this lifestyle can, in some ways, be difficult in the U.S. where the customs, workdays, and holidays do not align with Muslim traditions.

There are five pillars of Islam that Muslims observe, but how these are practiced can depend on several factors (Hodge, 2002). The first and the most important pillar is the testimony of faith, called the *Shahada* [شَهَادَة], which should be said with conviction in order to convert to Islam. The second pillar is *prayer* [صَلَاة], which should occur five times daily in deep concentration and rich meditation. The five prayers are prescribed at different points throughout the day and are measured according to the movements of the sun: near dawn (*fajr* [صلاة الفجر]); after midday has passed and the sun starts to slope down (*dhuhr* or *zuhr* [صلاة الظهر]); in the afternoon (*asr* [صلاة العصر]); immediately after sunset (*maghrib* [صلاة المغرب]); and around nightfall (*isha'a* [صلاة العشاء]). The third pillar is giving *zakat* [زَكَاة]; *zakat* means purification and growth, but in practice it means giving charity. Muslims are supposed to give a specific ratio of their property to people in need. The fourth pillar is *fasting* [صَوْم]. Each year, for the entire

Islamic calendar month of Ramadan, all Muslims fast from sunrise until sunset; they abstain from food, drink, and sexual relations. Finally, the fifth pillar is the *hajj* [حَجَّ]. Every year, devout Muslims take part in the hajj, a pilgrimage to Mecca. It is the duty of every able Muslim to make the hajj at least once in their lifetime (Hodge, 2002).

In addition to the five pillars, Muslims aspire to incorporate core values such as commitment to family, community, modesty, morality, and nutrition. These values are connected to a sense of the whole life. Islamic tradition provides specific instructions for men and women in how they should conduct themselves within marriage, and how they should provide for and impart values and morals to their children. Verses of the Qur'an prescribe specific instructions for how to respect children, including gifts and inheritance. There are also instructions to children on how to communicate with their parents, prescriptions to pray to God to bless their parents, and benchmarks for their moral development. One criteria for children within Islamic tradition is for them to provide for their parents when they are older. These family values are deeply ingrained.

The focus on the family also extends to the community. The third pillar, *zakat* (alms), encourages Muslims to donate and support their community. All Muslims are required to donate up to 10% of their income to the community or to some form of charity. To be an effective community member, Islam encourages modesty in men and women. Both genders have restrictions in covering their bodies with specific regulations for mixed and gender-segregated groups. Modesty also impacts behavior in courtship; couples are chaperoned before marriage and virginity is essential. Morality includes values such as honesty, respect for property and people, and integrity. Nutrition is probably the area where Muslims are most challenged in their religious practices in the West. Islam prohibits the eating of pork, alcohol, birds with talons, carnivorous

animals, and it also includes regulations on *halal*, the butchering process. These values and religious pillars play a major role in the social, spiritual, and emotional wellness of Muslim people around the world. The non-secular and heavily incorporated role of Islam in Muslim life can make integration into secular nations, especially in the West, difficult (Hodge, 2002).

The Importance of Mothers in Islam

Given that Islam prescribes so much regarding families, it is important to understand the role of mothers in the family dynamic. Most cultures around the world have set standards for motherhood, and in Islam those standards are tied to spiritual salvation. For Muslim mothers the challenge of motherhood is complicated by immigration and the difficulty of navigating a host of differences between their new country and their cultural heritage.

In Islam, a good relationship between parents and their children is important and valued. Therefore, mothers and fathers are encouraged to spend time with their children building rapport (Crosnoe & Cavanagh, 2010). In Muslim families, the mother figure is of great importance in setting the cultural tone (Beitin, Allen, & Bekheet, 2010; Oh, 2010). There are specific verses in the Qur'an and the ahadith that highlight the difficulties of motherhood, such as pregnancy, labor, and breastfeeding, as well as the need to respect all mothers. Each of these nurturing chores of motherhood have prescribed instructions. All the responsibilities listed above create a picture of the expectations as well as respect that should be given to a mother in Islam. Below are a few examples that illustrate this respect for mothers:

A man came to the Prophet Mohammad and asked, "O Messenger of God! Who among the people is the most worthy of my good companionship?" The Prophet (peace be upon him) said: "Your mother." The man said, "Then who?" The Prophet said: "Then your mother." The man further asked, "Then who?" The

Prophet said: “Then your mother.” The man asked again, “Then who?” The Prophet said: “Then your father.” (Muslim, 2007)

Mothers in Islam are given very specific instructions through the religious texts. The Qu’ran says mothers should breastfeed their infants for two years, as found in the verse, “his weaning is in two years” (Qur’an 31:14). The mother is viewed as the force that completes the family physically, mentally, and emotionally (Crosnoe & Cavanagh 2010). Her role in the family is unique, and it is the job of Muslim mothers to guide and ensure an effective transition into a new culture.

One way Islam enforces the importance of mothers is through the ahadith. Muslims believe that mothers, through their deeds toward their children, will be rewarded in the afterlife for their sacrifices, making the relationship between mothers and their children an essential element in understanding the wellness of immigrant children. For example, in one hadith the prophet Muhammad says, “does it not please any one of you that she receives, for every mouthful and for every suck, the reward of one good deed. And if she is kept awake by her child at night, she receives the reward of one who frees seventy slaves for the sake of Allah” (Muslim, 2007). This hadith is often referred to by Muslim women as a source for reinforcement and encouragement as they serve their children emotionally, physically, mentally, and as they work to develop their children’s character. In Islam, as in most religions and cultures, the role of the mother is to be a friend to her children, to listen, and to understand their needs. Mothers are the primary source of support for their children, providing them affection, generosity, and constant love. Mothers in the Islamic tradition help their children in any way possible: sharing knowledge, giving assistance, or financial aid (Al-Jayyousi, Roy, & Al-Salim, 2014). All these responsibilities and efforts give the mothers in Islam high status. There is a story that illustrates

how mothers are like “Paradise on Earth”:

A man once consulted the Prophet Muhammad about taking part in a military campaign. The Prophet asked the man if his mother was still living. When told that she was alive, the Prophet said: “(Then) stay with her, for Paradise is at her feet.” (Al- Bukhari, 1997)

Due to the long history of respect and responsibility given to mothers of Islam, Muslim immigrant women are responsible for raising their children in a cultural context that may not be aligned with their own. Al-Jayyousi, Roy, and Al-Salim (2014) conducted an extensive review of studies examining Muslim immigrant mothers and migration and describe how Muslim women want to follow Islamic rule in raising their children but then “may find it necessary to compromise by either incorporating biculturalism, or assimilating.” These choices can be very difficult for Muslim women as they try to navigate their religion along with the dominant culture. While Islam demands high standards of mothers, there are certainly women who will struggle to connect with their children in all circumstances, but the ahadith show the bar to which devoted mothers aim.

Socio-Political Context of Western Muslims

Immigrants and their children may face discrimination. Hodge, Zidan, and Husain (2015) noted that discrimination based on religious beliefs is a stressful factor that can impact Muslim wellness in Western nations. Western societies and Muslims may differ in their perspectives and approaches to life, a difference that can fuel an environment of discrimination. Discriminatory behaviors in the West became more prominent after the 9/11 attacks (Amri& Bemak, 2013) and the London bombings on July 7, 2005. The acts of a few extremist Muslims became a way to group all Muslims as terrorists, which created a phenomenon of “otherness” (Hodge et al., 2015,

p. 3). These two historical events have affected other countries such as Canada, Sweden, Austria, England, and Germany, where Muslims also experience discrimination. Qualitative studies (Ansari, 2016) have revealed that Muslims experience various discrimination practices, such as being perceived as distrustful, associating Middle Eastern names with trouble or danger, and being unfairly harassed by law enforcement officials. After the attacks in 2001 for example, hate crimes against Muslims in the U.S. skyrocketed to a shocking 481 attacks in just one year. This number has remained high and peaked again in 2015 at 257 (Ansari, 2016). When Muslims encounter such prejudices, it causes extreme distress adversely affecting their wellness as they try to cope with these various forms of discrimination (Sinha & Uppal, 2009).

Other Western nations have seen similar trends in their migrant and racially or culturally different subpopulations. Sinha and Uppal (2009) found that migrant children in East London received different treatment from the social system depending on the status of their citizenship. From a practical standpoint, governments provide certain entitlements to citizen children and do not often pass laws that benefit children of immigrant families living inside their borders. The Singha and Uppal study examined 16 young people between the ages of 15–18, and one who was 23, who were living in East London and separated geographically from their parents for a variety of reasons. These “unaccompanied” minors were interviewed to gain a deeper understanding of the challenges they faced accessing education and social equality (Sinha & Uppal, 2009, p. 259). The religious background of these children was not listed; however, several of them came from predominantly Muslim countries such as Somalia and Ethiopia (Sinha & Uppal, 2009). The researchers found that migrant children faced serious challenges in their ability to access health care (physical wellness), manage relationships (social wellness), and manage their lives (emotional wellness), and, specific to their study, the children faced severe sexual exploitation as

they coped with the challenges of second-class citizenship (Sinha & Uppal, 2009). Many of these minors were homeless, lacked meaningful relations, and sought short-term solutions to their immediate needs (Sinha & Uppal, 2009). The researchers emphasized the role that government programs play in mediating the challenges these people face, and advocated for all children, regardless of citizenship, to get equal access to welfare programs and education (Sinha & Uppal, 2009). These policy-related differences certainly act on children in the U.S. to some extent. All public-school children qualify for free or reduced cost lunch, regardless of their citizenship; however, not all children have access to health care since Medicare and Medicaid are only available to citizens and immigrants with certain visa status (“Coverage for Lawfully Present Immigrants,” n.d.). New to a country, immigrants need the support of the community to aid in their transitions.

Applied Ethnographic Approach to Immigrant Studies

The ethnographic approach has been used in studies of immigrant populations and subpopulations in the past because of its comprehensive and holistic approach to examining the needs of these groups. Mahler and Pessar (2006) used ethnographic methods in their study on the relationship between gender and migration. They argued that ethnography was the strongest methodology for immigration research because it involves participant observation and interviewing. The approach is rich in its product and thus “places constraints on the numbers of people any given ethnographer can effectively investigate, it has the virtue of capturing, in some depth, the lived experiences, beliefs, and identities of those studied” (Mahler & Pessar, 2006, p. 30). Because the methodology is holistic and seeks to understand the complexity and context of the experiences of the participants, it lends itself well to the study of immigration and has been widely used. Moreover, the authors argued that ethnography enables researchers to explore, build

upon the research of others, produce new research materials, and further develop hypotheses on complex issues, such as immigration (Mahler & Pessar, 2006).

The emphasis on the environment and lived experiences of immigrants in ethnography can deliver a richer understanding of immigrants. McHugh (2000) stated that the immigration process has not been researched thoroughly and that with ethnography, immigration could be better understood. McHugh argued that the holistic approach in ethnography can provide better insight into how speed and rhythm of movement sometimes disturb the connections between people of different cultures. He also stated that ethnography allows the researcher to understand the lived experience behind cultural events. Moreover, he added that through ethnography the researcher can understand the movement of cultural groups by population. This approach best provides evidence of the many facets that affect immigrants.

Ethnography can easily be applied to examine the lives of immigrant children. Ethnographic researchers investigating migration have done considerable research on adults, but few have examined the experiences of migrant children (Hirschfeld, 2002). Hirschfeld published a telling article in the *American Anthropologist* entitled “Why Don’t Anthropologists Like Children?” highlighting the necessity to expand this body of research (2002). Few studies have attempted to broaden this sphere. In the mid to late 1900s, several ethnographic studies examined the plight of immigrant school children in the U.S., and others of that same era began to explore the childhood experience of immigrant children (Mahler & Pessar, 2006). Anthropologists and ethnographers have focused much of their research on second generation immigrants, and while doubting their publications were as appreciated as quantitative research, they defend their validity (Mahler & Pessar, 2006). Mahler and Pessar argued that “immigrant children have long been identified as more adept at learning new cultures and serving as culture brokers for adults,

including their own parents . . . As such they would appear to be a strategic population in which to examine the acquisition, negotiation, and implementation of multiple cultural competencies” (2006, p. 37). Immigrant children have different experiences of the new culture than their parents. In the West their school communities often integrate them into the culture, and thus, an examination of their experiences and transition would add greatly to the field of immigration studies.

The ethnographic approach is qualitative and allows the participants to respond to open ended questions. For example, an ethnographic study by Penaloza and Marry (1986) on Mexican immigrant acculturation in marketplaces began with field observations, and this fueled the development of the interview questions. The questions were modified to best distinguish between their experiences in Mexico and in the U.S. (Penaloza & Mary, 1986). Based on their observations in the marketplaces, the researchers selected 14 people to be interviewed over the next year in a private, household setting, with each interview lasting one hour and 15 minutes. In the interviews, immigrants were asked to describe their settlement and immigration experiences, comparing their consumption habits in both Mexico and the U.S. These methods could be replicated in the study of Muslim American children.

Some of the few ethnographic studies that have examined children concluded that more research was needed, and they suggest that ethnography could easily be applied. Multiple ethnographic research case studies conducted by Orellana, Thorne, Chee, and Lam (2001) showed that children are key actors in the immigration process, although adults tend to be the focus of ethnographic research on immigration. Orellana et al. (2001) conducted these ethnographic studies to add to the small body of growing literature that includes the importance of focusing on children in the immigration process. Orellana et al. (2001) studied three different

groups of children from Mexico, Yemen, and Korea. The researchers investigated the children's daily lives "across lines of social class and ethnicity" (Orellena et al., 2001, p. 574). They completed this ethnographic work by conducting focus groups—interviews with the children and parents/caretakers—as well as observations of children within the schools and their communities. This study could be replicated with Muslim immigrants.

Theoretical Framework: Ecological Model

With more refugees dispersed in the world today than ever in recorded history, it seems strange that models for measuring the impact of these changing environments do not exist. Therefore, it should not be surprising that little research into the impact of forced migration on families exists. The ecological model seems the best model to examine this issue as it has been widely applied to areas such as the examination of child abuse, which applies both the individual psychodynamic and the more holistic sociological models (Williams, 2010). When applied to child abuse in the 1960s, the ecological model allowed researchers to withdraw from deterministic and causal methods and understand that issues of this nature require understanding of "the individual, personality, personal narrative and demographic characteristics" (Williams, 2010, p. 38). In defense of the ecological model for use with refugee families, Williams explained, "ecological modeling offers insights into unpacking the individual . . . refugee parenting experiences and their interactions between community and society. An ecological model allows attention to be given to the importance of refugees" (2010, p. 38). This shows that this model would best be used for future studies on Muslims refugees.

The ecological model shows the interconnectedness of life experiences and can help identify areas of impact within a community. Community supports for refugee families in the U.S. have fallen short (Garbarino et al., 1980), and ecological researchers like Garbarino (1980)

and others have uncovered a variety of factors influencing children growing up in poor, disadvantaged communities. This research has led to changes in social policy and improved understanding of the variables that affect the parenting process in environments of prolonged stress. Applying this model to the Muslim subpopulation in the U.S. would be helpful to identify the factors impacting these immigrants.

A previous ecological study laid the foundation for immigrants, specifically refugees, and identified the importance of considering parenting in future work (Williams, 2010). This model employed focus group discussions to elicit information at four stages. At Stage I, the researcher examines the country of origin, family systems, family structures, cultural practices, values and beliefs, parenting, and socialization goals for children. At Stage II, the researcher asks questions related to the family's pre-flight context, and family separation or disintegration. At Stage III, the researcher asks about the process of migration focusing on flight and forced migration, refugee camp, UNHCR [United Nations Refugee Agency] refugee classification, and durable solutions. At Stage IV, the researcher examines the impact of the resettlement and contact with Resettlement Services. His ecological model, Williams explained, "uncovers the unique refugee parenting experiences within the context of flight, migration and pre-resettlement" (2010, p. 45). This discovery establishes a need for further study into the role of parents in the lives of refugees as well as other immigrants.

About Wellness

Wellness is a conceptual framework that has been applied for about 50 years to help health practitioners identify dimensions of the human condition that result in good health and well-being. Wellness as a concept is broad in scope and means a great deal more than simply the absence of illness. The definition of wellness is surprisingly unclear in the literature (Roscoe,

2009) due to the subjective value judgments among researchers (Kelly, 2000; Sarason, 2000), so the examination of it, as it relates to Muslim American children, requires deep understanding of the term and its aspects. Most researchers agree that wellness is a “multidimensional, synergistic” concept “represented on a continuum” (Roscoe, 2009). Various researchers also conclude that wellness is complex (Ardell, 1977; Edlin, 1988; Lafferty, 1979; Teague, 1997). Because wellness is understood on a spectrum, being “well” is not binary. The wellness dimensions are helpful in assessing the multifaceted factors of immigrants’ lives, and they connect well with the holistic ecological model.

A formal definition developed gradually, beginning with a basic three-element definition and expanding to concepts including twelve or more variables. The World Health Organization (WHO) is cited as providing the first definition of wellness in 1967. Its definition included three clear areas: physical, mental, and social well-being. Travis and Ryan (1988) added the concepts of self-responsibility and love to the definition. Other researchers, like Dunn (1977) for example, also incorporated the concepts of self-responsibility and love into their definition models. Egbert (1980) expanded this definition to include personality elements such as self-actualization and self-purpose. That same year (1980) Hettler’s model of wellness included the six elements that reinforce the emphasis on emotional health and added five more elements he labeled spiritual, intellectual, social, physical, and occupational. Hettler’s model confirms Dunn’s 1977 research, integrating the many aspects of wellness mentioned here, concluding that, through awareness of these aspects, people can achieve an optimal quality of life. Adams et al. (1997) agreed with Hettler; however, he removed “occupational” and replaced it with “psychological wellness” to emphasize the importance of a positive outlook despite life’s circumstances. Renger et al. (2000), as did Adams, kept five of Hettler’s dimensions, but they replaced “occupational” with

“environmental wellness,” defining this as the impact of one’s surroundings and closely relating it to “occupational.” Their dimension, therefore, is the most inclusive.

Most theorists have reiterated the integral nature of wellness, but some have envisioned it differently. Witmer and Sweeney (1992) and, in a later study, Myers, Sweeney, and Witmer (2000), explained wellness by employing a wheel metaphor, dubbed the “Wheel of Wellness” or “WoW.” WoW has twelve spokes, or tasks, in order to achieve wellness: *sense of worth, sense of control, realistic beliefs, emotional wellness and coping, problem solving and creativity, sense of humor, nutrition, exercise, self-care, stress management, gender-identity, and cultural identity* (Myers et al., 2000). In 2004, Myers et al. simplified WoW to five categories in a new model called the 5F–Wel, which was narrowed to these five spokes: *creative, coping, social, essential, and physical* (Myers et al., 2004).

The *creative* category incorporates aspects of wellness such as a sense of control and problem-solving. The *coping* category includes realistic beliefs, stress management, and self-worth. The *social* category includes sense of humor, and more specifically friendship and love. In the *essential* category, Myers et al. more deeply explored aspects of self-care, cultural identity, and gender identity. In addition, they incorporated spirituality into the model. The *physical* category lumps together the separate categories of nutrition and exercise. This approach was far more expansive than previous models (Myers et al., 2004).

Though definitions differ among authors (for more on the developing definitions of each dimension of wellness, see Appendix A), Roscoe (2009) concluded that the definition of wellness has five clear similarities. First, she stated that wellness is not just “the absence of illness” therefore, simply noting that immigrants are physically healthy does not necessarily indicate wellness. Second, she detailed that despite the disagreement over the types or names of

the factors of wellness, researchers agreed that wellness has many factors that interact in a complex and synergistic fashion, and that these factors need to be examined holistically. Immigrant populations may have unique factors or experiences inhibiting their wellness, and these factors might differ from non-immigrant populations thereby necessitating further study. Third, she indicated that authors agreed that individuals need to find “equilibrium” among the many factors, and that further research could aid communities and immigrant families in finding that equilibrium. Fourth, she concluded that all researchers agreed that the objective of wellness assessment is to achieve “optimal” living through “higher levels of wellness.” Lastly, she noted that researchers agreed that wellness exists on a continuum and is multifaceted; therefore, measurements must be integrated to include various areas (Roscoe 2009). Ecological studies of immigrant wellness, specifically Muslim immigrant wellness, would aid public discussion on how to understand the immigrant experience.

Studies on Wellness among Western Muslims

There has been minimal research focusing on Muslims and their wellness living in Western nations (Hodge, Zidan, & Husain, 2015). Although Muslims in Western nations have cultural differences, they share many common values due to their religion. For example, they share the feeling of being a minority in a non-native country (Hodge et al. 2015). The Muslim population has been growing quickly in the U.S. in recent years, making it important to understand their wellness in this society.

The Organization for Economic Co-operation and Development has established the *Guidelines on Measuring Wellness* (OECD, 2013). These guidelines state that wellness is a “positive mental state that encompasses an assessment of one’s life, affect and sense of purpose” (as cited in Hodge et al., p. 2). According to Hodge et al., the two main dimensions of wellness

are “(i) life satisfaction and (ii) happiness” (2015, p. 2). Also, researchers established specific characteristics that may be found in the dimensions of wellness, such as education level, marital status, gender, age, immigration, and racial and cultural ethnicity; other researchers stated that stressful events such as discrimination, immigration status, or xenophobia can affect how Muslim people respond to life experiences (Hodge et al., 2015). Many of these factors could differ from immigrant to immigrant, but the experiences of xenophobia would unite this subpopulation.

There is a noticeable link between depression and discrimination in many populations (Hodge et al., 2015). Research shows that discriminatory acts might be internalized over time, leading to more depressive symptoms. With more depressive symptoms, people facing extreme discrimination have lower overall wellness. However, there are some protective factors for Muslims experiencing discrimination or a decline of wellness.

Spirituality, prayers, and a relationship with God within a religious community are some of the protective factors that reduced depression, as well as assisted in coping with discrimination and promoting wellness (Hodge, et al., 2015). The link between spirituality and wellness has been identified in different studies (Roscoe, 2009). Spirituality may help Muslims cope with discrimination by helping them see events through a different lens, reducing distress, and allowing a proactive approach for assimilating to other cultures or geographic regions (Hodge et al., 2015). Further research in this area could aid in understanding the role spirituality plays in the lives of Muslim immigrants and the degree to which it helps their transition into Western culture.

