

opción

Revista de Antropología, Ciencias de la Comunicación y de la Información, Filosofía,
Lingüística y Semiótica, Problemas del Desarrollo, la Ciencia y la Tecnología

Año 36, 2020, Especial N°

26

Revista de Ciencias Humanas y Sociales

ISSN 1012-1537/ ISSNe: 2477-9385

Depósito Legal pp 198402ZU45



Universidad del Zulia
Facultad Experimental de Ciencias
Departamento de Ciencias Humanas
Maracaibo - Venezuela

Factors influencing wellness/well-being among children from mothers' perspectives

Suzan al abidi

Al-Ain University, Faculty of education and social sciences. Abu Dhabi-
UAE

Mohammad Salman Al-Khaza'leh

Al-Ain University, Faculty of education and social sciences. Abu Dhabi-
UAE

Osama hekmat taani

Higher colleges of Technology

Abstract

This ethnographic research was conducted in to investigate factors influencing wellness/well-being among children from their mothers' perspectives. 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, themes emerged as research question: 1) factors impacting wellness/well-being (discrimination, cultural friction, apprehension and fear, lack of awareness of Islam, and misalignment of organizational processes. The study identifies its limitations and implications for future research.

Keywords: Children's health and well-being; Islamic culture.

Factores que influyen en el bienestar de los niños desde la perspectiva de las madres

Resumen

Esta investigación etnográfica se realizó para investigar los factores que influyen en el bienestar / bienestar de los niños desde la perspectiva de sus madres. Los datos se recopilaron mediante entrevistas semiestructuradas con siete madres musulmanas de diferentes países, observaciones y notas de campo. El modelo ecológico y la definición de bienestar de Hettler se utilizaron como marcos para comprender las experiencias de las madres musulmanas. Mediante el análisis temático, los temas surgieron como pregunta de investigación: 1) factores que afectan el bienestar / bienestar (discriminación, fricción cultural, aprensión y miedo, falta de conciencia del Islam y desalineación de los procesos organizacionales. El estudio identifica sus limitaciones e implicaciones para el futuro investigación. Entre los niños desde las perspectivas de las madres

Palabras clave: Salud y bienestar infantil; Cultura islámica.

1. INTRODUCTION

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.

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.

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).

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).

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 barrier to mental health counseling as well as a corresponding cultural mistrust of it among Muslim-American immigrants (AMRI & BEMAK, 2013).

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.

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). 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), 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.

2. METHODOLOGY

Qualitative ethnographic approach allows researchers to collect data in the participants' familiar environment such as school, work, or religious space. As described by CRESWELL (2014) participants should feel comfortable, and act naturally. It was an appropriate method for me to have chosen because it allowed me to achieve CRESWELL, (2014) suggestion about how the researcher could act as data collectors by learning about participants' life stories.

I 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.

I conducted face-to-face, individual, semi- structured, 45–60 minutes in length interviews in December of 2017. I interviewed seven Muslim mothers who currently attend an Islamic center in the northeast where this study was conducted. All participants were given pseudonyms. The women came from different countries around the world at different times. With one exception, all had earned degrees, bachelors, associates, or high school degrees from their country of origin. The interviews provided data that were unobservable—and understanding of the participants' stories and constructed world (PATTON, 2002).

| 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

I asked participants a series of prepared, open-ended questions allowing them to elaborate on answers and allowing me to ask clarifying questions. 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. 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. Verbal consent was secured and interviews were audio recorded. Immediately following each session, I prepared field notes and later reviewed the audio recordings.

A second source of data I used was naturalistic observation. JOHNSON and CHRISTENSEN (2014) defined naturalistic observation as “observation done in real-world settings” (p. 237). It allowed me to collect unnoticed or ignored data by people in the setting.

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

I wrote the notes written immediately after each interview following the suggestion by JOHNSON and CHRISTENSEN (2014) who 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). I 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.

A final source of data for this study was created during the data analysis process. I 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 me 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.

Women shared personal information about their children with me, I was humbled by their generosity given that I was known to most of these women. Among them, my status as a recognized one was an asset in that it allowed them to be more open. Mothers were kind and collaborative with their time and stories.

3. RESULTS and DISCUSSION

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. 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.

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 question: What factors influence wellness in Muslim American children living in northeastern United States? Throughout the interviews, the mothers provided examples of the factors influencing their children's wellness. They spoke directly or indirectly about interpersonal and societal changes that could provide a supportive environment for their growing children.

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 (GYURCSIK, SPINK, BRAY, CHAD, & KWAN, 2006). 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.

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.

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.

4. CONCLUSION

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.

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 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.

REFERENCES

- AHMED, S. R., KIA-KEATING, M., & TSAI, K. H. 2011. "A structural model of racial discrimination, acculturative stress, and cultural resources among Arab American adolescents". **American Journal of Community Psychology**, 48,181–192.
- AMRI, S., & BEMAK, F. 2013. "Behaviors of Muslim immigrants in the United States: Overcoming social stigma and cultural mistrust". **Journal of Muslim Mental Health**, 7(1), 43–63.
- ANTONUCCI, T. C., JACKSON, S., & BIGGS, S. 2007. "Intergenerational relations: Theory, research, and policy". **Journal of Social Issues**, 63, 679–693.
- BRITTO, P. R., & AMER, M. 2007. "An exploration of cultural identity patterns and the family context among Arab Muslim young adults in America". **Applied Developmental Science**, 11(3), 137–150.
- CARTER, R. B., & EL HINDI, A. E. 1999. "Counseling Muslim children in school settings". **Professional School Counseling**, 2(3), 183–188.
- CHOWDHURY, N. M., GLENWICK, D. S., & MATTSON, M. E. 2015. "Religious Muslim American mothers' perceptions of child behavior problems". **Journal of Muslim Mental Health**, 9(1), 25–40.
- CLARK, R., COLEMAN, A. P., & NOVAK, J. D. 2004. "Brief report: Initial psychometric properties of the everyday discrimination scale in black adolescents". **Journal of Adolescence**, 27, 363–368.
- CUDDY, A. J. C., FISKE, S. T, AND GLICK, P. 2007. "The BIAS map: Behaviors from intergroup affect and stereotypes". **Journal of Personality and Social Psychology**, 92, 631–648.

GYURCSIK, N. C., SPINK, K., BRAY, S. R., CHAD, K., & KWAN, M. 2006. "An ecologically based examination of barriers to physical activity in students from grade seven through first-year University". **Journal of Adolescent Health**, 38, 704–711.

HAMZEH, M. & OLIVER, K. L. 2012. "Because I am Muslim, I cannot wear a swimsuit: Muslim girls negotiate participation opportunities for physical activity." **Research Quarterly for Exercise and Sport**, 83, 330–339.

HODGE, D. R., ZAIDAN, T., & HUSAIN, A. 2015. "Developing a model of wellness among Muslims: Examining the role of spirituality". **British Journal of Social Work**, 46(6), 1671–1689.

JOHNSON, R. B., & CHRISTENSEN, L. B. 2014. **Educational research: Quantitative, qualitative, and