Australia, like the U.S., has seen an increase in the Sudanese Muslim population, with more than 22,000 immigrating since 2002 (Hebbani, Obijiofor, & Bristed, 2012). In a study of

Sudanese refugees in Australia, Hebbani et al. (2012) found that both men and women in their sample of 11 males and 28 females faced challenges with acculturation and settlement. Men were challenged by their traditional gender role of breadwinner in a society with discriminatory hiring practices. Women were particularly challenged with language proficiency and with parenting children within a vastly different dominant culture (Hebbani et al., 2012). Many of these women reported that their children were becoming increasingly assimilated with Australian culture and defiant toward their parents' choices and parenting styles (Hebbani et al. 2012). Sometimes these women experienced legal challenges over differences in acceptable discipline from their country of origin and that of the dominant culture. One woman reported that she felt she was losing control of her child due to their newfound freedoms in Australia, and she was unnerved by the fact that slapping the child was considered child abuse by Australian law (Hebbani et al., 2012). She was left without many parenting options, given that her child seemed empowered to defy her, and all her models for parenting seemed illegal. In Sudanese culture, children are taught to be respectful and obedient to their parents, and the Western notion of a child's right to privacy from their parents does not exist (Hebbani et al., 2012). These women confronted cultural differences related to dating; whereas girls in Sudan are not permitted to date at all but Australian girls were (Hebbani et al., 2012). The mother's inexperience with this cultural norm, and perhaps the child's rebellion, led to some cases where the girls became pregnant, which is culturally embarrassing for Sudanese people. Several mothers reported that their daughters threatened to call the police if the mother violated their rights. These cultural differences and the child's superior knowledge of the legal system upended the parenting dynamic in these homes (Hebbani et al., 2012). Further research on the clashing of cultures related to courtship could improve understanding of Muslim immigrant experiences.

Researchers agree that research on acculturation and mental health is still needed. Amri and Bemak (2013) concluded that future studies on American Muslims needed to explore barriers to acculturation and mental health. They also emphasized the importance of developing culturally sensitive approaches to support immigrants and help them feel comfortable using Western approaches to medicine and therapy (Amri & Bemak, 2013). If these goals could be achieved, the resulting effect on wellness may be profound because these sensitive approaches can enable immigrants to penetrate the barriers to acculturation.

Focus on other dimensions of wellness may provide insight, but many other areas are symptomatic of challenges with social, emotional, and physical wellness. Garrett, Rivera, Dixon and Myers (2009) examined the impact of acculturation on high-school aged children from Native American families and found that these children faced many barriers in public school, exhibited delinquent behaviors, and were inclined to drop out in higher numbers than their more acculturated peers. The students faced cultural conflicts daily, which contributed to emotional behaviors such as anxiety, depression, isolation, stress, self-doubt, alienation, and rejection. The Garret et al. study (2009) shows comparable acculturation concerns faced by other groups, including Muslim immigrants. The findings suggest that intellectual and occupational wellness may be largely affected by social connectivity “the quality of relational interaction in schools... play[s] important roles in the degree of cultural conflict experienced” (Garret et al., 2009, p. 42). Therefore, focusing on the social and emotional health of Muslim American children in the U.S. is essential.

Spiritual wellness and connectivity to a religious community, as stated previously, can play an important role in supporting the emotional and social wellness of Muslim immigrants. Spiritual practice is an important part of wellness, and like many immigrant groups, Muslims

tend to settle in urban areas (particularly New York, Los Angeles, and Chicago) near Islamic centers and where there is a dense population of other Muslims (Durán & Pipes, 2002). The following sections will examine wellness studies related to the core components of social, emotional, and physical wellness.

Social Wellness among Muslim Children

Hettler (1980) described social wellness as one's ability to relate to others and have balanced, interdependent interactions with members of one's community. Any immigrant, Muslim or otherwise, could face challenges in this area. Amri and Bemak (2013) said that Muslim immigrants to the U.S. face two special challenges: their engagement with the *acculturation* process and *discrimination*.

Acculturation. Acculturation can be achieved through adaptation or immersion in either the dominant culture or their culture of origin. Muslims trying to meet this challenge might either change their lifestyles, habits, or approaches in favor of their new land of domicile, or they might not adjust well as they remain inflexibly isolated within the customs and practices of their ethnic origins (Amri & Bemak, 2013). Acculturation might be measured by the satisfaction the immigrants feel psychologically or culturally as they adapt to the host country (Sam & Berry, 2010).

Psychological adaptation . . . refers to an individual's satisfaction and overall emotional or psychological well-being. Studies interested in psychological adaptation have oftentimes focused on mental health outcomes such as depression and anxiety. Sociocultural adaptation, on the other hand, refers to how successfully the individual acquires the appropriate sociocultural skills for living effectively in the new sociocultural milieu. The sociocultural adaptation has been

operationalized in several ways including behavior problems, school achievement, and social competence (p. 478).

Amri and Bemak (2013) reported that Muslim immigrant success with acculturation is dependent upon a myriad of factors including “country of origin, sociopolitical history, reason for immigration, length of time in the US, socioeconomic status in the U.S., level of education and English language proficiency, level of social support, pre-migration experiences such as trauma, and post-migration experiences of trauma and racial/ethnic discrimination” (p. 45). Amri and Bemak described how immigrants may be forced to reframe the structure of the family as they cope with potentially conflicting religious, ethnic, and American identities. For example, children may learn the English language faster and before their parents, placing them in a position to assume a more parental role, sometimes translating or speaking on behalf of their parents—what Amri and Bemak call being “parentified” (p. 46). Cultural differences and/or reasons for immigration may leave Muslim immigrants without transferable job skills, or the means to navigate the complex social, legal, educational systems, or work force. As examined above, Hettler (1980) and Renger et al. (2000), in their definitions of social wellness, discussed the importance of contribution to the community and interaction with the environment as critical components to achieving social wellness. Immigrant Muslims will naturally have challenges with accomplishing this definition of social wellness due to their struggles adapting to cultural differences. The potential for decline in status is high and could lead to isolation or being ostracized. Isolation is by definition being disconnected from one’s social environment, making the social wellness of Muslim Americans a critical issue.

Discrimination. Adams et al. (1997) and Renger et al. (2000) strongly emphasized the interaction with individuals in the community as a determining factor for social wellness. Post

9/11, Muslim Americans faced illegal discrimination in a number of areas. Muslim adults reported cases of denial of employment, wrongful firing, workplace discrimination, denial of religious accommodation, and discrimination in public spaces (Amri & Bemak, 2013). Research clearly shows the link between discrimination and poor health (Samari, Alcalá, & Sharif, 2018).

As mentioned earlier, the Pew Research Center reported that after 9/11 anti-Muslim hate crimes spiked across the U.S. In 2015, throughout the presidential election season and in the midst of additional domestic Muslim-terror attacks in San Bernardino and Orlando, hate crimes reached almost 9/11 levels. Kishi (2016) said, “The FBI reported 257 incidents of anti-Muslim hate crimes in 2015, a 67% increase from the previous year.” The impact of such events seems to trickle down to children. A study from Canada in 2001 showed that public-school children in the post-9/11 environment were marginalized and discriminated against for their clothing choices, values, and religious practices (Zine, 2001). Amri and Bemak (2013) believed that Zine’s findings can be generalized to students in the U.S. It is likely that similar discrimination continues to occur in the current climate.

Emotional Wellness among Muslim Children

Hettler (1980) described emotionally well people as those who can effectively express, control, and incorporate their diverse feelings while maintaining an independent and strong self-view. The means of self-expression among linguistically and culturally different Muslim immigrants may make emotional expression difficult. Emotionally, many Muslim adolescents struggle with conformity to peer pressure and the contrast between their family’s culture of origin and the culture in their schools (Amri & Bemak, 2013). Ahmed (2009) suggested that parents play a pivotal role in helping adolescents navigate this complex emotional landscape. He

said that without this parental support, adolescents may become disoriented, feel rejected, or isolate themselves.

But the problem is complex. In a case study, Barazanji, found that a student faced with the pressure to conform frequently may chose to follow the behaviors modeled by the dominant culture over the behaviors expected by parents (as cited in Amri & Bemak, 2013). However, Barazanji's study also suggested that parents still play a profound role in teaching their children to mediate between these complex pressures (as cited in Amri & Bemak, 2013). As a result, Muslim children facing these challenges can be in a vulnerable position and are likely to develop psychological challenges such as anxiety and depression.

Leafgren (1992) discussed the importance of an individual's ability to cope with stress in order to be emotionally well. Amri and Bemak (2013) studied how immigration stresses can harm marriages, which can be felt by children at home. External pressures like discrimination, acculturation, and changes in gender roles can change people and the way they cope within the family. Marital stress can lead to domestic and substance abuse among Muslim immigrants. Amri and Bemak (2013) in discussing domestic violence in the U.S., report that women often struggle to leave their abusive partners; resistance to such a choice is driven by cultural beliefs about the importance of family preservation, duty, cultural isolation, and their distance from family.

Substance abuse as a means of coping with the pressures of immigration has been found among non-Muslim immigrant communities (Amri & Bemak, 2013). While Islam prohibits the use of alcohol or drugs, substance abuse may still occur in Muslim-immigrant communities. Children can feel the stresses within an immigrant family, either from acculturation or abuse. According to Amri, Nassar-McMillan, Meisenhimer, and Bryan, some studies have shown that

Muslim adolescents choose to use alcohol as a coping mechanism or as part of their acculturation, so more research in this area is needed (as cited in Amri & Bemak, 2013).

To promote emotional wellness among Muslim-immigrant populations, Amri and Bemak (2013) emphasized the importance of culturally appropriate therapies and resources as well as considering the family system in treatment interventions. This becomes especially true with refugee immigrants who may have experienced serious trauma before their departure from their origin country. Therapies designed to support refugees needs to be mindful of both their pre-immigration traumas and their challenges with acculturation. Modeling therapy in this way can help refugee immigrants find employment, learn English, be supportive partners, be productive members of their new communities, and learn strategies for parenting children through this stressful time (Amri & Bemak, 2013).

Amri and Bemak (2013) explained that many immigrants in need of emotional services are reluctant to seek help due to pressure to deal with emotional and psychological issues within the family, fear of stigmatization, and a lack of culturally adept therapies. Studies have shown that immigrants exhibit a general mistrust of mental-health counselors (Ali, Liu, & Humedian, 2004). Furthermore, Muslims' experience with racism, other kinds of discrimination, and oppression compounds and complicates the desire of Muslims to seek help from their counterparts in their country of settlement. Most studies related to this issue examined the reluctance faced by black Americans to seek mental-health care from white Americans (Amri & Bemak, 2013). These findings have been generalized to other minority groups, including Southeast Asians and Latinos. Cultural mistrust among Muslim immigrants is also prevalent. After 9/11, Muslims may question the intentions and motives of the counselor and might feel further isolated if the counselor is unable to understand the complex social or cultural tensions

they may feel. A sensitive approach to mental health with Muslim immigrants is needed in order to avoid guiding the patient toward choices counter to their values and beliefs, and to ensure that treatment does not result in increased isolation (Amri & Bemak, 2013).

Physical Wellness among Muslim Children

Hettler (1980) described physical wellness as having adequate self-care, a healthy diet, and access to medical services. Each aspect of physical wellness could be problematic for Muslim immigrants from certain cultures that may have concerns with Western medicine, approaches to self-care, or diet. This is especially true with the child population of Muslim immigrants. Muslim American children face struggles when it comes to achieving self-care, appropriate physical activity, and access to medical services in the U.S. A study conducted by Hamzeh and Oliver (2012) found that teen girls of the Muslim population were met with more challenges when trying to engage in average physical activities (swimming, wall climbing, basketball, etc.) than their American peers. The specific challenges were due to obtaining parental permission, restrictions due to clothing, and female to male proximity during play (Hamzeh & Oliver, 2012). Many sports and activities available to young girls require attire that is religiously inappropriate, barring many Muslim American girls from participation. U.S. public schools rarely offer separate facilities for girls and boys, and teams often practice on opposite ends of the court or field from one another. Pioneer Muslim women are challenging the norms related to clothing by seeking alternatives and getting parental permission. Shirin Gerami, who represents Iran in triathlons, is a great example. She completed her first Ironman in 2016 at the Kona World Championship. Gerami had to negotiate her clothing choices with the Iranian government in order to compete. Her outfit design may open doors for other girls to follow. She said, "What was important to me was to create an opportunity where all women could access

triathlons, to reap the psychological, physical and social benefits of sports—to swim, bike, run, immerse in nature and grow as a person. I believe what is most important is to have the opportunity” (Gerami as cited in Dessart, 2016).

Schools that accommodate Muslim children and their religious differences may still fail to truly meet the needs of these children with respect to physical wellness. Hamzeh and Oliver (2012) explained how schools that attempt “religiously responsive” accommodations to physical activity sometimes create these programs based in “racial thinking,” thus further alienating already marginalized youth (Keaton, 2007; Strandbu, 2005). Hamzeh and Oliver (2012) stressed that to promote physical activity and wellness in Muslim girls, educators must: (a) engage and plan directly with this population; (b) de-racialize and de-culturize physical education and the preconceived expectations that exist there concerning who is included versus excluded; (c) honor the physical activity choices these girls opt for; and (d) understand the cultural challenges they face.

Muslims consider Islam a comprehensive way of life, a worldview that combines the theoretical and measurable aspects of life, and gives configuration, logic, and unity to the existence of people (Hodge, 2002). Islam focuses on Muslims’ diet, which is another aspect of physical wellness that relates to both culture and religion. Due to the many restrictions on eating, some Muslims choose not to eat a meal unless it is prepared by another Muslim. Also, Muslims prefer *halal* meat—beef, sheep, and poultry that has been prepared according to Islamic tradition (Hodge, 2002). Muslims tend to choose vegetarian food if they cannot access halal meals (Hodge, 2002). Pork and alcohol are prohibited in Islam. Some medicines contain trace amounts of alcohol that may cause some Muslims to avoid taking the medicine despite needing it (Carter & El Hindi, 1999). Muslim youth may face difficulties at school because lunch programs do not

always guarantee pork-free meals, and some Muslim students stay hungry. School personnel should be trained in ways to accommodate Muslim students, such as communicating menus that may contain pork so they can plan ahead (Carter & El Hindi, 1999; Mahmoud, 1996). All these cultural and religion specifications could make it difficult for Muslim families and their children to honor these traditions in the U. S.

Amri and Bemak (2013) suggested that further understanding into the cultural barriers to acculturation and developing culturally appropriate accommodations may make Muslim immigrants more comfortable accessing basic supports and seeking a higher quality of life. Others have reiterated this point, suggesting that health professionals should be cognizant of the role that religion and culture play on their patients' perceptions of care and treatment (Ypinazar & Margolis, 2006, p. 773).

Chapter Three – Methodology

Research Design

This chapter explains the research design methodology used in this study. It includes the research questions and primary objectives along with the rationale for using a qualitative design approach. The research site is described, followed by details about the sample, data collection, data analysis procedure, and ethical considerations.

Research Questions

The two main questions guiding this study are:

1. *What factors influence wellness in Muslim American children living in the Northeastern U.S.?*
2. *How do Muslim mothers mediate the many challenges that impact wellness in order to support their children's well-being?*

Research Methodology

Qualitative research. Research designs are methods used to collect, examine, understand, and state data in research studies. According to Fraenkel, Wallen, and Hyun (2015), qualitative researchers are most often interested in how events come about, similar to cause and effect. For example, such researchers focus on person-to-person interactions, attitudes, and the answers given based on certain words, questions, or discussion. Moreover, qualitative researchers focus on the participants' perspectives—what they think and the reasons behind their thinking process. Key points of qualitative research consist of motives, assumptions, reasons, and values.

This study used a qualitative ethnographic approach because such an approach allows researchers to collect data in the participants' familiar environment such as school, work, or

religious space. As described by Creswell (2009) participants should feel comfortable, and act naturally. Qualitative researchers can act as data collectors by learning about participants' life stories. In this study, data were collected through interviews with mothers. This allowed the researcher to organize data into themes that ran through all data sources (Creswell, 2009).

Ethnographic research. Ethnography means "writing about people" (Johnson & Christensen, 2014, p. 449). An ethnographic approach is the most popular qualitative research method as it incorporates seven different concepts that make it applicable to a variety of studies: culture, holistic outlook, contextualization, emic perspective, multiple realities, thick description, member checking, and nonjudgmental orientation (Fraenkel, Wallen, & Hyun, 2015, p. 507). The ethnographic approach is fitting for researching Muslim mothers' perspectives of their children in the U.S. due to its focus on people, the culture they live in, and the opportunity to gain an insider's view of the participants' reality.

Ethnographers take on both an emic and etic perspective, basically internal and objective, which enables researchers to understand and describe the situations and the behaviors from multiple realities (Johnson & Christensen, 2014). Using the emic perspective allowed the researcher to gain an "insider's" view of the participant's reality, while using the etic perspective allowed the researcher to apply the information gained during interviewing and analyze it in a broader level. Ethnographers collect data to understand the participants' point of views, and then try to rationalize the data in a more scientific and objective analysis (Fraenkel, Wallen, & Hyun, 2015). Analyzing Muslim mothers' perspectives of their children's wellness allowed for rich comprehension of their experiences and an understanding of factors that influence their children's wellness.

Setting

Immigration officials in the U.S. do not track people by religious affiliation, which makes estimating the Muslim population in the country difficult (Acentria Care Alliance, personal communication, January 26, 2017). Some estimators use race or country of origin as their determining criteria. Amri and Bemak (2013) approximated that 65% to 75% of Muslim immigrants originate from 80 different countries, with most coming from the Middle East and North Africa. A smaller portion immigrate from South Asia, an area including Afghanistan, Pakistan, India, Bangladesh, and Iran. Most of these immigrants choose to resettle in larger metropolitan areas for a variety of reasons, among these are access to facilities providing assistance for adaptation and acculturation (Amri & Bemak, 2013). New Hampshire's Muslim population fits this mold. In general, immigrants make up only 5% of New Hampshire's population and predominantly settle in Hillsborough, Rockingham, Strafford, and Merrimack counties, which includes the city of Concord (Frisby & Jimerson, 2016). The largest immigrant group to New Hampshire, at 12.5 %, is from Canada (Frisby & Jimerson, 2016).

There are some available data on the resettlement of refugees in New Hampshire. These data show that most are resettled in three of New Hampshire's cities: Manchester, Laconia, and Concord (New Hampshire Department of Health and Human Services, 2016). According to the Acentria Care Alliance in Concord, N.H., most refugees are from Iraq and Sudan, places that have had significant conflict and are likely to have citizens who supported U.S. military efforts there. Acentria staff explained that there is a religious bias within refugee resettlement selection and that Christians may receive preference over Muslims, so country of origin alone is not an indicator of religion. Acentria does resettle refugees from Bhutan and the Congo, but these

refugees are statistically unlikely to be Muslim (Acentria staff, personal communication January 26, 2017).

At a mosque, Muslims are in a religious majority, whereas outside of the mosque, they are a religious and cultural minority. The focus of qualitative ethnographic research is to study the problem from the perspective of the individual, thus developing a more holistic picture of the issues (Creswell, 2009). Ethnographic study focuses on the environment in which the participants spend time. This setting allows the researcher to engage in personal, in-depth conversations creating opportunities for deeper questioning. According to Fraenkel, Wallen, and Hyun (2015), “qualitative researchers do not usually attempt to reduce their data to numerical symbols, but rather seek to portray what they have observed and recorded in all of its richness” (p. 425).

Ultimately, attendance at the mosque was the method used to find a pool of study participants. For this study, one of the Islamic Society centers in the northeastern U.S., established in 2002, was chosen for its popularity among the many Muslim families who attend every Sunday to worship, to learn Islamic rules, and study the Arabic language. Muslims come to the mosque every Sunday for school and every day for prayer. Every month the mosque hosts a social event for the Muslim community. This community is comprised of people from different countries, languages, and cultures, but they can all speak English. The center is in the early stages of developing both short-term and long-term goals. For now, it hosts events to appeal to supporters and to connect with the community. In accordance with Islamic rules, it advocates for inter-faith harmony. Currently, the center is a base for more than 50 families, among them about 40 children. These children are all Muslims and children of immigrants, the desired population for this study.

The researcher requested that the study be announced by the mosque's president. Willing participants contacted the researcher after the announcement. At that time, the researcher provided flyers, and answered questions. She then met with each potential participant to talk about the study and the process. The final group of participants scheduled appointments for a private interview. They were provided with a copy of the informed consent, and their signature was secured. See Appendix D.

Data Collection

The researcher collected data from multiple sources. The sources included interviews with seven Muslim mothers, naturalistic observation of children, field notes, and a reflective journal. The qualitative data was collected using an open-ended, semi-structured interview methodology. Interviews were conducted at a community Islamic center in a northeastern U.S. city. Notes were taken by the researcher within one-half hour after each interview.

Interviews

Interviewing is a common method of data collection in ethnographic research. Through interviewing, this researcher gained a larger picture of the context because of what had been seen, heard, or experienced (Fraenkel, Wallen, & Hyun, 2015). The purpose of interviewing the participants in this study was to understand what was in the participants' minds and how they felt (Patton, 2002). Moreover, qualitative interviews enabled the researcher to obtain in-depth information about thoughts, beliefs, knowledge, motivations, feelings, and reasoning (Johnson & Christensen, 2014). Interviewing allowed this research to interpret the participants' culture, as this is seen as the most important concept for ethnographers.

Face-to-face, individual, semi- structured interviews with seven Muslim mothers, 45–60 minutes in length, were conducted in December of 2017. The interviews provided data that were unobservable—an understanding of the participants’ stories and constructed world (Patton, 2002). Verbal consent was secured and interviews were audio recorded. Interviews were conducted at an Islamic center in a quiet, private room that was free of distractions. Refreshments were offered. Immediately following each session, the interviewer prepared field notes and later reviewed the audio recordings. A full transcript of the interview process is included in Appendix C.

The researcher asked participants a series of prepared, open-ended questions allowing them to elaborate on answers and allowing the researcher to ask clarifying questions (Johnson & Christensen, 2014). The interview questions used in this study were based on research by Patton (2002), who identified six types: knowledge, background, experience, opinion, feeling, and sensory. The researcher asked open-ended questions and avoided leading questions. These questions helped the researcher to explore Muslim mothers’ perspectives about their children’s wellness and to understand the factors that affect their well-being. Additionally, it provided the researcher with insight into the strategies Muslim mothers employ to mediate the challenges their children face.

Naturalistic Observation

A second source of data for this study was naturalistic observation. Johnson and Christensen (2014) defined naturalistic observation as “observation done in real-world settings” (p. 237). Patton (2002) wrote, “firsthand experience with a setting and the people in the setting allows an inquirer to be open, discovery oriented, and inductive, because, by being on-site, the observer has less need to rely on prior conceptualizations of the setting, where those prior

conceptualizations are from written documents or verbal reports” (p. 262). The strength of these data lies in the information found that is unnoticed or ignored by people in the setting (Patton, 2002).

The researcher has attended the Islamic center where the study was conducted since 2015, and, on several occasions, this allowed observation of the children doing what children do: interacting, praying, talking, playing, and eating with their families and peer groups. The group was entirely Muslim, and the researcher used these naturalistic observations to gather clues about questions to ask during interviews and later to validate conclusions.

Field Notes

The notes written by the researcher immediately after each interview were a third source of data. Johnson and Christensen (2014) state that “researchers record what they believe is important in their field notes” and “if you wait too long, you might forget important details” (p. 239). In this study, the researcher took field notes after each of the seven interviews. These notes included information about the projected confidence of the women and their level of understanding of the questions. Certain words relating to the literature review were written in the notes; these notes helped later in uncovering themes.

Reflective Journal

A final source of data for this study was created during the data analysis process. The researcher wrote reflective journal entries after reviewing field notes and transcripts. These reflective journal entries ranged in length from a few sentences to a paragraph. The journal was used as a self-reflection tool, providing this researcher with a useful outlet in which to

incorporate thoughts and pieces of the participants' experiences (Patton, 2002). The journal was also used to find themes that emerged from the data.

Data Analysis

At the completion of all interviews, the recordings were transcribed verbatim by a professional transcriptionist, a native speaker of English. All transcriptions were completed within two weeks of the interviews. The transcripts were then reviewed by the researcher for accuracy. These transcripts were sent to the participants to check and verify them for accuracy. Following these reviews, the transcripts were used in all aspects of the coding analyses.

The researcher enlisted the involvement of a pre-doctoral candidate with two years' experience working with a Plymouth State University faculty member on a qualitative research project. This assistant, a non-Muslim mother, helped ensure internal validity in the analysis phase of the study. The researcher and the assistant first read all the transcripts to become familiar with the participants' stories. To avoid unconscious biases, the transcripts were examined separately and independently; then both met to review the transcribed interviews. This also helped ensure accuracy and consistency and protected against a singular perspective or data point that might dominate the conclusions.

The researcher followed the six-phased thematic analysis to analyze the data as outlined by Nowell, Norris, White, and Moules (2017). In the first phase, the researcher became familiar with the data. The qualitative data included: interviews; field notes; naturalistic observation of children; and reflective journal entries. The researcher and research assistant independently read all the transcripts to acquaint themselves with the participants' stories and to avoid unconscious bias.

In the second phase, both researchers used the right margins to indicate notable phrases

and repetitive words. The left margins were used to document any surprising phrases. Both researchers independently found recurring phrases that were converted to codes such as “discriminated against by peers” and “no halal food at school.” Both readers, through further analysis of field notes and examination of the transcripts, identified and highlighted these recurring phrases on the transcripts and noted them in the margins. They then met to compare lists and categorize the phrases they had identified. As differences of opinion arose, thoughtful discussion helped them arrive at an agreed upon category.

The researchers independently searched for emerging patterns from these categories, and once identified, the categories were labeled as discrete codes. Thus, through independent and comparative analysis and “continual interplay,” the researchers established clear codes from the interviews. The researcher then created a spreadsheet for use in collating and organizing the codes. This interplay between the researcher and data is relevant in this study because it continued the safeguarding of validity and reliability. The careful synthesis of the data allowed for the development of credible themes in the next step.

The third phase used an inductive, data-driven approach to generate themes (Nowell, Norris, White, & Moules, 2017). Equipped with the field notes and the spreadsheet, the researcher was able to step back and write reflective journal entries, generally a few sentences to a paragraph, to refine the codes into the themes for the next step in the analysis.

As another safeguard for ensuring validity, the researcher followed the process of peer debriefing by consulting with the research assistant and the chair of the committee to review and comment about the identification of the themes. The resulting frequency of themes was used to determine data saturation as no new themes or patterns appeared in the transcripts. The codes were considered themes when three or more mothers in the study mentioned the same code.

In phases four, the researcher reviewed and finalized the labels for the themes. The themes were evaluated to ensure that they were “specific enough to be discrete and broad enough to capture a set of ideas” (Nowell, Norris, White, & Moules, 2017). In phase five, which was the final phase, the researcher recorded the final thematic analysis.

Reliability and Validity

Qualitative studies require reliability and validity. To promote reliability, the researcher checks for accuracy of the result through a variety of procedures. To support validity, the researcher maintains consistency among the practices and methods of all the researchers through every step of the study (Creswell, 2014). In accordance with Creswell’s recommendations for data collection, four sources were used: interviews, observations, field notes, and reflective journals (Creswell, 2014). During the analysis, deliberate attention was given to the purpose and original design of the study (Patton, 2015). This investigator worked to keep “true” to the participant’s words by securing rich, thick data and descriptions, thus keeping to the norms of qualitative study (Patton, 2015). For data analysis, various strategies enhanced credibility, in particular, triangulation of data sources, analyst triangulation, and member checking (Creswell, 2014; Patton, 2015).

Triangulation of Data Sources

In this study, analyst triangulation was conducted through member checking and critical review (Patton, 2015). Member checking involves confirmation of data or results with the study’s participants (Creswell, 2014). As a part of ensuring validity, all transcripts were sent back to the seven participants for confirmation that their transcriptions accurately reported their comments, emphases, and thoughts. Moreover, the research assistant and members of the

dissertation committee were involved in the analysis and provided useful feedback on methods, consistency, and unseen bias (Patton, 2015). Additionally, the research assistant and the chair of the dissertation committee revised and commented on the interpretation of the themes. As recommended, they also reviewed and critiqued all the elements of the research process (Creswell, 1994).

Different types of data were gathered in this ethnographic study in order to generate a full picture of factors that negatively affect Muslim American children in the northeastern U.S. Each data source was compared with the others and checked for consistency (Patton, 2015). Responses in interviews were reviewed for consistency with the researcher's observations. Additional checks were done against the field notes taken immediately after each interview and with data participants provided during the interviews. Since credibility is dependent on consistency in the patterns of data gathered from the different sources, these comparisons were done to ensure their congruence. When differences were found, explanations would have needed to be provided (Patton, 2015). However, there were no discrepancies.

Confidentiality

Before the interviews, the researcher discussed with the participants the purpose and importance of the study, as well as topics that would be covered during the interviews. The researcher clarified the confidential nature of this study and how the interviewer would maintain a nonjudgmental and open attitude at all times.

Anonymity of the participants was protected. Each participant was given a code number; names were not included in any recordings or transcripts. The primary researcher was the only person with information connecting participants' names with recordings and transcripts. Names were removed before transcription and analysis. All the collected data were stored in marked,

sealed envelopes and kept in a secure place. After five years from the date of the published report, all collected data related to this research study, except for the consent forms, will be shredded and deleted from digital files; the consent forms will be kept indefinitely. Only the researcher and the research assistant had access to the transcripts for reliability and validity purposes during data collection and coding.

Chapter Four – Introduction

The purpose of this study was to examine the context, circumstances, and social determinants of health and wellness for the children of first generation immigrant Muslims in the northeastern U.S. from the perspectives of their mothers. Results of this study may serve to inform public-health practitioners, agencies, parents, and health care providers about ways in which they can better support the health and wellness of these children as they grow and develop.

This chapter is divided into two sections, each exploring the journey of seven families who came to the U.S. for different reasons. The first section provides an introduction into the background of the participants by combining the researcher's prior knowledge of them with what was learned during data collection. The second section explores the mothers' perspectives on their children's experiences in the dominant culture and how they mediate the challenges facing their children's well-being.

Participant Introductions

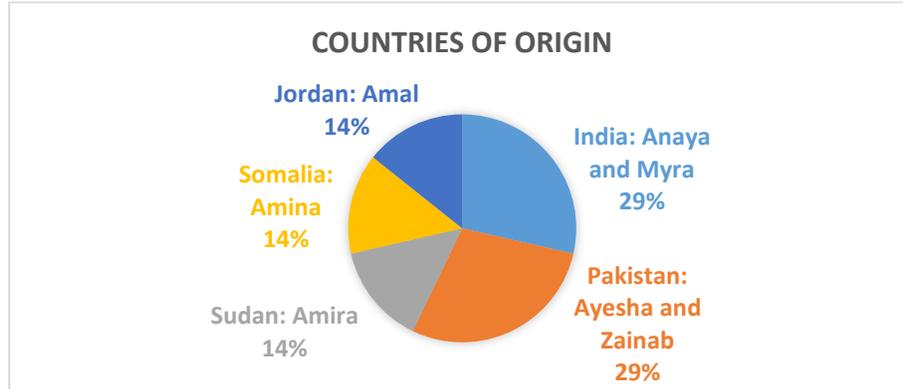
The seven Muslim women who participated in this study currently attend an Islamic center in the northeast where this study was conducted. The women came from different countries around the world at different times. With one exception, all had earned degrees, bachelor's, associate's, or high school degrees from their country of origin. See Table 1, page 56.

Table 1 Demographic Data of Participants

Pseudonym	Origin Country	Arrival	Education	Married	Age of Sons	Age of Daughters
Anaya	India	2001	Bachelor's	Yes	16 & 12	14
Myra	India	2008	Bachelor's	Yes	7	--
Amira	Sudan	1999	Associate's	Yes	18 & 6	15
Ayesha	Pakistan	2000	Bachelor's	Yes	22	--
Amina	Somalia	2010	Some College	Single	0	11 & 8
Zainab	Pakistan	2000	Bachelor's	Yes	13 & 11	16 & 8
Amal	Jordan	1992	High School	Yes	17	19, 18, & 14

Table 1, *Demographic Data of Participants*, shows the demographic makeup of the mothers interviewed: pseudonym, country of origin, date of arrival, education level, marital status, and the number and age of their children. The collection of demographic information in a qualitative study ensures all participants represent the desired population for the study. In this study, gender was the only variable that caused differences in the data (the fact that mothers of pubescent daughters voiced more concerns regarding clothing and physical education at schools than mothers of sons). The other demographics were not a cause for any significant differences or refinements of the data. This exception regarding gender was due to common cultural female modesty values discussed in the analysis below.

Figure 1 Origin Countries



Mothers in this study originated from a variety of countries from around the world, which is similar to the larger U.S. population where 67% or more come from North Africa, South Asia, and the Middle East, with no single area dominating Muslim immigration (Amri & Bemak, 2013).

Participant 1, called Anaya in this study, came to the U.S. in 2001 from India and she has three children, two boys and a girl. The oldest son is 16, the daughter is 14, and the youngest son is 12. They were all born here and are therefore citizens. She works in the information technology field and came here after she married. Anaya had an H4 visa when she first came to the United States, which is a special visa for dependents of immigrants who hold an H1 visa as an employee of an American business. Anaya later received a green card through her husband's work, and in a few years they became U.S. citizens. Both she and her husband have bachelor's degrees.

Participant 2, Myra, came to the U.S. in 2008 from India, and she has one 7-year-old boy who is a native-born citizen. She is a software engineer and came here for work. She and her husband are not yet citizens. Myra has a bachelor's degree and is the bread-winner of the family; her husband is a stay-at-home-father.

Participant 3, Amira, came from Sudan in 1999 with a student visa and became a citizen by virtue of her husband's status. She has three children, two boys ages 18 and 6 respectively,

and one girl with special needs, aged 15. All her children are American born. Amira has an associate's degree from Sudan. Her husband is employed.

Participant 4, Ayesha, came from Pakistan with her son in 2000. Her son is now 22 years old. She is a high-school teacher and received a green card through her employer; eventually she and her son became citizens. Her husband is employed.

Participant 5, Amina, came from Somalia as a refugee in 2010 with her mother and three-year-old daughter who is now eleven. At the time of her immigration, she was pregnant with her now 8-year-old daughter. She is a naturalized citizen, and her older daughter (born outside the U.S.) became a citizen automatically. She is a single parent, supporting her daughters and her mother. She works for a nonprofit organization helping individuals with special needs and is a language interpreter in a bank. Amina is currently working on her bachelor's degree.

Participant 6, Zainab, came to the U.S. from Pakistan in 2000. She married an American citizen, so she received a green card and became a citizen after a few years. She has four children: a 16-year-old daughter, 13 and 11-year-old sons, and an 8-year-old daughter, all of whom are native-born citizens. She works part-time at a family hospitality business that her husband owns. They are in the upper-income level (earning above \$120,000 in gross annual income).

Participant 7, Amal, came from Jordan in 1992 and has three daughters aged 14, 18, and 19, and one son aged 17, all of whom are native-born citizens. She earned a high school diploma in Jordan. Amal is a stay-at-home mother and her husband is gainfully employed as an executive director of Medicaid. They are in the upper-income level.

These Muslim women took various routes in their lives to arrive in the U.S. and have had different experiences here. These women represent several different countries of origin, different

educational backgrounds, different income levels, and different lengths of time living in the United States. Despite their differences, they all eventually came together at the Islamic center as Muslims, inherently connected by motherhood, common Islamic tradition, and shared life experiences. Regarding this study, the most salient common bond is that each is an Islamic mother who, since her immigration, has been intent on upholding Islamic traditions within her family.

Qualitative data analysis is a systematic process where the researcher organizes and synthesizes information from various sources (Fraenkel, Wallen, & Hyun, 2015). Wellness, which is the primary focus of this study, is too complex to be addressed on only one level; therefore, the ecological model and the wellness model provided a wider scope to analyze participant issues (Robinson, 2008). The ecological model was useful in data analysis because it provided an outline of themes: intrapersonal, interpersonal, institutional, community, and public policy categories (McLeroy et al., 1988). Clear definitions were applied in order to assure validity and reliability during the triangulation phase (Creswell, 2009). Thematic analysis is a method for identifying, reporting, and analyzing patterns within data. This approach allowed the researcher to organize and describe the data in rich detail (Braun & Clark, 2006).

As outlined in chapter three, the researcher used multiple sources: field notes, interview transcripts, observations, and reflective journals in order to determine if the data were valid. Ultimately, five themes emerged (see Table 3, page 63) to address question one, *What factors influence wellness in Muslim American children living in the northeastern United States?* Difference becomes the umbrella concept for this question. All of the themes ultimately highlight the problem of otherness (Hodge et al., 2015).

1. *Discrimination (D)* – The mothers shared that, because of religious practices or

cultural dress, their children were at times treated differently at best, and at times treated negatively at worst, by the other children in school.

2. *Cultural Friction (CF)* – The mothers tried to uphold Islamic beliefs and practices when external cultural forces were driving children toward behavior inconsistent with the cultural values of Islam. They were essentially resisting acculturation.
3. *Apprehension and Fear (A)* – The mothers described their children feeling hesitant and fearful as a direct result of discrimination. In the present study fear and apprehension rose to the level of their own theme because six of the seven participants specifically mentioned them in their interviews. Mothers indicated that fear and apprehension grew from their children’s experience of discrimination.
4. *Lack of Awareness of Islam (LA)* – The mothers shared examples of the unconscious and subtle forms of discrimination their children faced at school from both their peers and their teachers. This theme most shows how the focus of being “different” was so disturbing to their children. Peers and teachers evidenced ignorance of Islamic traditions making the children focus on their differences rather than their similarities as children. Even though this theme was not expressed by peers and teachers as indifference or as willful ignorance, the interviews clearly identified a marked level of discomfort caused by this lack of awareness.
5. *Misalignment of Organizational Process and Systems (M)* – Similar to the connection between the themes of discrimination and apprehension and fear, there is a connection between the themes of lack of awareness of Islam and misalignment of organizational processes and systems. Mothers explained their frustration with a system that seemed unable to align Islamic religious requirements with existing organization processes

and systems. Examples include:

- (a) absence of halal food,
- (b) absence of culturally acceptable hygiene in restrooms,
- (c) coed physical education classes, and
- (d) absence of prayer time and space.

Table 2 Illustrative Quotations for Research Question 1

Theme	Description	Illustrative Quotations
<i>Discrimination (D)</i>	Differential treatment based on their religion or cultural dress.	<ul style="list-style-type: none"> • Go back to your country. • Are you a terrorist? • If other children know you are wearing hijab because you are Muslim, they will kill you.
<i>Cultural Friction (CF)</i>	Mothers tried to uphold Islamic beliefs and practices when external cultural forces were driving children toward other behaviors. They were essentially resisting acculturation.	<ul style="list-style-type: none"> • I did not allow my daughter to attend a school dance because it was mixed gender. • Halloween is big challenging for me to convince my kids that we don't do this. • They felt a little bit like sad that they are not doing what everyone else doing.
<i>Apprehension and Fear (A)</i>	Mothers described their children feeling hesitant after cases of discrimination which led the children to feel fear.	<ul style="list-style-type: none"> • My kids are the only Muslim kids, they feel like foreigners. • My child was targeted because he was eating halal food. He felt different. • They don't want to look different than other students if they pray at school. • My daughter would not wear her hijab because she did not want anyone to know she is Muslim. • My daughter once told me that she feels different and scared sometimes.
<i>Lack of Awareness of Islam (LA)</i>	Mothers shared examples of unconscious and subtle forms of discrimination that their children faced. They also shared stories of how their children's peers and teachers evidenced ignorance of the Islamic religion	<ul style="list-style-type: none"> • Why do you not wear shorts in summer? Is it because you are Muslim? • I feel frustrated in Ramadan. I have to explain to school the tradition of Ramadan. • My daughter once said "they keep asking me why you do not eat. I cannot make them understand." • Can I wear your headscarf for Halloween?
<i>Misalignment of Organizational Process and Systems (M)</i>	Organizational processes and school systems seemed unable to accommodate the needs of the children	<ul style="list-style-type: none"> • No halal food at school. • My son would not go to the bathrooms because there was no bidet. • There is no space and no time to pray at school. • My daughter struggled with the physical education classes because of the type of clothes that she has to wear to cover her body since there will be boys.

Table 3 shows the different themes that emerged from the coding of the data.

Table 3 Research Question 1 Themes

Pseudonym	Origin	U.S. Arrival	Age of Sons	Age of Daughters	Question 1 Themes				
Anaya	India	2001	16 & 12	14	D	CF	A	LA	M
Myra	India	2008	7	--	D		A		M
Amira	Sudan	1999	18 & 6	15	D	CF	A	LA	M
Ayesha	Pakistan	2000	22	--					M
Amina	Somalia	2010	0	11 & 8	D	CF	A	LA	
Zainab	Pakistan	2000	13 & 11	16 & 8		CF	A	LA	M
Amal	Jordan	1992	17	19, 18, & 14	D	CF	A	LA	

D, discrimination; CF, cultural friction; A, apprehension; LA, lack of awareness; M, misalignment

For research question two, *How do Muslim mothers mediate the many challenges that impact wellness in order to support their children's well-being?* Three themes emerged:

1. *Nurturing (N)* – Mothers expressed that they helped their children understand Islamic traditions and practices. Within this theme, many mothers shared personal stories with their children to help them have models for how to cope with challenges of being Muslim in a predominantly non-Muslim society.
2. *Cultural Accommodation (CA)* – Mothers found ways to meet their children's Islamic needs in a system that could not. This included examples of sending their children to school with adequate halal food and wipes for the restroom to meet Islamic standards for cleanliness. An accommodation provides an alternative but preserves the spirit of Islamic tradition.

3. *Acceptable Adaptations within Family Practices (AA)* – The mothers found that they simply could not expect their children to fully uphold their Islamic traditions within the American system, so they modified their expectations, taking a step toward integration. Adaptations make concessions to the dominant culture but are more difficult to justify in a strict Muslim context.

This multi-phased approach to data analysis decreased researcher bias and ensured the validity of the data by regularly returning to the language of the transcripts. At the end of the analysis process the researcher could reconnect each theme with comments from the transcripts of each mother's interview, and these themes are shown in Table 5 *Research Question 2 Themes*, below.

Table 4 Illustrative Quotations for Research Question 2

Themes	Description	Illustrative Quotations
<i>Nurturing (N)</i>	Mothers helped their children understand Islamic traditions and practices. Mothers shared personal stories with their children to help them have models for how to cope with challenges of being Muslim in a predominantly non-Muslim society	<ul style="list-style-type: none">• What I did to help my kids was just be around them all the time.• Make them feel that they are not alone and you are close to them.• My strategy is just to be there for them by talking, discussing, communicating.• I used to share my personal experiences with my kids.• I like them to hear from me more than their friends.
<i>Cultural Accommodation (CA)</i>	Mothers found ways to meet their children's Islamic needs in a system that could not. For these mothers, an accommodation preserved the spirit of Islamic tradition.	<ul style="list-style-type: none">• I told my son that he can take wipes with him to clean himself, and he should be fine.• I always send lunch with them.
<i>Acceptable Adaptation (AA)</i>	Mothers modified their expectations, taking a step toward integration. For these mothers an acceptable adaptation was a concession to the dominant culture and yet would still be in keeping with Islamic tradition.	<ul style="list-style-type: none">• We don't celebrate Halloween at all. So, that's the time that's kind of hard for me. We brought them out for dinner and then after that they had their favorite ice cream.• For sleepovers, I allow their friends to come to my house instead.• I have family in Massachusetts, Okay, that's your cousin, and you're going to go sleep over there.• I offered my daughters to wear leggings and a long sleeve shirt to cover exposed skin and offered a bandana as an alternative to a hijab during gym class.• I told my children to make up the missed prayers when they returned home from school.• I told my daughter to fast on weekends so that she wouldn't fall behind on school activities during the week.

Table 5 Research Question 2 Themes

Pseudonym	Origin	U.S. Arrival	Age of Sons	Age of Daughters	Question 2 Themes		
Anaya	India	2001	16 & 12	14	N	CA	AA
Myra	India	2008	7	--	N	CA	
Amira	Sudan	1999	18 & 6	15	N		AA
Ayesha	Pakistan	2000	22	--	N		
Amina	Somalia	2010	0	11 & 8	N	CA	AA
Zainab	Pakistan	2000	13 & 11	16 & 8	N	CA	AA
Amal	Jordan	1992	17	19, 18, & 14	N	CA	

N, *nurturing*; CA, *cultural accommodation*; AA, *acceptable adaptations*

Results

The nature of the interview questions resulted in themes related to factors that influence wellness in Muslim American children and strategies that Muslim immigrant mothers used to mediate for their children's well-being. For the first research question, five themes emerged: *cultural friction, discrimination, apprehension and fear, lack of awareness of Islam, and misalignment of organizational processes and systems*. For the second research question, three themes emerged: *nurturing, cultural accommodation, and acceptable adaptations*. The following sections will highlight stories of the participants as they relate to each theme, telling the wider and dynamic experiences of Muslim American children of immigrants.

Question 1 Themes Analysis

Cultural Friction (CF)

Cultural Friction was coded CF in the *Research Question 1 Themes* data collection and data analysis phase of this study. See Table 3, *Research Question 1 Themes*, p. 63. It was reported by five of the seven participants. Five mothers discussed some sort of American cultural activity they felt they had to deny their child because of their Muslim faith. For examples, see Table 2, *Illustrative Quotations for Research Question 1*, p. 62. They had to explain to their children the reasons for not allowing them to participate. Anaya stated that she did not let her children go to a school dance because there would have been a mixed gender attendance, not acceptable in Islam. This type of scenario is problematic because the mother is put in a position to deny her child a social experience that other children were enjoying. Children perceive these types of situations as unfair. For example, Anaya wants to uphold Islamic tradition but met resistance from her children. Anaya stated,

I had to talk with my daughter and explain to her why she cannot go to the school dances. You know, we weren't allow her to go to school dances because it's not allowed since there will be boys. You know, free mingling is not allowed in our religion with men like opposite gender so we weren't allow her and then she would feel like she was like left out. I do not want her to feel that she is lonely so I tried to convince her nicely.

In this case, the mother tried to maintain the relationship with open communication, knowing how this situation was impacting her daughter's emotional and social wellness.

Three mothers commented on Halloween, a holiday not celebrated in Islam. Amira and Zainab said they went out of their way to plan alternatives and to explain to their children the

reasons behind not being able to participate. Zainab reported that her son seemed frustrated about Halloween. He said that “when he is older, he will allow his kids to participate in Halloween.”

Amina stated that her children argue with her and feel she holds them back from things they want to experience. Zainab summarized her family’s difficulties with Halloween this way:

Halloween is big challenging for me to convince my kids that we don't do this, we don't believe in this, so please don't participate or just watch, you don't have to withdraw completely, but just watch and um just have fun, but you don't have to participate and you don't have to believe in what they believe. That was another, uh, challenging. I felt it affect their well-being because, uh... They were kind of, I see them like not happy. They felt a little bit like sad that they are not doing what everyone else doing.

Halloween and school dances posed clear examples of cultural friction for the mothers and their children. In both cases the mothers were resistant to acculturation and tried to preserve Islamic traditions which upset their children. Cultural friction clearly emerged as a theme affecting their children’s well-being.

Discrimination (D)

Discrimination was coded D in the *Research Question 1 Themes* data collection and data analysis phase of this study. See Table 3, *Research Question 1 Themes*, p. 63. It was reported by five of the seven participants. Most mothers, especially Myra, Ayesha, and Zainab, made comments about how great the community and school were, but several mothers had comments and anecdotal stories about religious and racial discrimination their children have faced. For examples, see Table 2, *Illustrative Quotations for Research Question 1*, p. 62. In separate incidents, both Myra and Amina’s children were told to, “Go back to your country,” an

experience they considered discrimination, especially given that their children were born in the U.S. A situation for Amina's daughter escalated to a fight, which, she said, impacted her daughter's learning and emotional wellness (Amina used the phrase "mental stability.")

That scared me. I'm like, did you tell the teacher? She said yeah and like his parents had to walk him home. That's why I say, I say, um, it's really important for other parents to educate their children so other kids can feel more comfortable. I can educate my daughter all I want, but still she's a kid. She goes to school, everyone is different. Um, I feel like sometimes it does impact her learning and her mental stability because of how her peers view her.

Another form of discrimination presented by the mothers involved challenges regulating appropriate clothing for children, and the lack of knowledge other children seemed to have about traditional Muslim clothing such as hijab. This lack of knowledge led to negative comments the mothers interpreted as discrimination. Anaya and Amina said their daughters faced "discrimination" due to their headscarves and were embarrassed to be singled out by wearing it. Anaya's daughter did not want everyone to know she was Muslim due to a specific incident. Another student said, "Okay, good thing you don't wear hijab because people would have killed you." Amina said that her daughter just did not want to be "different," and when her daughter wore hijab for school pictures other kids asked if they could "borrow it for their Halloween costume... I guess the kid didn't know what the hijab is and why my daughter wore it." In summary, these mothers expressed that their children were experiencing discrimination from their peers. These stories depicted occasional challenges with accepting or hiding who they are in order to feel secure.

Apprehension and Fear (A)

Apprehension and Fear was coded A in the *Research Question 1 Themes* data collection and data analysis phase of this study. See Table 3, *Research Question 1 Themes*, p. 63. It was reported by six of the seven participants. Treatment from other students sometimes made their children fearful. While *Apprehension and Fear* may be considered a subset of discrimination, the analysis clearly indicated it rose to the level of a theme of its own. For examples, see Table 2, *Illustrative Quotations for Research Question 1*, p. 62. Apprehension and fear on the part of the Muslim children made them feel different and “like foreigners in their own country.” Four mothers commented that their children were the only Muslims at school and that other children were curious about their culture and religion. Some children felt as if they were foreigners in their own country, and some even wanted to hide the fact that they were Muslims. Amira mentioned that her children were not comfortable or confident in telling others that they were Muslims. For her family, their religion is not the only indication of their immigrant status. Having immigrated from Sudan, her skin color is darker and her accent is strong. The visual differences between her and her predominantly white, English-speaking, non-Muslim neighbors are additional challenges that made her child feel “foreign” and different. Myra said that her child is the only Muslim attending her school. Zainab concurred and said she tries to bring her children to visit her native country so they can interact with people who have the same faith and culture and hopefully feel less alone. Zainab explained her children’s experience this way:

That’s a little bit hard for me and for them. They came back from school and told me that the students commented on their clothes or why they do not eat from the cafeteria. My daughter once she told me that she feels different and she feel scared sometimes. I think action is speaking louder than words. So that’s, I try to

brought them somewhere they can see by their eyes, so I try to bring them to Pakistan. They can see the culture; they can see the religion. In here I try to bring them to places where they can meet Muslims, also, my family live in Massachusetts, so I try to go as much as I could. Like I went last week, or maybe I'll go again this weekend.

The differences led the children to feel uncomfortable and alone. Amira explained, Being Muslims here wasn't easy, especially where we live is. My kids the only kids, not just Muslims, they are foreigners. Uh, they are colored. So, this is all like three facts. I mean for them it was hard to adjust to all those factors. My son told me that he felt uncomfortable even scared when his friend asked him why he can do this and why he cannot do that. Sometimes he could not explain to them the reasons. I feel he became frustrated and unconfident to tell his friend that he is doing this and that because he is Muslim.

Anaya reported that students started to mock Islam. That scared her daughter and prevented her from wearing hijab:

She felt like really uncomfortable and she didn't know what to do or how to react and she was like even more, you know, she felt like she was scared to even tell, like let everyone know that she's a Muslim because, you know, she didn't know if saying that would impact her in any way and then again even the friends that knew that she was a Muslim, you know, they would tell her, "Oh, good you don't wear a hijab, because if you wore a hijab people here would kill you."

Finding supportive peer relationships was difficult for these children because few community members truly understood their experiences and culture. Zainab and Amira also identified their children as feeling “different” and “foreign” within their own community.

Lack of Awareness of Islam (LA)

Lack of Awareness of Islam was coded LA in the *Research Question 1 Themes* data collection and data analysis phase of this study. See Table 3, *Research Question 1 Themes*, p. 63. It was reported by five of the seven participants. Mothers indicated in different ways that the communities in which they live were unaware of Islamic tradition and the variations within Islamic cultures. Children and parents found that they faced questions that, although not intended to do harm, contributed to feelings of being excluded. For examples, see Table 2, *Illustrative Quotations for Research Question 1*, p. 62. Anaya and Myra specifically recalled instances of their children fielding both innocent and hurtful questions due to their peers’ limited knowledge of Islam.

Anaya’s daughter was asked by a friend why she could not wear shorts in summer and if it made her feel hot. This conversation made her daughter feel insecure, noticed, and uncomfortable. In a far more alarming example, Myra’s son was asked, while on a school camping trip, why he ate specific types of food. The school had been accommodating and provided him with special halal marshmallows and veggie hot dogs so that he could fully participate, but this made him stand out. When he answered that he is Muslim, the student responded, “So does that mean you’re a terrorist?” Myra continued, “And then my son was like no, and he kind of like explained it to him but it’s just like, you know, one thing here they just don’t feel uncomfortable when they hear things like this from their friends.”

The lack of awareness is not limited among children, but is evident among adult professionals as well. This most often occurs during American holidays and traditions, such as Halloween—the traditions Muslims do not celebrate. However, it occurs more frequently during periods of Muslim religious observance. The lack of knowledge of Muslim fasting during the month of Ramadan, for example, was particularly evident to the mothers. They described how the schools did not understand what Ramadan was or how and why people fast during the month. Amira was frustrated with having to explain the tradition to the school. She said:

I always get a call from the teachers or principal and asked me, “Why he's not eating all day?” and they keep telling me that's going to harm his health. I understand that they are being worry about his health or so I needed to go by myself and explain to them.

Typically, Muslim children do not begin fasting until after puberty when their bodies are more able to handle the tradition. In predominantly Muslim countries during the month of Ramadan schedules are modified and children rest more and leave school early, but in the U.S., those accommodations do not exist. In the case of Amina, her child had to stop fasting during Ramadan because she could not fully participate physically in school activities:

My daughter started fasting last year. She fasted a couple days during school year but she stopped because “it’s hard for me like running around, going to recess, getting really hot, and not eating while all my friends eat. They keep asking me why you do not eat. I cannot make them understand.”

The mother and daughter felt anxiety about not fully participating in the tradition and having to field unwanted questions about their faith. Amina felt that not fasting was detrimental

to her daughter's spiritual wellness, and it certainly put her in a position where she was at odds with her Muslim community both emotionally and socially.

Mothers often mentioned that they would like to better educate the community about Islam, and that as Muslims, their faith and traditions are important elements in their children's well-being. They expressed the hope that this understanding would reduce unintended discrimination.

Misalignment of Organizational Processes and Systems (M)

Misalignment of Organizational Processes and Systems was coded M in the *Research Question 1 Themes* data collection and data analysis phase of this study. See Table 3, *Research Question 1 Themes*, p. 63. It was reported by five of the seven participants. Many mothers felt that their children were underserved; school schedules, government food programs, and staff behaviors sometimes appeared unfamiliar or in conflict with the cultural or Islamic customs these mothers considered essential to their faith. According to the mothers, schools do not know how to accommodate the needs of Muslim children. Parents then negotiate how to keep their religious values and cultural traditions against the backdrop and influence of U.S. cultural norms.

A dominant perception among the participants was that the schools do not help their children reinforce and craft their Islamic identity. Muslim mothers attempt to provide alternatives to enable their children to express their identity and practice their faith. It seems these children are stuck trying to fit their square-peg religion into the round-hole of the American school system which is perhaps willing, but structurally unable, to fully embrace them as Muslims. Within this theme, several problematic factors were specified: food, physical education, prayer, and restroom hygiene.

Food at schools. Some mothers noted that there is no halal food at schools. Anaya said her child felt targeted because he ate different food at school, or chose not to eat certain things. Anaya and Myra said their children sometimes opted not to eat cafeteria food at all. These mothers send food from home. Anaya found that the Montessori school her child attends is accommodating, even providing special gelatin free marshmallows. However, the lack of choices at school was difficult for him. Amira said her son doesn't understand why he cannot have pork and she had to explain that to him.

They felt they were missing out on things and she didn't really, like, you know, because at that age you don't really know how to tell them, so they just feel that they were, like, different. I always pack them lunch and snacks from home, but, you know, the kids they like to try.

Amira said:

The lunch, I always have to write, like, he can't have any kind of pork and gelatin. The day you guys going to offer pork, he's going to have lunch from home. He doesn't need to eat that. Since my son was young, he starts to question, "Why, why do I need to, why I can't have pork today?" I explained to him that in our belief we cannot eat pork and when you get a little bit older it would make sense for you and I'm going to explain more. But for now it's not going to harm you if you didn't eat it, because there's going to be a lot of alternatives.

Zainab found that only one meal a week complied with the halal prescriptions. She said, They have cheese pizza every Friday. I talked to the school to be sure that my kids can eat it. So only Friday's the day they can buy the pizza and I give them money for that.

Appropriate food being available on only one out of five school days is another example of misalignment with Islamic rules, and this creates tension within families; children question the practice and mothers must work harder to ensure children have food to eat at lunch.

Restrooms at schools. Both Anaya and Myra noted that their children did not eat at school because they were uncomfortable using the school restroom which did not have a bidet. In Islam, it is required to wash the private area with water after using the restroom. Anaya said that her child has experienced constipation as a result of not wanting to use the school restroom, and while the mother suggested using wipes instead of a bidet, the child felt different and sometimes did not want to use them:

When my youngest son was in elementary school, in public-school system. He really likes to clean himself when he goes to the restroom, I mean his private area and there is no access to water at the bathrooms, so he wouldn't go to the bathroom, he would hold it until he comes back from school and then he developed a constipation. In fact, it was a severe constipation, so I would tell him "Ok, you can take this wipes with you, and you should be fine." But he felt as if he would be the only one taking the wipes to the bathroom and then bringing it out and he didn't feel comfortable doing that. So he just completely avoided going to the bathrooms at schools.

Myra commented on how her son prefers to eat lightly to avoid needing to use the restroom. She also added that this prevents him from focusing during classes because he worries about eating and then needing to use the restroom:

Whenever my son eats he feels like he needs to go to the restroom, so I know that he is very stressed because there is not a bidet available for him to get clean, and

so he avoids going. Because of our religion, because of being Muslims, he feels it is a little difficult I think. Since there's no water available, he eats lightly, which affects his physical body, as well as his ability to concentrate on his studies. I am trying to get it out of his mind, and explained that just because he eats, it doesn't mean that he will need to use the bathroom. We have spoken with his doctor, and the doctor said it will go away once he grows a little bit. He has constipation now and it is affecting him on many levels.

The absence of perineal cleansing possibilities in the restrooms at schools is considered an issue to these children and may even impact normal body function.

The issue of misalignment between cultures is compounded by the intersectionality of age and gender in addition to being Muslim. At younger ages, children are somewhat able to hide their Muslim identity and blend in with their peers. At puberty, however, this becomes increasingly more difficult. Pubescent children are expected to more exactly follow Islamic laws as adults do. Prayer, fasting, and modest dress, including hijab, are not as easily hidden, nor do the mothers believe they should be. It is beginning at puberty where the differences between cultures is most obvious.

In this study, the mothers of pubescent girls had the most to say about misalignment as dress codes, coed classes, and modesty while exercising; these were repeatedly mentioned. While males may be able to blend in more easily, for pubescent girls the ability to hide their Muslim identity disappears. Pubescent and adult Muslim women daily wear hijab, a signal to the world that they are Muslim and a major challenge for adolescent girls who are just trying to fit in at school and with their friends. This intersection between age, gender, and religion is difficult

for Muslim families to cope with as their children come of age and adopt behaviors expected of adult practitioners of Islam.

Physical education classes at schools. Many mothers reported that their daughters, in particular, have challenges participating in physical education classes due to the dress code and the mixed gender classes. Mothers said their daughters questioned why they could not wear exercise clothes like other female students. Zainab explained the consequence of her daughter feeling different:

My daughter used to play the basketball but not doing it anymore. She thought she looked weird. She tried to cover her body by putting the leg in, and then full sleeve shirt, and then she puts the uniform on.

Anaya explained her daughter's difficulties this way:

My daughter struggled with the physical education classes because of the type of clothes that she has to wear to cover her body since there will be boys. If she wore what her friends wore then it would not be modest enough for her, so it's like another thing that she had to worry about. She was debating if she should do that, if she should do something like a different course instead because she did not feel that she had enough options.

The experience of conflict between adhering to Islamic rule and participating in physical education classes, caused both mothers to describe their daughters as feeling “weird,” “different,” and “uncomfortable.” Because of these feelings, both daughters preferred to cease engaging in the school's physical activity classes.

Praying at schools. Muslims practice ritual prayer, Salah, at specific times throughout the day. The ritual requires lying on a mat and facing Mecca. Sufficient space is required for the

prayers' specific sequence of movements. Most mothers mentioned that their children cannot pray at school, because there was no space. Amira said that her children do not like to pray at school, because it makes them feel different from the other children. She added an anecdote that her son was once praying and some curious children asked what he was doing. He did not know how to respond, so she told him that this was a good opportunity to explain his religious practices. Zainab concurred and stated that her child's principal was supportive of her desire for her children to pray during school, but that they were uncomfortable and did not want to look "weird":

I went to the principal. I spoke to her and she was so nice... She told me that my kids are welcome to her office when it was time to pray, they can come and pray. Even I prayed a couple of times in her office... But my children don't want to pray because they think they will look weird. They don't want to look different than other students. Maybe they have fear that they never said to me, maybe they have a little fear, thinking or thoughts they are different than other and they don't want to be different than other.

Amira was also frustrated that there was not a particular space or time to pray in schools. She said:

The school is not supportive. They don't have a prayers time, so my kids can't pray in school and they feel like if they pray they would look strange because a student might question them what they are doing. My son actually told me once while he was praying, his friend said: "Wow, that's kind of cool. What exercise are you doing? Can we do it with you?" I told my son instead of you taking it the

wrong way or looking awkward, take it as a learning opportunity to teach others exactly what you are doing. You will all benefit.

Anaya expressed similar ideas. She said:

All my kids know that *Salah* [prayer] is important. You have to do prayer five times a day, but the first they didn't feel like comfortable going and asking the school to provide them with a space to do the prayer. And also, because if the children were yelling "Allah Akbar" and teasing for wearing a hijab. Then again if she did *Salah*, she would have to wear Hijab and then everyone would know that she is a Muslim and she did not want anyone to know.

Anaya moved her daughter to a local Catholic school in 2017, which, despite the differences between faiths, has allowed her daughter space to pray daily. She said:

They have a space for prayer. Any kid can use it, so she felt like more comfortable going and offering her prayers there. She felt like it is okay to be religious and to pray and she decided to wear hijab and all students and even the staff there were really supportive and they encouraged her and that helped a lot, for her.

Many of the mothers expressed a desire for administrators to make changes so that their children could be part of a more supportive environment.

Question 2 Themes Analysis

Nurturing (N)

Nurturing was coded N in the *Research Question 2 Themes* data collection and data analysis phase of this study. See Table 5, *Research Question 2 Themes*, p. 66. It was reported by all seven participants. For specific examples, see Table 4, *Illustrative Quotations for Research*

Question 2, p. 65. In Muslim families, the mother figures set the cultural tone. They are viewed as the force that completes the family physically, mentally, and emotionally (Beitin, Allen, & Bekheet, 2010; Oh, 2010). Mothers in Islam take on the responsibility of teaching their children the Islamic rules and how to follow tradition, to value honesty, to practice kindness, and to be a positive member of society (Crosnoe & Cavanagh 2010; Ibn'Asakir, 1954). Muslims believe that mothers, through their deeds toward their children, will be rewarded in the afterlife for their sacrifices, making the relationship between mothers and their children in this study a central, sacred element in order to mediate the challenges facing their children.

Most mothers stressed the importance of fulfilling their role as mother and family educator. This was consistent with the Islamic belief that mothers should listen, discuss, and understand the needs of their children. It was clear from the mothers' perspectives that having a good relationship between the mother and the child is important in order to assist in educating their children about the Islamic rules and in supporting them culturally. Amal perhaps put it best when she said:

I think what I did do to help my kids just be around them all the time. Be around them with everything. Make them feel like you are there for them. Like if they are 2 years old, be 2 years old. If they are 3 years old, be 3. Whatever their age, be their age. Make them feel like they are not alone. Make them feel that they are not alone and you are close to them.

Amira concurred when she stated that she tried to communicate with her children to strengthen their relationships, especially when her children faced cultural and religious conflicts:

My strategy is just to be there for them by talking, discussing, communicating. Just like I said whenever I see my kids are questioning or not happy of doing what everyone else doing. We sit, me and their father, and explain to them why we're doing this and tell them that the most important things is they do not have to change the way who they are to convince or to make other people like you. You always make sure people like you the way who you are, the way how you look. You do not have to change your beliefs, you don't have to change your goals to please others.

Similarly, Amina said:

I and my daughters have very open communication. At least, they tell me everything, everything that happens at school or outside of school like movies. By that I can advise them and direct them to the right way.

The mothers felt that by maintaining close relationships with their children by listening to them, talking with them, and educating them, they would foster a supportive climate that helping to avoid conflicts between the parents and children, as well as reducing the cultural conflict children were constantly facing.

The mothers did not focus solely on their relationship and communication with their children in order to educate them about Islam; they found others in the community that could also support and share their stories of faith and their beliefs. A couple of participants noted that attending mosque on Sundays was helpful to their social experience because their children could interact with other Muslim children. Anaya specifically noted that having a strong Sunday-school teacher at the mosque has helped her child become more comfortable in the U.S. Her daughter's faith became stronger and she started wearing hijab. Anaya said,

We started bringing them to the Sunday school which it's been a year and I have seen a drastic improvement, you know, a change in their personality like in the sense that they're like really comfortable with being a Muslim and they see other kids around them, like they're, you know, wearing hijab or, you know, they have the same issues and they're allowed to do the same things, are not allowed to do the same things, so they kind of like, you know, have this bond and saying OK we have— there are others in the world too, others are in U.S. they feel like more comfortable and, um, also I think it's the teacher too who's taking the class here in the Sunday school.

The sense from these women was that their children were feeling alone in their experience of faith while having to navigate social challenges in a school structure different from their cultural and religious norms. As intended, communicating with others on Sunday at the mosque enhances the children's Islamic education and reinforces their experience in the home.

Most of the mothers discussed some sort of American cultural activity they felt they had to deny their children because of their Muslim faith, and a common approach is to simply explain to their children the reasons why these decisions are being made. Zainab's daughter, for example, is 16 years old and at the age where many of her friends have begun dating, a practice prohibited in traditional Islamic communities. When Muslims get to know potential partners, they do so under the supervision of their parents, and it is common for engagements to be quick and shorter than in the U.S. Zainab reported that so far there haven't been any challenges, but she knows that it may become a problem later. Zainab believed that discussing the issue of dating with her children was important and helped them to understand the Islamic rules related to dating rituals. Zainab explained,

I tried to talk them “Okay, if you wanna try the cigarette, okay come back and momma will try it with you because I’ve never tried that.” So, same thing with okay, “If you wanna do the boyfriend or something, I never had, they knows me, you know, story. So, “whenever you are ready let me know.” And I’m ready to get married. She’s sixteen, so seventeen or eighteen, whenever she’s ready, so she can marry in the way our religion told us. So, I have never had a problem with that...

Zainab was also fortunate to have had some strong reinforcing examples that supported the conservative Islamic dating rituals. She said:

For example, one of her best friend, older brother and sister, they have a girlfriend and boyfriend in high school. So both have met and are having kids now, and they are good student, they cannot go to college, they cannot do anything because of kids. They have to be taking care of them. So, I was telling her the other day, I said, “See, I am feeling so bad for Maddie. If she would be able to go, she would be learn something girl, but now she has to be stuck with the kids. She cannot go; I’m feeling bad for her.” Even it’s not on religion purpose. She’s learning, okay it’s not good for their future too.

Anaya was less successful than Zainab in convincing her children, but still believed that it would work eventually. She stated that two of her children have accepted the Islamic dating rules, but the oldest refuses and plans to have a girlfriend someday. Anaya explained the rationale behind not dating, and she still believes that education and open communication with her children is the best approach:

All my kids asked me if they can have girl or boyfriends but we explained to them that's this is not allowed in Islam and we told them that they have the right to choose who they want to marry but they should not have girl or boyfriend. My oldest did not accept that but the other two did. I tried explaining but he still believes that it is okay to have girlfriend. We were never really able to convince him. Just making *dua* [prayer] and hoping Allah will put on his heart and guide him. I think if keeping the open communication between us would be very beneficial.

In Muslim practice, it becomes the job of immigrant mothers to guide and ensure an effective transition into a new culture. Conversations with their children help the mothers to coach, teach, and mediate the friction experienced in the culture outside their homes. In turn, mothers gain a richer understanding of the new culture through their children. So, it is not surprising some mentioned the importance of listening to their children to better understand the newness and differences between their culture of origin and that of the U.S.

Sharing Experiences. Three mothers made comments about the importance of sharing their own experiences and having open lines of communication with their children. They share experiences with their children to reinforce strategies for coping with cultural friction. Both Amal and Amina said that they shared personal experiences with their children to educate them about options they might choose to handle and resolve conflict. Amal noted:

I used to share with my kids my personal experiences before and after marriage to be sure that we trust and love each other and to have strong relationship. I always talk and talk with them, explain why we cannot do this and why we can do that. I like them to hear from me more than their friends.

Amina explained that she discussed with her daughter her reasons for wearing hijab (a headscarf) and told her that she herself wore a bandana during physical education classes in high school. She thought that sharing her personal experiences opened her daughter's eyes to things she had never thought about and provided her with alternatives. Sharing experiences between mothers and daughters may be common to all cultures. Here it illustrates a particular example of gender preparation in a specifically nurturing Islamic setting. The bandana, in her opinion, was an acceptable modification to stay within the spirit of the practice while still remaining modest.

Cultural Accommodation (CA)

Cultural Accommodation was coded CA in the *Research Question 2 Themes* data collection and data analysis phase of this study. It was reported by five of the seven participants. See Table 5, *Research Question 2 Themes*, p. 66.

A cultural accommodation is an independent act on the part of a mother to make a concession to the dominant culture that she believes is still acceptable within Islamic practice. The mothers used several cultural accommodations to assist their children in coping with cultural friction. At times, these mothers demonstrate creative, yet culturally appropriate alternatives, to uphold their religion. The misalignment between the Muslim community and the dominant U.S. systems has led to this cultural friction which they address by educating their children, but also by becoming more accommodating and making acceptable adaptations to their practices. For examples, see Table 4, *Illustrative Quotations for Research Question 2*, p. 65.

Going to public school presented the largest need for cultural accommodation because of the cultural differences relating to food, restrooms, mixed physical education classes, prayer time and space, and navigating language barriers. Due to the absence of halal food at school, all participants except Amal commented on the necessity of sending their children to school with

lunches prepared at home. Myra said that she feeds her child a big breakfast to help get him through the day. She packs lunches for him, Ayesha, Amina, and Zainab so they do not have to eat the school's food at all. This adjustment, while time consuming, helps to comply with Islamic rules and ensures the children are eating during the day.

Challenges with misalignment required mothers to develop accommodations to solve numerous problems, for example, dietary restrictions and meeting the religious needs of their children. Several mothers commented that their children were reluctant to eat because it meant they might need to use the restroom later in the day where they would be without water to cleanse themselves. Anaya demonstrated cultural accommodation by sending her children to school with wipes to use in the restroom. This approach was something that had worked for her and she hoped her children would follow suit, but the children worried that they would look "weird" carrying wipes. Instead of accepting an accommodation, or assimilating, her children opted to avoid the restroom entirely. Another mother, Myra, became so worried about her son's constipation at school that she consulted a doctor who said that the issue was likely something her child will grow out of.

These strategies for cultural accommodation within the system help children follow Islamic tradition regarding food and hygiene, but the social stigma relating to their differences presents challenges enforcing compliance. Some of the children in this study did not develop or accept accommodation strategies and continued to struggle with these issues.

In this study, cultural accommodation was important for the mothers too when it came to navigating language barriers within the public school. For example, Amira talked about how it was difficult for her at the beginning to understand the system since the school had only one

language, English. She discussed how that made her mission harder, particularly with her special needs daughter:

My daughter, with the special needs, and that was even harder for us and for her it's even like more different. And being I had challenges to understand the meetings in the school especially the individual educational plan (IEP) meetings. In the beginning my English wasn't that good. I'm like, "What they are talking about sitting in a meeting. Like that they don't have a copy of something in Arabic, in our language..." So I always like, in one point I was campaigning for like why IEP is not come out in different language. Why is just in English. This is a country of immigrants and here is many nationalities here... I did not get that enough support for that. How she will learn ... of course she will not learn like everyone else. It's all just about how they are going to provide the help she needs there, how they going to deliver the information she need in the classroom

Due to the initial difficulties that Amira faced early on with the public-school system, she began to volunteer and find others in the community who might help. For example, she developed friendships with other parents of children in the school to help her understand how to get the needs of her daughter met. Amira was able to use cultural accommodation strategies by taking these extra steps to help both her daughter and herself navigate the language barriers within the public-school system. Although these are strategic accommodations on the part of the mother, the goal is to benefit the child's well-being.

Acceptable Adaptations within Family Practices (AA)

Acceptable Adaptations within Family Practices was coded AA in the *Research Question 2 Themes* data collection and data analysis phase of this study. See Table 5, p. 66. It was reported by four of the seven participants. Mothers found some American classes, activities, and holidays inappropriate for their children. Several mothers decided to make adaptations to uphold their Islamic beliefs and simultaneously fulfill the intent behind the American activity. Mothers reported making acceptable adaptations to their practices in order to navigate the U.S. culture and to support their children's well-being. See Table 4, *Illustrative Quotations for Research Question 2*, p. 65.

In traditional Islamic countries girls and boys do not attend classes or even schools together. Mixed gender physical education classes are problematic for Muslim girls because they can become overheated in the traditional clothing that covers their bodies and hair. Instead of accommodating, the mothers in this study had to advise their daughters to adapt to the system. Zainab and Amina told their daughters to wear leggings and a long sleeve shirt to cover exposed skin and offered a bandana as an alternative to hijab (a headscarf), but these methods produced mixed results. Amina's daughter continued classes with the bandana, but Zainab's daughter quit her basketball team because boys were regularly in the gym when she was practicing and she didn't want to look "weird" being the only one with long pants on.

U.S. public schools do not provide space and time to pray or practice religious traditions. Muslim mothers with children in the public schools have difficulty having them adhering to *Salah* (five daily prayers) and practicing Ramadan in June. To adapt to the scheduling issues, three mothers told their children to make up the missed prayers when they returned home from

school. For Ramadan, Amina, whose child was old enough to begin fasting, told her to fast on weekends so that she wouldn't fall behind on school activities during the week.

In addition to prayer and fast adaptations, the mothers in this study also had to get creative when it comes to typical American holidays. Zainab said that instead of denying her children the fun of Halloween they did something fun as a family that was more in line with her beliefs. She explained:

We don't celebrate Halloween at all. So, that's the time that's kind of hard for me, because, uh, my kids like to get the candies. They want to do the, having fun with the fans and costumes and everything. So, that's the time that's kind of hard for me, I have to talk and explain to them, but thanks god my three kids understand me now a lot. Now, my thirteen-year-old...he really wants to be, attend a Halloween party. So, I did try my best...So thankfully he understand and after that he was a little sad at the time, but really next day we gave them treat because they understand. We brought them for dinner and then after that they had their favorite ice cream.

Zainab and Amina also noted the exclusion from activities, especially sleepovers, and found that their daughters understood the mother's perspective. Zainab's daughter was even able to stand up for her family's beliefs and explain to her peers why she could not participate. Both mothers wanted to resolve the conflict and keep their children happy so they offered to host the children instead of sending them away for sleepovers. Zainab explained:

Um, their friends used to come to my house, the older kids, they are used to coming to my house and having food with us and having everything. And my kids know, what they can have . . . They can come, play, they can do everything, I

never let them stay at night, sleep over or anything like that. . . . But, um, I tried to talk with them and tell them because I have family in Massachusetts all of my brothers and sisters and you know. Okay, that's your cousin, that's your parents. You're gonna go sleep over there. I will let you sleep over where mom can sleep. Talking with them nicely and give them other options and keep communicating with them is the best to have good relationship with them.

These adaptations help to mediate some conflicts as they arise, upholding Islamic beliefs and keeping their children happy. By making acceptable adaptations, the mothers can permit their children some participation in these activities and holidays, and the children can feel a bit less excluded or different.

Chapter Five – Discussion and Conclusion

Introduction

This chapter reviews and discusses the results of the study, beginning with a summary, the research purpose, and the research questions. Chapter four identified and introduced specific themes as found in the original data collection. This chapter examines these themes in light of relevant research relating to these particular areas of the mothers' concerns. The discussion and conclusions are aligned with the research questions and, again, they are reinforced by the literature where applicable and relevant. The chapter continues with a discussion of the implications of the findings and suggestions for both immigrant mothers as well as public servants for addressing the concerns the study has identified. The chapter ends with recommendations for future research into the lives and challenges facing Muslim American children.

Summary of the Study

Increasingly, Muslim immigrants have settled in the U.S. Some brought children with them, others now have children who are native-born, U.S citizens. As Muslims, they have unique social challenges and needs relative to their health and well-being as discussed in chapter two. According to Amri and Bemak (2013), in the post 9/11 climate, children in these families face many difficulties. While some difficulties are related to being immigrants some are special challenges encountered while trying to integrate their Muslim traditions and religion with the dominant culture. Research shows that some Muslim American children experience significant language barriers inhibiting social integration and emotional expression (Amri & Bemak, 2013). The findings in the current study were consistent with previous research (Amri & Bemak, 2013;

Hamzeh & Oliver, 2012; Li et al., 2014; Hodge et al., 2015) in that discrimination and its associated apprehension and fears, unintended ignorance regarding Islamic practices, cultural friction, and misalignment of organizational systems are perceived by Muslim mothers as factors affecting their children's overall health and wellness.

Data in the current research study revealed some of the challenges and stressors experienced by Muslim children in the northeastern U.S. as described by their mothers. In many ways the Muslim children seem torn between the dominant culture and Islam, and signs of discrimination, both intentional and unintentional, were reported by the mothers. The findings of the current study may help to inform parents, teachers, schools, doctors, and other professionals about ways in which the health and wellness of Muslim children can be better supported.

Purpose of the Study

The purpose of this qualitative study was to examine the context, circumstances, and social determinants of health for Muslim children in the northeastern U.S. through their mothers' perspectives. Moreover, it examined the strategies used by Muslim mothers to support their children's health and wellness. The study aimed to give voice to the unique challenges facing Muslim mothers and their children in order to improve educational opportunities, community integration, and public awareness.

Reasons and Benefits for Accommodation

Contemporary news accounts frequently address public resistance to accommodating Muslim immigrants (Bowman, 2006; Brian, 2017; Jaramillo, 2017; Matthae, 2002; Minemyer, 2017). One of the concerns expressed is that the United States should not bear the responsibility

of accommodating Muslim students because such accommodation would “swamp” the already scarce resources.

In general, American attitudes are driven by economic self-interest, prejudice and ethnocentrism, and the perception that immigrants do not readily accept American norms or American identity (Hainmueller & Hopkins, 2015). Regarding these conclusions of Hainmueller and Hopkins (2015), immigrants from Germany were identified as the most acceptable to native-born Americans, while those from predominantly Muslim countries were the least acceptable with Iraq ranking at the bottom. Native-born Americans often believe immigrants adopting the United States as their new home should immediately accept American ways.

The benefit of diversity in the classroom has been commented upon in the educational literature. Kurlaender (2006), for example, summarizes the benefits of diversity succinctly, “Overall, there are four broad categories of outcomes that have been associated with school racial/ethnic diversity: enhanced learning, long-term educational and occupational gains, increased social interaction, and improved attitudes and citizenship” (p. 80). The critical need for promoting wellness among Muslim children may be justified by considering the importance of immigrant children to the overall social fabric of the nation.

Accommodation has long been a feature of most immigrant groups. Catholic immigrants, for example, were greeted with negative reactions when they first arrived in large numbers in the mid-nineteenth century (Walch, 1984). This animosity, in fact, resulted in the creation of the Catholic school system as a response to the negative reaction to Catholic students in the public school system and to provide the immigrants with schools that permitted Catholic religious practices. However, once their integration was more accepted and the Protestant population felt less fearful of Catholic immigrants, and once individual Catholics achieved greater status among

the population, tensions eased. In fact, to cite one example, they eased to such an extent that the accommodation of the religious requirement that Catholics abstain from meat by providing meatless meals on Fridays is still in effect. It has been decades since abstaining from meat on Fridays was a religious requirement. Yet, most schools still don't serve meat on Friday, and many may not even realize the origin of this practice (Lazerson, 1977). There are, of course, additional complications accommodating the Muslim population due to stereotypes and misperceptions of Islam, especially after the September 11th attacks. Walch (1984) points out that Catholics at least were usually recognized as fellow Christians, and there were enough similarities of belief to build common ground.

This is not the case with Muslim immigrants. Even though religions are looking for commonalities upon which to build trust (Singh, 2010), this idea is not yet pervasive in the American public school system since the First Amendment, as discussed below, makes teachers sensitive to accusations of teaching religion in the public school. Nevertheless, Singh's (2010) research indicates the value of pursuing such trust-building, "In this world of diversity, social praxis can perhaps provide a way of interconnecting people and their theologies expressly for the sake of a more critical goal: peace" (p. 231). A benefit of accommodation, therefore, is that allowing Muslim practice would help teach inter-faith acceptance, if not commonalities, without making this a part of the curriculum.

Today, there are very good reasons to encourage accommodation of Muslims into the public school system. The Catholic experience provides a historical precedent that shows an advantage of learning from history. There are three reasons not only to tolerate this new wave of Muslim immigration, but to embrace it and, thereby, possibly avoid the mistakes of the past. To

fight the common American attitudes mentioned above, it is useful to address the attitudes on three levels: political, legal, and social.

From a political point of view, the most powerful argument for integrating the Muslim population would be the attitude promoted by Thomas Jefferson of the importance of an educated citizenry. As stated by Carpenter (2004) “It is virtually impossible to find a U.S. civics or government textbook that does not site Thomas Jefferson’s faith in a well-educated citizenry as the great defense against tyranny” (Carpenter, 2004, p. 140). Jefferson is not arguing only that all citizens should have an equal opportunity to receive an education, but that without an education, the people would not understand their individual value and their power within the democracy. To follow Jefferson’s reasoning, it might be dangerous to the democracy to miss the opportunity to educate immigrants in its political systems. The public schools have long been the most effective means of teaching the values of a democratic society. And as this study argues, being an accepted member of the population promotes the health and well-being of these students.

The second reason to support accommodating Muslim students in public schools is stated in the First Amendment of the Constitution. The “Establishment Clause” of the First Amendment forbids public institutions from doing anything that might promote a religion, but the same amendment includes the “Free Exercise Clause” which forbids any action that might restrict religious practice (U. S. Constitution).

Teachers cannot teach religion, but allowing religious practice promotes understanding. In 1995, President Clinton directed the Secretary of Education to provide every school with a statement of principles regarding the accommodation of religious practice within public schools (Riley, 1998). One of the principles reads, “Students can take part in individual and group prayer

during the school day. They can also pray in a ‘non-disruptive manner’ when they are not participating in school activities or are being taught” (p. 6). This is clear support for the allowance of Muslim prayer during the school day. Several other statements from the “Clinton Directive” also speak to Muslim concerns. Regarding student clothing, for example, the Secretary of Education’s letter states, “Schools may not discriminate against students who wear religious clothes or headcoverings” (Riley, 1998, p. 8). There have yet to be any rulings on the legality of the hijab in particular, however, and a negative ruling may come in the future. Currently, European law has not favored allowing the hijab but the U.S. shows greater tolerance and has the legitimate support of the First Amendment (Abdo, 2008).

The third reason in support of the importance of accommodating Muslim students in public schools is the social benefit such accommodation would bring to the society at large. First there is a movement in public school education to teach the value of a diverse society. Godwin, Ausbrooks, & Martinez (2001) made the interesting observation that merely having interethnic students in a traditional classroom did not necessarily improve student attitudes about what they called political tolerance. However, they did find that such interethnic student populations did have a positive effect when examined in the context of participation in extracurricular activities. They suggest more research is needed, but they assert “it may be that the greater ethnic diversity of public high schools will facilitate interethnic friendships in extracurricular activities and that these friendships will increase students’ political tolerance” (p. 546). Thus, the demonstration of accommodation in the classroom promotes the wellbeing of Muslim students and may promote an easing of societal tensions.

Finally, one of the most important roles of education is to prepare students for employment. Estimates of the future workforce point to a dramatic increase in diversity. The

importance of preparing students for that future should be evident. As already stated, immigrant numbers have increased: the number of Muslims has risen over the last 15 years and continues to rise (Amri & Bemak, 2013). The Pew Research Center projects that by 2050, Muslims will make up 2.1% of the U.S. population, compared to 1% in 2017 (Lipka, 2017). The future workplace will contain more children of immigrants who will exhibit behaviors or customs not currently recognized as American cultural norms.

This demographic change will require acceptance of a variety of cultural behaviors not common in a business setting in order to promote productive social workgroups. Stevens, Plaut, & Sanchez-Burks (2008) explain the value of accommodating diversity in the workplace, “The need to create organizational environments receptive to diversity is therefore greater than ever. We argue that workforce diversity—if approached in a way that maximizes inclusion and minimizes resistance—presents organizations with opportunities to create change that fosters the positive human potential of their employees” (p. 117). The recommendations in the present study would, therefore, help both native-born students and Muslim American students become accustomed to each other’s practices in ways that would help avoid misunderstandings in the workplace.

Summary and Discussion of the Major Findings

The seven participants for this study were from different countries with a variety of backgrounds. However, they shared the common characteristic of being Muslim women who came to the U.S. as immigrants, and who are mothers. The interviews provided insights and informed the study’s research questions: *What factors influence wellness in Muslim American children living in northeastern United States?* and, *How do Muslim mothers mediate the many*

challenges that impact wellness in order to support their children's well-being? Throughout the interviews, the mothers provided examples of the factors influencing their children's wellness. They also spoke of the ideas and strategies they employ to mediate their children's challenges. They spoke directly or indirectly about interpersonal and societal changes that could provide a supportive environment for their growing children.

Research Question 1:

What factors influence wellness in Muslim American children living in the northeastern United States?

The perspectives of mothers regarding the well-being of their Muslim children in the U.S. illustrated multiple factors ranging from personal awareness to public policy. Using the Ecological Model as a theoretical framework for a qualitative ethnographic study, the researcher examined factors identified from Muslim mothers' perspectives about their children's experiences. Originally, this model applied five levels of influence regarding factors that impact health: intrapersonal, interpersonal, institutional, community, and public policy (Gyurecik, Spink, Bray, Chad, & Kwan, 2006; Needham, Dwyer, Randal, & Heeney, 2007). (See Chapter 4, p. 49). In this study, the ecological model allowed the researcher to illustrate the factors that, directly or indirectly, negatively impact Muslim children's well-being. Because the ecological models are interrelated and have a dynamic relationship, i.e., change in one level affects the others, McLeroy, Bibeau, Steckler, and Glanz (1988) stressed the importance of viewing the individuals within their complete social context in order to understand the specific dynamic relationships or factors affecting them. Further supporting this research, Prilleltensky (2012) emphasized the importance of considering all levels of the ecological model as important elements of treatment and prevention perspectives. Moreover, Prilleltensky stated that wellness

may be achieved if justice and wellness exist simultaneously in all levels, but if wellness does not exist in one level it will negatively affect the others.

Ahmad (2012) also stressed the importance of including all aspects to recognize the factors that impact well-being among Muslims living in the U.S., for example: attitudes, sex, culture, knowledge, religion, institutional factors, community, and policies. The factors that impact Muslim children's wellness in the current study were: *cultural friction; discrimination; apprehension and fear; Americans' lack of awareness of Islam; and misalignment of organizational processes and systems*. Each is defined below.

Cultural Friction (CF)

Cultural Friction is a term used in this study to represent the tension immigrant Muslim mothers and their American children felt as they tried to integrate the dominant culture with the parents' culture of origin. It was reported by five of the seven participants. See Table 3, *Research Question 1 Themes*, p. 63.

Integration is a complex concept and many immigrants do not always fully adapt to the dominant culture, remaining on a spectrum between full acceptance and isolation within it (Amri & Bemak, 2015; McKelvy & Chatterjee, 2017). Sam and Berry's model of acculturation, cited by McKelvy and Chatterjee (2017), distinguishes the four strategies of acculturation into *assimilation, integration, separation, and marginalization*. *Assimilation* is totally adapting to the new culture and forsaking the culture of origin. *Integration* is maintaining the identity of the original culture and at the same time adapting to the dominant culture. *Separation* is maintaining the original identity and avoiding interaction with the dominant culture. And, finally, *marginalization* is being forced away from the cultural identity of origin, and at the same time avoiding interaction with the dominant culture (Berry, Phinney, Sam, & Vedder, 2006; McKelvy

& Chatterjee, 2017; Sam & Berry, 2010). In this study, cultural friction arose as a theme impacting the Muslim families trying to cope with the cultural differences they experience. As mentioned above (p. 35-36). Sam and Berry (2010) measure levels of acculturation not in terms of success, but rather in terms of the social and psychological satisfaction immigrants experience as they move through their personal adaptation process.

Public resistance to accommodating Muslim immigrants has been documented in current news accounts (Bowman, 2006; Brian, 2017; Jaramillo, 2017; Matthae, 2002; Minemyer, 2017). One of the concerns expressed is that Muslims are expected to assimilate into the dominant culture and that the United States should not accommodate Muslims. Native-born Americans often believe immigrants adopting the United States as their new home should immediately accept American ways (Hainmueller & Hopkins, 2015). In general, immigrants face more challenges in the U.S, and American-born Muslim children would find it easier to assimilate into mainstream culture. At school, American-born Muslim children generally are expected to assimilate into American cultural norms and this is where problems arise (Haque, 2004). Muslim children find themselves trying to meet family expectations while at the same time trying to meet the assimilation expectations of the larger society (Antonucci, Jackson, & Biggs, 2007). They experience difficulty defending their identity and mediating the dominant culture's demands to assimilate and follow the norms (Tindongan, 2011). This observation is supported by a study conducted by Stubbs and Sallee (2013) in which older students indicated an understanding that they need to behave in ways that fit into the culture without drawing unnecessary positive or negative attention from their peers; they did not expect accommodation.

According to Myers (2004), there are challenges related to assimilating process expected by the dominant culture. These challenges are closely associated with social and emotional well-

being in Muslim American youth. Clearly, mothers in this study remarked how their children experienced social pressure to do and to be otherwise, and how that contributed to identity challenges faced by their children. This has the potential to impact children's wellness as it limits their feeling of being entirely American or entirely Muslim even though these identities are not mutually exclusive. As mentioned above, acculturation is the framework by which satisfaction among Muslim American children might be assessed. Satisfaction leads to social and psychological wellness.

Six of the seven Muslim mothers in this study seem to be walking a fine line between upholding Islamic traditions and integrating into the dominant culture. Although they recognized the differences between the dominant culture and their culture of origin, all the Muslim mothers interviewed expected their children to conform to Islamic tradition. They understand that the dominant culture in the U.S. is different from that of their countries of origin and that, in their lives, the differences are most apparent in the public school system where their children spend much of their time.

Mothers voiced concern about the conflict between their religious practices and school culture. Specifically, most of the mothers in this study discussed some sort of American cultural activity or holiday, such as a school dance or Halloween celebration, that they felt they had to deny their children because of a perceived conflict with their Muslim faith. In addition, coed activities such as school dances represent another key interpersonal and institutional issue that impacts Muslim American children's daily lives. It was evident that cultural friction was experienced at many levels within a Muslim child's experience. Mothers in this study tried to preserve Islamic traditions and maintain their children's Muslim identity, which occasionally was upsetting to the children who felt they were unable to "fit in" with their peers. These

scenarios are problematic because the mothers felt they were placed in a position between the families' beliefs and what the children perceived as a social necessity. According to Sabry and Bruna (2007), Muslim children at schools are expected to follow religious practices that clash with their school culture or schedule. Tindongan (2011) states that the cultural friction Muslim children experience forces them to negotiate their identity.

The theme of cultural friction allowed the researcher to dig into the individual level within the ecological model. Williams (2010) explained, "ecological modeling offers insights into unpacking the individual...parenting experiences and their interactions between community and society" (p. 38). It was clear in this study that the family was the first step in socialization for these Muslim children. The mothers in this study explained that in order to preserve their practice of Islam they would not allow their children to participate in certain school activities. In turn, their children experience social pressures to participate and fit in.

Muslim students who experienced cultural friction have more psychological, emotional, and social difficulties (Ahmed et al., 2011). Cultural conflicts are more likely to occur as Muslim children find themselves trying to meet family expectations while at the same time trying to survive in the larger society's context (Antonucci, Jackson, & Biggs, 2007). Cultural conflict affects the intrapersonal, interpersonal, and institutional levels because of the traditional ways Muslim families are organized and their beliefs and customs are practiced.

Discrimination (D)

Discrimination was reported by five of the seven participants. See Table 3, *Research Question 1 Themes*, p. 63. Several women interviewed shared stories of their children experiencing religious discrimination. This discrimination took several forms, mainly as offensive comments and questions from peers. Two mothers told the story of their children being

told to “go back to your country,” and another mother mentioned her children’s peers had “screamed Allahu-Akbar” to intimidate and tease her child. According to the mothers, the misconceptions about Muslims appeared even inside the classrooms, which made the children fearful. From the mother’s perspective, this phenomenon affects the most crucial components of her child’s development, their sense of belonging, self-expression, and their feelings of safety. The interview discussions about religious discrimination are congruent with those discussed in the literature. Accounts of discrimination against Muslim students at public schools due to their clothing, religious practices, and values have been identified by Zine (2001) and Sinha and Uppal (2009). Many Americans unfairly link terrorism to Islam. Muslim people are often identified as scapegoats for terror at home (Hodge et al., 2015). Approximately 83% of the Muslim population reported experiencing racism and religious discrimination following the events of 9/11 (Sheridan, 2006).

Muslims are particularly vulnerable to discrimination because of their religion (Peters & Sijtsma, 2013). They have experienced hate crimes and discrimination because of their faith, and became the second highest group, after Jewish Americans, to report religiously-based hate crimes in the U.S. (Ansari, 2016; Rippy & Newman, 2006; Samari, Alcalá, & Sharif, 2018; Shah, 2011). And while other faiths have successfully freed their identities from stereotypical religious labeling, Muslims are still subjected to scrutiny, especially in the media (Shah, 2011). Muslims in the U.S. find themselves rejected due to either their ethnic or religious identities. In fact, this is related to American attitudes which driven by economic self-interest, prejudice and ethnocentrism, and the perception that immigrants do not readily accept American norms or American identity (Hainmueller & Hopkins, 2015). A study conducted by Welply 2018 showed how Muslim children's discourses of otherness manifested itself in discriminatory ways which

positioned Muslim children as the 'bad other.' The findings illustrate the intersectionality of discrimination experienced by Muslim children in school due to their religious practices, the cultural values of their countries of origin, and in some cases race. This study also offers a viewpoint on the role of multiculturalism in schools and the limitations of uncritical discourses of tolerance in fostering an understanding of difference and otherness.

As mentioned above, religious identity might be considered a major cause of discrimination. For example, under such circumstances, it has been emphasized that prejudice resulting in discrimination is more likely to be experienced by "those ethnic groups which remain culturally distinct" (Foroutan, 2011. P.328). This type of discrimination is most obvious among Muslim women who preserve their religious identity by wearing hijab, which make them as a distinguishable group in Western societies. It is anticipated that if there is a combination of two or more attributed characteristics causing discrimination (such as gender, ethnicity, religion, race, etc.), existing discrimination will be more severe (Foroutan, 2011). This was clear in this study, For Muslim girl students, the ability to hide their Muslim identity disappears at puberty because they daily wear hijab, a signal to the world that they are Muslim. The participants in this study emphasized how their children were exposed to religious discrimination. Only one mother mentioned the intersectionality of race as an additional factor of discrimination.

Research has explored the relationship between discrimination and negative outcomes in Muslims' behavior and well-being (Clark, Coleman, & Novak, 2004; Williams, Neighbors, & Jackson, 2003). A study conducted by Ahmad, Keating, and Tasai (2011) found that Muslim Americans who experienced discrimination are more likely to develop poor psychological outcomes. In this study, the mothers consistently reported that their children experienced discrimination in some form which was stressful for both the children and themselves. The

mothers were clear that this affected their children's psychological and spiritual wellness causing them to feel disconnected from peers, to be unable to express their true feelings to friends, to have difficulty in holding a positive outlook of life's circumstances, and to struggle to embrace their faith due to being negatively targeted as Muslims. In studies of discrimination theory and stigmatized groups, the quality of life for those who experience either subtle or overt discrimination is negatively impacted (Cuddy, Fiske, & Glick, 2007). The above demonstrates ecological complexity on an interpersonal level where religious commitment and cultural norms are sources of anxiety and tension between Muslims and non-Muslims.

Apprehension and Fear (A)

Apprehension and Fear were reported by six of the seven participants. See Table 3, *Research Question 1 Themes*, p. 63. Most of the children in this study were one of a few, if not the only, Muslim students at their schools. This dynamic coupled with both subtle and overt events of discrimination resulted in children experiencing long periods of apprehension. In these instances, apprehension is manifested as a feeling of fear due to a lack of shared characteristics among their peers. Two mothers stated that their children felt as though they were "foreigners" or "different" from their peers. This was true even for the native-born Muslim children. One mother mentioned how this feeling of apprehension prevents her daughter from wearing hijab because she does not want to look different or for others to know that she is Muslim.

Mothers reported that feelings of apprehension and lack of peer support were ameliorated through increased interaction with other Muslim children. The mothers who enrolled their children in Sunday school mentioned that apprehension decreased when the children could spend time and build relationships with Muslim peers who shared the same experiences, interests, and

faith. Mothers reported that the absence of religious or cultural peers in their children's daily school experience caused children to feel alone in navigating their faith.

A study by Garrett et al. (2009) on the impact of acculturation on high-school aged children from Native American families indicated that these children faced many barriers in public school, often exhibiting delinquent behaviors. These students were inclined to drop out in higher numbers than their more acculturated peers. The students faced cultural conflicts daily, which contributed to emotions such as anxiety, depression, isolation, stress, self-doubt, alienation, and rejection. The Garrett et al. (2009) study is comparable to the acculturation concerns faced by other groups, including Muslim immigrants. Although the Garrett (2009) study does not specifically mention apprehension, many mothers in this study spoke of their children expressing self-doubt, isolation, and a fear of rejection if they were to share their true identity as Muslims. Again, this is comparable to the experiences of the Native American students in the Garrett study. Garrett (2009) suggested that stigmatized children find a community of peers that support and understand their unique challenges in order to develop interpersonal support systems. Muslims that settle in urban areas closer to Muslim communities have been found to feel more connected than those in rural areas (Duran & Pipes, 2002). For the children and mothers in the current study, one such community is the Islamic center where the children gather for weekly Sunday school classes and spend time with Muslim friends of their own age.

Lack of Awareness of Islam (LA)

Lack of Awareness of Islam was reported by five of the seven participants. See Table 3, *Research Question 1 Themes*, p. 63. Most of the mothers mentioned that living in a community in which people do not know much about Islam results in confusion over values, religious

traditions, and clothing. According to Ali and Bagheri (2009), having knowledge about Muslim traditions helps schools to make accommodations in schedules, food, and infrastructure to support Muslim children. In the current study, mothers claimed that other students and teachers do not have basic knowledge of Islamic practices. Peers pose questions to Muslim girls who occasionally would wear hijab to school. The Muslim girls found these questions embarrassing. One mother said that when her daughter wore hijab for school pictures, other kids asked if they could borrow it for their Halloween costumes.

While many teachers would recognize that Catholic students might not be in school on Good Friday, or Jewish students might not attend on *Yom Kippur*, they may not be aware why Muslim students aren't in class on Islamic holidays such as *Eid al Fitir* or *Eid al Adha*, and they may not be as understanding of these absences. Also, U.S. public schools generally do not accommodate Muslim students who are fasting for the month of Ramadan. Students while fasting must meet the daily demands of a regular school day and its physical challenges (Ali & Bagheri, 2009). Two mothers in this study found Ramadan to be a big challenge because they had to explain the tradition of fasting to their children's teachers and administrators.

Several mothers stated that they wished their community in the U.S. knew more about Islam so their children would be better understood and their needs met. Mothers expressed frustration about having to constantly explain their faith and the reasons behind their practices. These findings were consistent with Amri and Bemak (2013) who found that when communities were understanding of religious barriers they were better able to develop appropriate accommodations. Once in practice, these accommodations made Muslim immigrants more comfortable accessing basic supports and seeking a higher quality of life. From the ecological model perspective, the individuals and communities equipped with knowledge are less likely to

perceive social stigma. However, in this study, the lack of awareness of Islam impacted Muslim children at the interpersonal and institutional levels.

Misalignment of Organizational Processes and Systems (M)

Misalignment of Organizational Processes and Systems was reported by five of the seven participants. See Table 3, *Research Question 1 Themes*, p. 63. The predominant misalignments identified in this study by the mothers were physical education classes, food at school, restroom hygiene, and praying at school. All the mothers interviewed indicated conflicts regarding school lunch menus, social events, facilities, prayer, and scheduling—all contributing to difficulties in devising solutions to work around these daily challenges. Many mothers felt that their children were underserved in school, as schedules, government food programs, and staff sometimes appeared unfamiliar with cultural or Islamic customs that mothers considered an essential part of their faith. The mothers in this study indicated that these misalignments impacted their children's overall wellness in a variety of ways.

Misalignment between cultures is compounded by the intersectionality of age and gender. At younger ages, children are somewhat able to hide their Muslim identity and blend in with their peers, but at puberty this becomes increasingly difficult. Of the mothers interviewed, those with pubescent children had more concerns about misalignment with the school system. Pubescent children are expected to more exactly follow Islamic laws as adults, especially with prayer, fasting, and modest dress such as hijab for women. It is at puberty when the differences between cultures are most pronounced and when Muslim children have more noticeable differences from their peers. In this study, the mothers of pubescent girls had the most to say about misalignment of dress codes, coed classes, and modesty while exercising. These issues were mentioned repeatedly in the interviews. A study from Australia also found that raising

Muslim pubescent girls in the West was more difficult (Hebbani, Obijiofor, & Bristed, 2012). For girls, the ability to hide their Muslim identity disappears at puberty because they daily wear hijab, a signal to the world that they are Muslim. Hebbani (2012) found that the norms of the dominant cultures and the mother's lack of familiarity with these norms made the mothers feel they were losing control of their children. This made the expectation of upholding Islamic traditions harder. As their children come of age and adopt behaviors expected of adult practitioners of Islam, this intersection between age, gender, and religion is difficult for Muslim families to cope with.

Services, policies, and systems within the U.S. public domain are regularly misaligned with the cultural expectations of the Islamic community. A school could be considered an entire social community or culture within its individual walls. Muslim students are a part of the school, and to make these children feel included, the school's infrastructure must be purposeful and inclusive. For students to feel they are part of that environment, schools must attempt to recognize and meet the children's needs to create positive academic achievement, attitudes, and outcomes (Khoury-Kassabri & Ben-Arieh, 2009). Accommodations could include special prayer space and time, modifications during Ramadan, availability of halal food, and girls-only physical education class offerings. Schools might also coach Muslim parents in how they can work within the system to identify and initiate acceptable accommodations.

There are several conceptual and physical boundaries that Muslim students encounter while in school that provide evidence for this misalignment (Khoury-Kassabri & Ben-Arieh, 2009):

Food at schools. Most mothers stated that they are sending their children to school with home lunches because of the lack of halal food at school. Some of the children questioned why

they could or could not eat school lunches; others preferred not to eat school lunches. One was asked if he were a terrorist for eating halal food. Being challenged for choosing to not eat certain foods was reported by the mothers as another subtle form of discrimination.

For Muslims, physical wellness has clear guidelines. These include eating approved foods and halal meat prepared according to Islamic tradition (Hodge, 2002). Some Muslims will not even eat food prepared by a non-Muslim because they are concerned about food being prepared properly. Additionally, pork is prohibited in Islam. According to the mothers interviewed, these dietary restrictions made it challenging for their children to find appropriate foods and adequate nutrition at school.

Restrooms at schools. Not only was the absence of appropriate food choices a concern for the mothers, but some reported that their children would not eat at school because they were uncomfortable using the school's restrooms which do not have a bidet or some other appropriate hygienic alternative. Muslim mothers consider the lack of a bidet in public restrooms an issue because Muslims need to cleanse themselves after using the restroom. Two mothers in this study reported that their children refused to use the restroom and developed severe constipation requiring medical care. Hamzeh and Oliver (2012) stated that even accommodating schools may still fail to truly meet the needs of these children with regard to physical wellness.

Physical education classes at schools. Four mothers of daughters in this study discussed challenges with regulating appropriate clothing for their daughters who had reached puberty, the time when most Muslim girls adopt more modest attire. This was particularly problematic in physical education classes due to cultural norms which have traditionally proscribed coed classes. Mothers experienced the strongest push-back from their daughters on this issue. As a result, many daughters did not participate in physical activity in order to avoid breaking with

cultural traditions. Some mothers relayed this as a factor impinging on their children's health and wellness. Conflicts relating to clothing and physical education classes were consistent with the findings of Hamzeh and Oliver (2012) who found girls engaging in the school's physical activities programs struggled to obtain parental permission because of the clothing used during these activities. Hamzeh and Oliver (2012) noted that U.S. public schools rarely offer separate facilities for girls and boys, and after-school teams often practice on opposite ends of the court or field from one another. More shockingly, there have been reports that Muslim students choosing not to wear their school's sport uniforms have been physically assaulted (Bell, 2003). According to Stoll (2011), Muslim students have been increasingly mistreated in locker rooms and on the playing fields since the 9/11 attacks.

Praying at schools. Many mothers stated that they would like their children to be able to pray at school, but the fact that there are no specific places to pray prevents this integral part of their religion. When the school does allow the children to pray, the children often choose not to because they fear appearing different from their peers. One mother mentioned that while her son was praying, curious children asked what he was doing and if it were an exercise. One mother explained that the Catholic school her child attends allows time and space for prayer, while public schools do not. Also reported was that in public school settings Muslim students must work around their class schedules to offer their prayers at the prescribed times.

These findings align with a study by Ali and Bagheri (2009) who found that the current infrastructure of school systems in the U.S. does not provide accommodations for its religiously diverse students. Moreover, to be able to honor the requests as expressed by the mothers in this study, administrators do not have a comprehensive understanding of the significance of prayers in light of Islamic principles.

Additionally, the link between spirituality and wellness has been identified in different studies (Roscoe, 2009). Jasperse, Ward, and Jose (2011) reported perceived discrimination was associated with lower levels of life satisfaction and an increase in symptoms of psychological distress among Muslim women who did not have access to spiritual practices. Prayers and a religious community are some of the protective factors that reduce depression, as well as assist in coping with discrimination and promoting wellness (Hodge et al., 2015). Spirituality may help Muslims American children cope with discrimination by helping them see events through a different lens, reducing distress, and allowing a proactive approach for assimilating to other cultures or geographic regions (Hodge et al., 2015). It was clear the mothers in the current study felt their children lacked the spiritual support system they would have had in their country of origin.

From the ecological model perspective, individuals are impacted by and have an impact on the systems within which they live. The most important part of the ecological model is to keep this comprehensive dynamic in mind when trying to understand human behavior (Ahmad, 2012). The ecological model provides support that more attention should be paid to meeting the needs of Muslims at all levels, including policy and community, and not just interpersonal and institutional. The ecological model supports the belief that a lack of support at all levels directly affects individual's most fundamental right to feel satisfied and safe (Ahmad, 2012).

These results impact the policy level of the ecological model. The ecological model describes the child as embedded within multiple levels of his or her environment. According to Yasui and Dishion (2007):

...this ecological theory is comprehensive in describing how various contexts can impact a child's development; however, when examining the developmental

pathways of ethnic minority youth, the model does not fully address the presence of cultural influences that permeate each contextual level and that stimulate the developmental path of the child. In the ecological model, culture is described as part of the macrosystem, and its influences are experienced through the interactions of other layers” (p. 138).

In the current study, the ecological model enabled the researcher to direct attention to broader political and environmental factors that impact intrapersonal and interpersonal characteristics of Muslim children. Considering the daily conflict, challenges, and stressors that Muslim children face in the dominant culture and how they react to it, the ecological model allowed the researcher to illustrate these factors and begin to develop a more comprehensive understanding of the complex interplay between the many challenges Muslim children faced and the influence that this exposure has on their well-being.

Research Question 2:

How do Muslim mothers mediate the many challenges that impact wellness in order to support their children’s well-being?

Given the current social climate, challenges, and conflicts, Muslim children often face challenges; they often see themselves as part of a marginalized group within the dominant culture (Tindongan, 2011). Due to cultural differences between home and school, Muslim students certainly face difficulties and recognize that they should seek ways to negotiate their situation. Parents expect their children to present themselves as proud Muslims as they go to school. However, many children face mockery and misunderstanding from peers, teachers, and administrators, which has only been fueled by misinformation and predetermined notions regarding Muslims due to misrepresentations from various media channels (Bonet, 2011; Lugg,

2004; Zaal, 2012). Going to school and having to negotiate the cultural conflicts is challenging for Muslim children in U.S. public schools. Yet, for a significant part of their day, Muslim students are expected to follow the cultural norms and rules of their school, causing an internal conflict for the children and placing stress on their parents.

Parenting practices can be defined as “a series of actions and interactions on the part of parents to promote the development of children” (Brooks, 2004, p. 5). Muslim immigrant women struggle to raise their children in a cultural context that is often not aligned with their own. Although all mothers experience difficulties raising their children, this task becomes increasingly complex in a foreign culture. Religion, for some individuals, is part of the identity that provides descriptions and reasons for some actions and behaviors and Muslim mothers’ standards regarding parenting are certainly influenced by religion (Maiter & George, 2003). Al-Jayyousi, Roy and Al-Salim (2014) conducted an extensive review of studies examining Muslim immigrant mothers and migration and described how Muslim mothers want to follow Islamic rule in raising their children but then may find it necessary to compromise by either incorporating biculturalism or assimilation.

Surprisingly, these choices can be very difficult for Muslim mothers as they try to navigate their religion within the dominant culture of the U.S. They are likely to perceive the claim that the U.S. promotes freedom of religion with some irony. While Islam demands high standards of mothers, there are undoubtedly some mothers who will struggle to connect with their children in all circumstances. Muslim mothers in this study have had to develop coping strategies to overcome their difficulties in order to support their children’s overall wellness, while at the same time attempting to uphold Islamic traditions. The first study to investigate parental perceptions was conducted by Chowdhury, Glenwick, and Mattson in 2015. It also

extends the literature on parental perception of child behavior issues. Strategies followed by mothers included seeking help from close nonprofessional sources, more communication with teachers at their children's schools, or imams at the mosque. They did not seek help from other community members or professional medical/mental health resources. The mothers may be unfamiliar with possible professional sources or mistrust sources other than their close nonprofessional network. Religiosity and acculturation are the two variables that determined the strategy the mothers followed. With respect to acculturation, mothers who have lived in the U.S. for a longer period of time were likely to be more aware of, and more comfortable seeking help from professional resources beyond their close nonprofessional and spiritual leader.

This study observed mothers developing a set of coping strategies including: learning to nurture in a foreign society (often through education and sharing experiences with other Muslim mothers), cultural accommodation, and making acceptable adaptations within family practices that still keep the spirit of Islam.

Nurturing (N)

Nurturing was a theme reported by all seven participants. See Table 5, *Research Question 2 Themes*, p. 66. In Muslim families, the mothers' role is very important as they teach their children Islamic rules and practices, support the family physically, mentally, and emotionally, build good relationship with their children, and understand their needs (Crosnoe & Cavanagh 2010). Her role in the family, as in most cultures, is unique, and it is the job of immigrant Muslim mothers to guide and ensure an effective transition into a new culture. Mothers in the Islamic tradition help their children in any way possible: sharing knowledge, giving assistance, or providing financial aid (Al-Jayyousi, Roy, & Al-Salim, 2014).

Most of the participants in this study indicated that they tried to teach their children by living and communicating Islamic traditions in everyday life. It was clear from the mother's perspective that open lines of communication needed to exist between the mother and the child in order to assist in educating their children about the Islamic rules and to support navigating the challenges that their children face in the dominant culture. Moreover, mothers stated that they maintained close relationships with their children by listening to them, talking with them, and sharing personal experiences to develop a supportive climate and to avoid conflicts.

Most of the mothers discussed instances of cultural friction that they often need to mediate in order to uphold Islamic traditions. Mothers reported that controversial issues emerged when discussing non-traditional holidays, sleepovers, school dances, and dating. The mothers seemed acutely aware of their role as described by Ahmed (2009) when he wrote that parents play a pivotal role in helping children navigate the complex emotional landscape of immigration. He said that without this parental support, children may become disoriented, feel rejected, or isolate themselves. Muslim children facing these challenges can be in a vulnerable position and are likely to develop psychological challenges such as anxiety and depression. Each of the mothers in this study mentioned some way she had to help her children differentiate between family beliefs and the beliefs of the dominant culture.

The mothers describe various ways they provided education for their children. One participant took her children to her country of origin to connect with extended family. She hoped her children would gain a sense of inclusivity and acceptance through an increased awareness and sense of belonging with other Muslim children and families—particularly extended family members. Other mothers noted the importance of sending their children to the Islamic center

where they have religious education classes, and where social connections with others of the same faith are supported.

In addition, Muslim mothers reported using shared experiences to both educate and relate to their children as a strategy to handle cultural friction. As Pink (2005) found, storytelling is an effective memory device which mothers used intuitively to connect with their children. The mothers in the current study emphasized the importance of sharing their own experiences to keep open lines of communication with their children and to reassure them that they are not alone. Stories assist in helping the children feel connected to their families, express their feelings, and develop a more positive perspective given their life circumstances. The strengthening of interpersonal relationships between mothers and their children help the children navigate difficult life questions and decisions.

Cultural Accommodation (CA)

Cultural Accommodation was a theme reported by five of the seven participants. See Table 5, *Research Question 2 Themes*, p. 66. Mothers in this study used a number of strategies to help their children accommodate culturally to get along on their own with minimal support from the schools or other non-Muslim agencies. They also reported about their own personal cultural accommodations in order to benefit their children. They believe that going to public school presented the largest need for cultural accommodation because of the cultural differences related to food, restrooms, coed classes, and prayer time and space. All participants commented on the necessity of sending their children to school with home lunches due to lack of halal food at school. This adjustment, while time consuming, helps to comply with Islamic rules and ensures their children are eating during the day to support their children's overall wellness. Moreover, several mothers demonstrated cultural accommodation within the American system by sending

their children to school with wipes to use in the restroom. These were key examples of navigating cultural and religious discrepancies at school.

These accommodations allow the children to follow Islamic tradition regarding food and hygiene, but the social stigma presented challenges getting their children to comply. Unfortunately, some of the children in this study did not develop or accept such accommodation strategies and continued to struggle with these issues.

In this study, cultural accommodation was essential for the mothers, too, when it came to navigating language barriers within the public school. One mother began to volunteer and tried to create friendships with other parents to better aid her daughter. These extra steps helped her navigate the language barriers within the public school system.

Although these are accommodation strategies on the part of the mother, the goal was to benefit the child's well-being by enhancing their academic environment and overall success in education. Cultural accommodation manifested in a number of ways on the part of the mothers in order to assist their children in navigating the cultural friction they faced in the dominant culture. At times, these mothers demonstrated creative, yet culturally appropriate alternatives to educate their children about ways to uphold their religion.

Acceptable Adaptation within Family Practices (AA)

Acceptable adaptations within family practices were reported by five of the seven participants. See Table 5, *Research Question 2 Themes*, p. 66. Several mothers in this study decided to make adaptations they considered minor enough to uphold their Islamic beliefs and simultaneously allow participation in activities that might otherwise have been problematic. The mothers in this study advised their daughters to adapt to the system. For example, some of the participants tell their daughters to wear leggings and long sleeve shirts to cover exposed

skin and offered a bandana as an alternative to hijab (a headscarf) when participating in physical education classes. A few mothers told their children to make up the missed prayers during the day when they returned home from school. In general, the mothers were creative in adapting to the typical American holidays and activities. For Halloween, they planned fun family activities more in line with their beliefs. As an alternative to sleepovers at non-Muslim homes, they offered to host the children at their own homes instead.

The findings of the current study accurately reflect a study by Roald (2001) who found that Muslim mothers realize that they are a part of a different culture and it is difficult to isolate their children from it. Within this new context, Muslim mothers display variety, flexibility, and adjustment regarding the values they can accept from the new culture. Some immigrant Muslim mothers may accept some values from the new culture but not the ones prohibited by Islam. The immigrant Muslim mothers have, on one hand, values attached to their religion and country of origin, and on the other hand, the values and the identity of the new culture. Finding an acceptable compromise between their religious and cultural priorities and the cultural norms of the dominant culture is the challenge the mothers faced.

In this study, these acceptable adaptations ameliorated the conflicts as they arose, and at the same time, upheld family beliefs and kept their children happy. Implementing these concessions helped the children not to feel excluded or different. By doing so, the mothers felt they were contributing to the overall wellness of their children.

Positionality

Given my personal and professional background, and my connections with Muslims throughout my local area, I understood the spectrum of cultures representing Muslim youth in

the U.S. and the challenges they faced as they navigated the dominant culture. Living in the U.S. with my family led me to seek a deeper understanding of how to effectively be a Muslim in the U.S. culture and examine the related research. I wanted to know what factors impacted Muslim well-being, and the role mothers have taken in support of their children. I was touched by this topic and I started my research. My children, and the children of this study's participants, are *third culture children*, the term for those who have spent most of their lives outside the parents' culture. In other words, the first culture is where the parents were originally from; the second culture is the dominant culture; the combination of the two creates a third culture (Melles & Schwartz, 2013). With my children growing up as third culture children, there are many things that we have adopted from our host culture (the U.S.) and many Islamic traditions that we feel we must maintain. The learning and development of third culture children is challenging and depends largely on how schools comprehend the original culture and identities of the students they serve (Dewaele & Oudenhoven, 2009).

"Tell me, what are the first things that come to mind when you think of Muslims?" It is a question that I have asked friends and colleagues on different occasions. Their responses usually included a combination of things such as, desert, terrorist, religion, Saudi Arabia, and women's subjugation. I saw various expressions of incomprehension when I tried to explain to them the difference between the stereotypes and the reality. I realized they did not know much about Islam. I came to the U.S. 12 years ago and gave birth to four children who are American citizens and who are attending American public schools. I identify as Muslim American, and I strive to maintain a noticeable Muslim identity. Although I have that fear of being isolated, I wear hijab because my parents held me to high Islamic standards. Today, I hold the same expectations for my four children; my husband and I are trying hard to help our children maintain their Islamic

identity. We educate them about Islamic traditions and they attend religious classes every Sunday at the local Islamic center where we also meet monthly for family and community social gatherings. In their unique situation as Muslim Americans in a predominantly non-Muslim society, I have been very sensitive to the heartfelt wishes of these Muslim mothers, and I respected their identity with Islam as a delicate matter that required nurturing from the earliest stages.

In an effort to maintain my children's Muslim connections, we travel to my home country and host visitors from home to expose my children to the larger Islamic culture in order to promote a positive Muslim experience. My oldest daughter just reached puberty, so I am striving to maintain her development as a Muslim youth who follows the Islamic traditions. In Islam, puberty is the point at which children are held responsible for religious standards. My daughter now must wear hijab, pray five times a day, and fast. Much of this is difficult for her as a student in the American public school system. As a mother I must help her maintain her Muslim identity as well as guide her to find accommodations at school.

I found it important to understand the demands on my children's school as well as the larger cultural system that would have an impact on them, especially after some incredible examples of bullying from their peers because they looked different. I felt lost in coping with this because I did not grow up here. One child told my daughter she would not be invited to her birthday party because she was "black." I didn't quite know what she meant by black or the larger cultural implications for this child's racism. If I had understood the meaning at the time, I would have been better able to deal with it, and to help my daughter understand her classmate's prejudice. My children adopted a coping mechanism of silence against their harassers because they did not want to be ridiculed. Sometimes it seemed that they just wanted to fit in and be

“normal.” My job as their mother was and is to help them fit in while simultaneously developing their unique Muslim identity. I do not want the conflicting feelings to take an emotional toll and lead them to poor academic or social achievement.

I wanted to guard against any bias in my study. As a Muslim mother, I felt deeply connected to my participants. I had to be careful while I was collecting my data, and not to ask questions that might lead participants to a particular response. Others have commented on the importance of considering positionality in research. Kim England in her article “Getting Personal: Reflexivity, Positionality, and Feminist Research” (1994) expresses this concern. She states, “. . . it is important to be more open and honest about research and the limitations and partial nature of that research. We need to locate ourselves in our work and to reflect on how our location influences the questions we ask, how we conduct our research, and how we write our research” (p. 251).

I was aware that my family’s experiences could affect the types of questions that were asked. I had to ensure that the process in which the information was gathered from my study was valid and reliable, free of these biases. During the interviews, I experienced a mixture of feelings ranging from empathy, compassion, surprise, and amazement. Still, I maintained neutrality and did not show my reactions, and at the same time, I learned a lot from the participants’ experiences. Interestingly, I was surprised to find that by comparison I had seemingly integrated into U.S. culture more than most of my participants. Prior to my study, I thought that I was very traditional and not particularly acculturated. After this study, however, I discovered the subtle differences that had developed in my own perspective. For example, I have no problem allowing my children to participate in American activities and holidays such as sleepovers and Halloween. Yet, many of the participants found objections to them on the grounds of religion. In terms of

acculturation theory (Berry, Phinney, Sam, & Vedder, 2006), I do not consider myself marginalized or separated. I believe myself to be further along on the scales of integration, but not assimilation.

Nevertheless, being Muslim was also an asset. Having attended the Islamic center since 2015, participants felt relatively at ease with me. The participants seemed comfortable disclosing their own experiences as they considered me a sympathetic interviewer. I observed the women maintained relaxed postures, and some even informed me that they thought I would understand their perspectives. They did not hesitate to tell me deeply personal stories about their children and their concerns. Based on this, I believe that it would be more difficult if a non-Muslim from the dominant culture or if a man had interviewed them. My Muslim identity and role as a mother helped to establish a trust that facilitated the mothers' openness, opening the path for transparency and helping me gather data from the participants.

After completing my research, the local Islamic center enlisted my support in cultivating and guiding youth and adolescent Muslim American identities in our area. The president of the Islamic center asked me to work with both children and families weekly, to address solutions to specific challenges such as bullying in public schools. The intent is to help the mothers gain a better understanding of the dominant culture, to discover options offered for their children in public schools, and to listen to the mothers' concerns as they guide their children to dutifully practice and develop their Muslim identities. It is clear from the research that children and parents need to be well informed to mitigate their experience of marginalization, and it has been rewarding that my work has given me this opportunity to serve them.

Recommendations

The mothers in this study identified areas where their children experienced challenges. Mothers had developed strategies to cope with these challenges but also desired more support from the school communities to bridge the gaps for their children and to mediate issues as they arose. Mothers indicated that a lack of knowledge of Islam and the diversity of Muslims living in the U.S. further alienates Muslim American children from the school system. This problem had an impact on many of the children and their mothers in this study and is reflective of findings in relevant literature (Kaya, 2007). It was clear from the perspective of the mothers that administrators and teachers lacked knowledge about Islamic traditions, and this prevented them from fully meeting the needs of the children, especially Islamic tradition regarding fasting, food, clothing, and physical education. Mothers in the study often had to adapt, to request special accommodations from the school, or to compromise their own belief system.

The schools sometimes lacked the necessary information to support Muslim children. And this study showed that Muslim parents developed strategies to help their children adapt and mediate their practices and values in order to navigate the U.S. culture and ensure their children's well-being. Several participants articulated that helping community members who may not have been exposed to Muslims before to better understand Islam was important for their children. They also emphasized the importance of educating school faculty and staff as well as other parents regarding Muslim practices. The dissonance experienced by Muslim mothers in this study illustrated that they are extremely concerned for their children's Muslim identities, and that they do not fully accept the American norms.

The following are recommendations on how to best support traditional Muslim American children in the U.S. school system. As it is likely that modifications to the system will take time

to evolve, the researcher begins with recommendations that will help the mothers and then propose recommendations to the policy makers in the larger community. This approach is based on the ecological model, which is a qualitative research model that aids in examining such multifaceted issues.

Recommendations for Families

The following recommendations, which have emerged from the interviews with Muslim mothers, may help future Muslim mothers. It was clear from the interviews that Muslim families must create strategies to help their children navigate the differences between the dominant culture and the culture of origin. According to Niyozoy and Pluim (2009), a teacher at a Toronto school encouraged Muslim parents to discuss their issues with teachers and to volunteer and participate in field trips so they can understand the context of the public-school system. As a result, the school's teachers have been able to win the parents' trust. Schools in Toronto ensure that Muslim parents understand the physical education curriculum so that they can come to an informed decision about co-educational activities and acceptable dress for gym.

The following recommendations are intended to help Muslim parents preemptively prepare for potential conflicts between their beliefs and the dominant U.S. culture. They build on the literature mentioned above and address the specific themes mothers identified during their interviews:

- 1) Attend parent-teacher conferences and become aware of the intentions behind traditions practiced in U.S. schools so that they can better determine what is in-line and out-of-line with their beliefs and open the door to better communication with the schools.

- 2) Set clear boundaries with their children that align with their beliefs and prepare explanations to help children better understand their belief structures.
- 3) Send children to school with halal food and appropriate hygienic supplies to cope with the misalignment of the school system and ensure that their children are eating a balanced diet and practicing good toilet habits.
- 4) Advocate for schools to provide appropriate food and restroom supplies.
- 5) Report to school officials any discrimination against their children by community members or other children. Be sure such reports result in a print or email paper trail.
- 6) Make acceptable adaptations in activities and practices to uphold Islamic beliefs and simultaneously fulfill the academic or extracurricular intention behind the activities.
- 7) Communicate with the school to determine what activities will be held and why, and ensure that the child meets the academic and social objectives of the activities without compromising their Islamic integrity.
- 8) Provide alternative activities for proposed activities that may conflict with beliefs.
 - a. For Halloween, parents can host alternative parties
 - b. For sleepovers, parents could propose hosting friends at home.
 - c. For prayer, allow children to make up the missed prayers after school while simultaneously looking for solutions with the school professionals.
 - d. For physical education classes, parents can equip their daughters with appropriate full coverage athletic gear. Additionally, they can look for solutions with the school professionals. As it is unlikely coed gym classes will be abolished, parents could look for independent study options for physical education.

- e. For fasting during Ramadan, parents can alert the school in advance and ensure that school professionals have been informed about the practice. Their children should seek religious exemption from physical education classes during that time and consider taking work home to complete. Parents should request an extension for any work or exams during that month as their child will likely lack their normal mental and physical capacity.

These recommendations can help new Muslim parents uphold their beliefs and ensure that their children's overall wellness is cared for. Increasing their understanding of U.S. customs can help them mediate and support their children through any friction that arises. Becoming more culturally accommodating and adapting to allow their children the needed social wellness was something most mothers in this study found helpful. These recommendations will increase the overall communication with the schools and improve their understanding of the Muslim family's needs.

Recommendations for School Professionals

School professionals need to be apprised of basic information regarding Islam to make Muslim American children and their parents feel welcome, engaged, and a part of the larger school community. The mothers in this study felt schools did not sufficiently understand gender relations, prayer needs, or Ramadan and other holidays. Schools construct and schedule events that promote the social norms based on dominant cultural preferences; however, parents of Muslim children in this study voiced that these cultural events were often the areas of most contention for them and their children. Other studies have shown that education professionals must involve Muslim children within the context of the schools and abandon the concept of the "other" in pursuit of inclusiveness.

There are multiple examples of Western teachers helping to accommodate their Muslim students' needs. A study conducted by Kassam (2007) showed that a high school English teacher was able to improve relationships by asking a Muslim girl to share her poem revealing her feelings of discrimination and Islamophobia. This sharing process and reflection made the Muslim student feel more a part of the class. Kassam practiced a multicultural perspective and involved the students' experiences and cultural contributions within the class to integrate them. Stark (2008) illustrates in his study how an American elementary school teacher who works with Muslim and Arab students encouraged the children to tell their stories to their classmates so that their voices were not silenced. Moreover, Norberg (2000) found success when accommodations were made for Muslim students in Sweden who did not want to undress or shower with their classmates and when the teachers "emphasized the importance of respecting the students' integrity" (p. 514). Niyozov (2010) recommends "teacher[s] try to reach their students, make connections, and befriend their students and their families to ensure their students feel safe, comfortable, and welcome" (p. 649).

Education professionals need to recognize the internal and external conflicts Muslim American students face in order to avoid the impact of "othering" on their overall wellness (Niyozo & Plum, 2009). Muslim American children who attend public schools, although perhaps born and raised in the U.S., are trained by their parents to think and act a bit differently from the dominant culture and need the supports of both their parents and their schools to navigate this complex dynamic. The following recommendations build on the literature mentioned above and address the specific themes mothers identified during their interviews:

Actions appropriate for school professional include:

- 1) Identify Muslim American students and become well-informed about their cultural and religious needs.
- 2) Inform the school administrators of Muslim American students' potential needs, and communicate with them about any systemic issues that may impede students' full inclusion in the school community.
- 3) Communicate regularly with the parents and seek out translators if needed to more deeply understand their concerns about U.S. traditions and cultural differences.
- 4) Develop rapport with the Muslim American student in order to elicit feedback about any possible cultural friction they may experience and to ensure that they are comfortable coming to you for help addressing challenges they may face.
- 5) Address "othering" if and when it occurs in the classroom. This could include any time words such as "us" or "them" are used in relation to cultural differences. Moreover, to overcome the concept of "other" in public schools, multicultural education needs to be embedded within school's curriculum at all grade levels.
- 6) Watch for misalignment with the school's culture, policies, or behaviors, and help Muslim students and parents find ways to adapt in order to achieve academic goals without infringing on religious beliefs or practices.
- 7) Develop a specific plan in collaboration with parents to address the needs of the Muslim American students and, whenever possible, ensure engagement and inclusion in cultural events.

Recommendations for School Administrators

Parents and teachers alone cannot address some of the cultural friction experienced by Muslim American students. Systemic policy-level issues trickle down and create

limitations that tie the hands of both parents and teachers in providing the best environment for their students. Schools need comprehensive information and guidance to promote greater understanding of the Muslim faith and the religious and cultural needs of Muslim children. Previous studies have shown that identifying these needs and creating proactive plans and guidelines for accommodating Muslim students within their schools can assist in helping the school create a more welcoming, diverse environment (Rich & Schachter, 2012). Thoughtful inclusion of Muslim students in the school community can help to eliminate undue discrimination and harmful student discourse, and can improve the acceptance of anyone deemed an “other,” Muslim or not. Niyozo & Pluim, 2009).

demonstrated that the Toronto District School Board accommodates for Muslim students in a variety of ways. They mandate that schools should provide space and time for daily prayer. They also excused absences from school for the two Muslim holidays: Eid-ul-Fitr, the end of Ramadan, and Eid-u-Adha, after the Hajj, and they also supported fasting during Ramadan. The Toronto District School Board also notes that in the Toronto schools, “food items containing ingredients derived from pork are clearly identified and vegetarian and Halal food are encouraged (p. 659). Moreover, the board encourages acceptance of Islamic dress, and the policies of the district have “clear consequences for harassment by intolerant peers” (p. 659). The school board is also aware of coed accommodations for Muslim students including student seating, group work, and parent meetings. The board has guidelines for physical education classes, dance, curriculum, and interactions on the school buses.

As Niyozov and Memon (2006) suggest, “public schools in Canada and elsewhere in the West have been making efforts to understand and accommodate the needs of Muslim students.

While these accommodations may be not as fully comprehensive, their structures not as permanent, nor their response as quick as religious parents, students and organizations would wish, it is important to acknowledge the progress and the system's willingness to accommodate (p. 660).”

These policy-level recommendations build on the literature mentioned above, address the specific themes mothers identified during their interviews, and address the unique needs of Muslim American students:

- 1) Become aware of the unique needs of Muslim American students. There is a general lack of knowledge regarding Islamic practices among their various ethnicities under the umbrella of Islam (Kaya, 2007). Principals and counselors should confer with Muslim parents to identify any specific needs their children may have.
- 2) Improve communication with Muslim parents by identifying and remedying any potential language barriers. Effective communication is imperative to develop rapport with both parents and students, to develop community buy-in, and to promote engagement. [One mother in this study was not provided an interpreter or any paperwork in her first language, which made navigating the special education process extremely challenging.] When appropriate, schools should seek opportunities to get translators for parents regarding any meeting about their children.
- 3) Make accommodations for Muslim students that assist them in fulfilling the obligations of their faith. These include the following:
 - a. Reexamine the dress code to ensure that there is no bias, either explicit or unintentional, against Muslim American students.

- b. Provide opportunities for physical education teachers to get professional development and become more aware of the needs of Muslim American female students. For example, if schools require shorts for physical education, the option of wearing sweatpants might be provided for all students, so the Muslim American girls will not stand out and they can participate in physical education classes.
- c. Discuss with parents the option of girls wearing a headband instead of hijab to decrease overheating. At the administration level, principals can also examine opportunities for independent physical education credits.
- d. Seek ways to accommodate Muslim prayers (Salah) during the school day so that Muslim children do not feel guilty for missing prayer and can support their spiritual wellness. Muslim children should pray five times every day, and one to two of those prayers typically occur during school hours.
 - i. Providing at least one or two short (5-7 minutes) prayer periods during school hours in a room that can accommodate children for this purpose will fulfill this religious obligation. Schools could use a secluded office or unused classroom, the nurse or counseling offices. Prayer times shift seasonally, those shifts are described below:
 - ii. Beginning in September their first prayer is before school and students only need one prayer at school around 1:00PM.
 - iii. From October until the beginning of March, there are two prayers during the school day. The prayers are between 11:00AM—12:00PM and again between 2:00PM—3:00PM.

- iv. In mid-March, prayers go back to the summer schedule, where students have one prayer at 1:00PM.

These prayer times conveniently fall around typical school lunch periods. Schools could look at options for students taking 5–7 minutes for prayer in a private room before returning to their academic classes. Students in higher grades could organize the schedules to have study halls during these times.

- e. Learn about halal dietary restrictions and communicate to parents information regarding the ingredients of lunches served at school, and work with their food services to include at least one menu item such as fish, vegetables, yogurt, or cheese that Muslim children can eat and enjoy alongside their classmates. This will likely make healthier food available for all students.
- f. Identify ways to support students during periods of fasting (Ramadan). Although fasting is not mandatory before puberty, younger children sometimes choose to follow their parents in fasting. Schools should be accommodating of children during this time by exempting them from physical education on religious grounds and allowing extended time on long-term assignments and the opportunities to make up tests. Provide a separate area for children who are fasting while the other children have snack or lunch, making it easier for fasting children. More broadly, however, schools need to have an awareness of why fasting occurs, so that they may be more supportive and understanding of this important “pillar of Islam.”
- g. Identify activities which are counter to Islamic beliefs and provide alternatives for Muslim students. Some Muslim families might have some hesitations regarding common holidays and activities in the U.S. such as Halloween or school dances.

Schools should become aware of which activities might be objectionable. If parents do not allow their children to participate, school professionals should be encouraged to offer alternatives. For example, instead of making Halloween masks in art class, students could just make masks, or if school dances are coed, schools could offer a chaperoned game night in another area of the school.

These recommendations are feasible, and according to Niyozov and Pluim (2009) some Western schools have started to integrate their Muslim student populations. In Canada, the York Region District School collaborated with local Muslim educators to make sure students felt safe, included, and welcomed in the schools. In the United States, textbook publishers are consulting with the Council for Islamic Education (Douglas & Shaikh, 2004) to ensure that there is more fairness and diversity in the curriculum. Niyozov and Pluim (2009) state that there has been

“some quantitative and qualitative improvement in the inclusion of Muslims’ historical and contemporary contributions and of students’ personal and communal experiences in the Western curricula and schools through critical constructivist, active texts, and pedagogies (p. 653).”

Limitations of the Study

While this study has provided helpful insights into the perception of mothers regarding the factors that impact Muslim American children’s well-being, generalizing the results of this study to all Muslim American children and mothers would be inappropriate due to the relatively small number of subjects. The experiences of Muslim families should also not be generalized. Countries of origin and the tradition of Muslims in the U.S. are diverse, and therefore, their experiences may depend on their ethnicity or race. Moreover, this regional study and its results

may vary depending on different geographic and cultural contexts. Lastly, Muslim experiences may be different depending on the Muslim populations existing in specific states, cities, and regions.

Areas for Further Research

The experience of Muslim American children in public school provides an opportunity for discussion regarding inclusive school environments and the gaps that exist between the cultures. It would be beneficial if a research study were conducted to compare the experiences of Muslim American children attending public schools with Muslim American children attending American Islamic schools. Although no mothers in the present study disclosed any behavioral issues their children face within the public school, reviewed literature revealed that immigrant children have elevated behavior issues, as well as increased dropout rates (Chowdhury, Glenwick, & Mattson, 2015; “High School Dropout Rates,” 2015; Schain, 2010). By providing guidance counseling services and student mentors who understand the diverse cultural needs of these students we could assist in identifying the cause of the behavioral issues and help create a more supportive environment.

Some research cited in the literature review (Chapter 2) indicated students of a minority group (e.g., Muslim-Americans, Native Americans, etc.) had higher rates of problematic behavioral incidents at school. Further research could explore if the factors impacting these results were due to the children being part of a minority group or due to another undiscovered factor. Pinpointing the reasoning behind increased negative behavioral incidents and increased dropout rates would not only affect the individual’s wellness, but it would improve the system and society in which these children are growing up.

Conclusion

Muslims families comprise a considerable amount of the population in the U.S. The Pew Research Center reported that there were 3.35 million Muslims in the U.S., while others estimate that there are closer to seven million (Amri & Bemak, 2013; Lipka, 2017). The number of Muslims has risen over the last 15 years and continues to rise (Amri & Bemak, 2013). Although the U.S. is the most diverse country in the world, and “the land of the free,” American history shows that many have been marginalized for being different. Native Americans, African Americans, Irish, Italians, and other ethnicities have been relegated as “other” at some point in history. Muslims across the U.S. have experienced hate crimes and discrimination because of their faith (Ansari, 2016; Samari, Alcalá, & Sharif, 2018; Shah, 2011). And while other faiths have successfully freed their identities from stereotypical religious labeling, Muslims are still subjected to scrutiny, especially in the media (Shah, 2011).

Such a heightening of xenophobic attitudes has affected Muslim families and their children in public schools. Muslim children are facing challenges with their relationships at schools. They experience difficulty defending their identity and mediating differences between the dominant culture and their culture of origin. These cultural differences make Muslim students face a hyphenated identity, hybridity, double consciousness, or a multiple negotiated identity (Tindongan, 2011). How Muslim students negotiate their identity as they participate in their school context positions them to either refrain from or foster their engagement in the schools’ context (Faircloth, 2012). These difficulties can take an enormous toll on their overall well-being.

The social climate of the U.S. changed after the 9/11 attacks. Numerous hate crimes against Muslim youth arose within the American public-school system after the war on terror

was declared, and after the increase of the media's attention on Islam (Zaal, 2012). Young women were threatened with suspension by school administrators for wearing hijab, while teachers and non-Muslim peers threatened Arab Americans with death, mocking attitudes, and physical violence (Bonet, 2011). To achieve change, U.S. systems should first identify and acknowledge that there are real institutional inequities for Muslim families and their children (Agosto & Karanxha, 2012). Only then can establishing and changing the system to accommodate Muslim American children occur to achieve equity within the school system (Agosto & Karanxha, 2012). Several researchers (Maira, 2004; Ibrahim & Dykeman, 2011; Mir, 2011) have made numerous suggestions for educational policy makers, administrators, faculty, and legislative bodies emphasizing the significance of meeting Muslim children's needs at schools to achieve equity. Understanding the experiences of Muslim American children in the U.S. system will enable policymakers, administrators, teachers, parents, and other professionals to grasp their needs and agree on solutions.

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Appendices

Appendix A: Dimensions of Wellness

Social Wellness

According to Hettler's (1980) definition, social wellness is the relation of individuals to others and to the environment. It comprises the individual's contribution to the general welfare of the community and environment. Wellness also constitutes the degree and quality of relationships with others and with nature. Hettler considered individual's socially well when their relationships are in balance and when they use effective communication to integrate with others in the community and the environment, taking into consideration respect and collaboration, including in sexual relations. Like Hettler (1980), Leafgren (1990) also described social wellness as contributing to common welfare and interdependence with others and with nature.

Later researchers expanded and confirmed the definitions of social wellness developed by Hettler (1980). Parallel to Hettler's definition, Renger et al. (2000) reinforced the elements of contribution to community and interaction with the environment. Adams et al. (1997) and Renger et al. (2000) more strongly emphasized the interaction with individuals. They stated that social wellness is the level to which individuals interact with others and are able to express feelings, needs, and thoughts. The essential concepts in their model are support, fulfillment, and intimate connection.

Cruse et al. (1992) described social wellness as the quality of an individual's previous important relationships and the extent of their present social network. Furthermore, Cruse et al. (1992) included relational styles and trends as well as individuals' feelings about relationships in their definition; this inclusion made their findings more subjective. Lastly, Durlak (2000) charted

social wellness aptitude as a person's level of being accepted by peers, one's selflessness, and one's connections with others. Durlak also charted social skills such as communication, firmness, confidence, and conflict resolution. Durlak outlined the problems hampering social wellness as "peer rejection, social isolation, social anxiety, and violence/delinquency" (pp. 221–241).

In her examination of social wellness assessments, Roscoe (2009) surmised that social wellness involves the quality and degree of communication with others, as well as the interdependence between other people, community, and nature. Moreover, she concluded that social wellness includes specific skills that enable individuals to express through personal communication their feelings, ideas, views, and needs. Social wellness also emphasizes respectful exchanges of support and feedback to gain balanced relationships in an ever-evolving movement toward the incorporation of the individual into the community and into nature.

Emotional Wellness

In a foundational definition of emotional wellness, Hettler (1980) described wellness as a holistic and growing process of awareness, emotion management and expression, accurate self-assessment, and a positive outlook or growth mindset. He stated that emotional wellness is the awareness and appreciation that feelings are complex and varied. Emotionally well individuals can effectively express, control, and incorporate their diverse feelings. Hettler (1980) distinguished between social and emotional wellness, stating that emotionally well individuals function independently; at the same time, they are interdependent, not dependent, in their relationships.

Hettler's (1980) early study was confirmed by later studies conducted by Leafgren (1990), Crose (1992), Adams et al. (1997), and Renger et al. (2000) who also emphasized accurate self-

assessment. Adams et al. (1997) used terms like self-concept, self-esteem, self-valuing, positive self-regard, and security of identity. Renger et al. (2000) examined both positive and negative spectrums of emotional wellness, including anxiety and depression as well as enjoyment and satisfaction. Leafgren (1990) and Crose (1992) modified Hettler's assessments slightly. Leafgren (1992) added the importance of one's ability to cope with stress in order to be emotionally well. Crose (1992) expanded on Hettler's (1980) theories by including psychiatric history and medications in the assessment of emotional wellness. Researchers consistently define emotional wellness as an individual's self-view and self-valuing, ability to cope, flexibility, and emotional independence. Emotional wellness includes the appreciation and control of one's emotions, as well as a positive self-regard and outlook on life.

Physical Wellness

Hettler (1980) understood physical wellness as the degree to which individuals can maintain and improve their physical self-care, activity level, and nutritional needs through healthy diets and use of medical services and illness prevention. Like Hettler (1980), Renger et al. (2000) and Leafgren (1990) defined physical wellness as a physical self-care, healthy diets, and activity levels, and they included the importance of medical services. Moreover, Leafgren (1990) cautioned against the use of tobacco, drugs, and the over-consumption of alcohol. Crose et al. (1992) added medical history and medications, body image and awareness, eating behaviors and workout, and viewpoints on physical fitness and health care. In his later work, Durlak (2000) divided his definition into two distinct areas: physical and behavioral. The first included measurable biological indicators such as muscle tone, cholesterol level, and blood pressure. The second focused on healthy behaviors such as eating habits and exercise levels.

In 1997, Adams et al. stated a more subjective definition of physical wellness and identified

it as the perception and self-evaluation of physical wellness. Adams et al. did not discuss wellness in behavioral measures; these researchers considered wellness as perceptual. This definition failed to give any objective measurement of physical health.

In conclusion, physical wellness can be achieved through maintaining healthy lifestyle choices, exercising, and maintaining a healthy diet. It also includes the self-perception and expectation of an individual's state as well as the self-awareness and acceptance of one's self-image. Furthermore, avoiding tobacco, drugs, and alcohol is an important aspect of physical wellness.

Intellectual Wellness

According to Hettler (1980), intellectual wellness is the degree to which an individual can involve his or her mind in creative and stimulating activities; it is also the ability to use resources to expand one's knowledge. Hettler's definition emphasized critical thinking to achieve a more enriching life and to become a life-long learner. Leafgren (1990) confirmed Hettler's definition; he focused on creative and stimulating activities, and the importance of using resources to expand individual knowledge. He also mentioned that stimulation can be achieved through many activities such as reading, travelling, and involvement in cultural occasions. Later in 1992, Crose et al. defined intellectual wellness as one's achieved educational level, mental health, learning style, and feeling towards learning.

Adams et al. (1997) agreed with Hettler (1980) and others that intellectual wellness is rooted in creative and stimulating activities, but added a subjective element, explaining that stimulation can vary from person to person; therefore, stimulation is relative and perceptual. Renger et al. (2000) endorsed Adams et al. (1997) in the idea that stimulation is perception, and they defined intellectual wellness as personal growth through one's achievements, orientation, education, and

creativity. He also affirmed Leafgren's (1990) idea when he focused on cultural events and sharing knowledge in order to expand knowledge and achieve personal growth. Additionally, Renger et al. stated the importance of expanding an individual's understanding of the local and global world. Durlak (2000) stressed the adjustment of the academic field through skills and capability development. He considered underachievement, test anxiety, and dropping out of school as problem areas.

Spiritual Wellness

According to Hettler (1980), spiritual wellness is achieved when an individual is in harmony with their objectives and actions. Spirituality enables people to have meaning and purpose in their existence and to understand their place in the world. Moreover, spiritual wellness is the acceptance and awe the vast expanse of the universe inspires. Spiritual wellness also explores one's value system and concentrates on interpersonal relations with others. Adams et al. (1997) considered spiritual wellness as responsible for understanding and incorporating the power that unifies body and mind. Furthermore, it is the positive insight of meaning and purpose in one's life. Adams, Bezner, Drabbs, Zambarano, and Steinhardt (2000) expand the definition of spiritual wellness, stressing the fact that individuals can have a sense of meaning and purpose in life through connectivity to the ego, to one's surroundings, to a higher power, and to the interconnectedness of humanity. Additionally, Adams et al. believed that positivity can enhance one's connection to the world and improve one's perception of spiritual wellness. Renger et al. (2000) corroborated the above definitions; he affirmed the importance of the relation between individuals, others, and the universe, and the development of one's identity as related to others and the universe, as well as seeking the meaning and purpose of life.

Numerous researchers have provided conceptualizations of spiritual wellness. For example,

Leafgren (1990) stated that immersion in religious groups provides values and ethics through other people or through nature. Crose et al. (1992) explored beliefs about death and feelings about interconnectedness in the definition of spiritual wellness. Additionally, Ingersoll (1994, 1998) and Westgate (1996) defined spiritual wellness holistically. Ingersoll (1998) captured the many features of the definition of spirituality by identifying 10 differing dimensions. Similarly, Westgate (1996) used four dimensions: meaning in life, intrinsic values, transcendence, and spiritual community.

Spiritual wellness, spiritual well-being (Ellison, 1983), and spiritual health (Banks, 1980; Bensley, 1991; Eberst, 1984) are clearly defined in the literature. Spiritual wellness is a continual process that allows people to have meaning and purpose in their lives through relations with a higher power, others, community, and the universe. Moreover, it is the development of personal values and ethics that impact individuals' relations.

Psychological Wellness

The Adams et al. (1997) wellness model is the only model that includes the psychological dimension. Adams defined psychological wellness as believing that good things will ultimately come from life events. Reviewing the other wellness models made it clear that psychological and emotional wellness are similar. Hettler (1980) described emotional wellness as the holistic and growing process of awareness, emotion management and expression, accurate self-assessment, and a positive outlook or growth mindset. He stated that emotional wellness is the awareness and appreciation that feelings are complex and varied. Emotionally well individuals can effectively express, control, and incorporate their diverse feelings, which is very similar to Adams et al. (1997) definition of psychological wellness. Moreover, Leafgren (1990) and Renger et al. (2000) said that emotional wellness includes optimism and positivity, and this is also similar to the

Adams et al. (1997) definition, further demonstrating the close relation between features of psychological wellness and emotional wellness.

Occupational Wellness

Hettler (1980) integrated occupational wellness in his theory of wellness, while Adams et al. (1997) and Renger et al. (2000) did not. According to Hettler (1980), occupational wellness is the degree of fulfillment and engagement individuals gain from their work. It is also the expression of an individual's values that can be achieved through his or her occupation. Additionally, occupational wellness is the balance between occupational and other obligations through one's distinctive talents and capacities as they might be achieved in satisfying and significant ways within the community through volunteer or paid work.

Leafgren (1990) discussed occupational wellness as one's feeling about work and the degree of satisfaction and enrichment that person achieves during work. Likewise, the Crose et al. (1992) definition was comprised of one's view toward work and relaxation time, as well as balance between careers, hobbies and leisure activities, and occupational goals. In summary, occupational wellness is striking a balance between work and personal life, including vocational and leisure activities. This seems simple while the other dimensions seem more complex.

Environmental Wellness

Hettler (1980) and Renger et al. (2000) were the only theorists to include environmental wellness in their wellness models. Both theorists discussed the importance of connecting through nature by protecting it, either through one's employment or in volunteer efforts. Hettler's model was deficient in highlighting the traditional environmental concerns like pollution, conservation, and preservation. Environmental wellness was defined by Renger et al. (2000) as a single and

broad dimension that considers people's mutual interaction with their surrounding environment—elements such as their houses, work, community, and nature, and how the environment influences them.

Environmental wellness is the recognition of individuals' impact on the environment as well as their balance between home and the surrounding life. Environmental wellness is the individual's relationship with community and nature, where the relationship between the environment and the individual are codependent.

Wellness as a term is Western and non-denominational in its practice, but the concepts have been incorporated into religious and philosophical practices around the world since the dawn of man. While these practices were, and sometimes are, less than scientific, threads of wellness ideologies can be tracked throughout history. Cultural practices of wellness may differ, leading to the necessity to study people who are caught in the overlap. Differences in environment may make it challenging for someone to adjust to a new environment, or to know how to serve a community, or how to respect nature when cultural practices are different and the natural world is so different from their place of origin. Especially for religious migrants, immersion in a community that practices spiritual wellness differently may create challenges for the frequency or quality of devotional practices. Social and cultural differences may also play a role when someone's culture of origin is vastly different from the community they find themselves immersed in. As a result, Muslim immigrants to the U.S. may provide a fascinating case study in wellness from an intercultural perspective.

Appendix B: Interview Guidelines

1. The researcher will prepare for the semi-structured interview by having the list of interview questions in writing and a script of the introduction and the interview steps. See Appendix C. The researcher will make sure that proper consent is acquired before the start of the interview. See Appendix D.
2. The researcher will spend time at the beginning of the interview discussing who they are, the purpose of the study, and the importance of the study. At this time, the researcher will discuss with the participant that the interview will be recorded and held in restrict confidence.
3. This researcher will start the interview with asking background questions of the participants in order to assist in building rapport and a comfortable environment.
4. The researcher will ask open-ended questions that allow the interviewee to speak freely about the topic. This researcher will use clarifying questions after the interviewee completes a response, if needed.
5. At the end of the interview, this researcher will ask the interviewee if they have anything else they would like to add and thank them for their time and trust.
6. Immediately after the interview, this researcher will review the audio tapes to ensure proper recording, and finish writing up notes.

Appendix C: Interview Script and Questions

Hello, I am Suzan Al Abidi, I want to thank you for your participation in the study. I would like to review the informed consent with you to ensure that you understand the conditions of this study. I want you to be assured that whatever you say in this recorded interview will be kept completely confidential and your name will not be connected with the data in any way. You can skip any question you do not want to answer and are free to stop anytime. Do you have any questions? May I now start the recording?

(Recording starts here).

Do I have your consent to record this interview?

This interview is going to ask you questions about your children's experiences in the U.S. and how these experiences have impacted their well-being and/or wellness. To help this discussion, I will share with you the definition of well-being, which is "the state of being healthy, comfortable, or happy" and the definition of wellness, which is "is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

Questions:

- 1) How long have you been in the U.S.?
- 2) From where did you immigrate?
- 3) How many children do you have?
- 4) What are their ages?
- 5) Can you tell me briefly about a funny experience that you have had with your children in the U.S.?
- 6) What are some factors your children have faced in the U.S. that you feel have impacted their well-being?
- 7) What strategies have you used to support your children' well-being?
- 8) Is there anything else that you would like to tell me about you and your children's experiences?

Clarifying questions:

- Can you give me an example?
- Can you explain it to me?
- Tell me more about that.

Appendix D: Informed Consent Form

INFORMED CONSENT FORM – CONSENT TO PARTICIPATE VOLUNTARILY IN A RESEARCH INVESTIGATION PLYMOUTH STATE UNIVERSITY

INVESTIGATOR: Suzan Alabidi, CAGS

STUDY TITLE: A Mother's Perspective: Factors Influencing the Well-being/wellness of Muslim American Children in the Northeastern U.S.

DESCRIPTION OF THE STUDY

The aim of this study is to learn about factors that influence wellness/well-being among Muslim children from the mothers' point of view. This information will be kept private. It will be used by the researcher to examine the experiences of immigrant mothers regarding their children. All adult, female, Muslim mothers will be given the opportunity to be in this study and be interviewed. There will be no costs or rewards for being in this study.

RISKS AND DISCOMFORTS

As a participant in this study, I may at times feel uncomfortable with the interview questions being asked. I am free to skip any questions I do not wish to answer or end participation at any time. In addition to these risks, there may be other unknown risks, or risks that could not be anticipated, associated with being in this study.

Audio Recording

This study involves audio recordings of the interviews. The interview will be transcribed and analyzed by the researcher. Only the researcher and an outside transcriptionist will have access to these audio tapes. All the collected data will be kept private in a secure place. After five years from the date of the published report, all collected data related to this research study will be destroyed, with the exception of the consent forms. These consent forms will be kept indefinitely. By participating in the interview, I understand that I am giving permission to have my statements audio recorded during the interview.

BENEFITS

I understand that I may not benefit directly from being in this study. However, the information obtained through participation in this study will help to inform the social science about immigrants' experiences.

ALTERNATIVE PROCEDURES

The alternative procedure for this study would be to not participate and focus group if needed.

CONFIDENTIALITY

All documents and information pertaining to this research study will be kept confidential in accordance with all applicable federal, state, and local laws and regulations. I understand that data generated by the study may be reviewed by Plymouth State University's Institutional Review Board, which is the committee responsible for ensuring my welfare and rights as a research participant, to assure proper conduct of the study and compliance with university regulations. If

any presentations or publication result from this research, I will not be identified by name. To help protect confidentiality, no names will be used to identify any information collected for this study. Each participant will be assigned a study name to be used to store information including the recordings of the interview, our study notes, and any materials gathered. The study name will not be linked to my real name on any list kept by the researchers. We will store all research materials in a locked filing cabinet or on a secure server under the auspices of the researchers at Plymouth State University for no more than five years.

If a report or article is written about this study or the study data set is shared with others, there will be no way to directly identify me as a participant.

TERMINATION OF PARTICIPATION

Taking part in this research study is completely voluntary. I may choose not to take part at all. If I decide to be in this study, I may stop participating at any time. If I decide not to be in this study, or if I stop participating at any time, I won't be penalized or lose any benefits for which you otherwise qualify. If I choose to drop out of the study, I will contact the investigator and my research records will be destroyed. I understand that if the documents may include the anonymous survey which cannot be destroyed following submission of the survey.

The researchers retain the right to terminate the interview at any time should the situation or conditions become problematic, especially in terms of the confidentiality of the participants.

COMPENSATION

I will not receive payment for being in this study. Participation in this study is strictly voluntary. There will be no cost to me for participating in this research.

INJURY COMPENSATION

Neither Plymouth State University nor any government or other agency funding this research project will provide special services, free care, or compensation for any injuries resulting from this research. I understand that treatment for such injuries will be at my expense and/or paid through my medical plan.

QUESTIONS

All of my questions have been answered to my satisfaction and if I have further questions about this study, I may contact Suzan Alabidi at (603) 960-2572 or at salabidi@plymouth.edu. If I have any questions about the rights of research participants, I may call the Chairperson of the Plymouth State University's Institutional Review Board at 603-535-3221 (Valid until July 31, 2018).

VOLUNTARY PARTICIPATION

I understand that my participation in this study is entirely voluntary, and that refusal to participate will involve no penalty or loss of benefits to me. I am free to withdraw or refuse consent, or to discontinue my participation in this study at any time without penalty or consequence.

I voluntarily give my consent to participate in this research study. I understand that I will be given a copy of this consent form.

Signatures:

Participant's Name (Print)

Participant's Signature

Date

I, the undersigned, certify that to the best of my knowledge, the subject signing this consent form has had the study fully and carefully explained by me and have been given an opportunity to ask any questions regarding the nature, risks, and benefits of participation in this research study.

Suzan Alabidi CAGS
Investigator's Name (Print)

Investigator's Signature

Date

Plymouth State University's IRB has approved the solicitation of participants for the study until
Leave blank, date will be one year from IRB approval.

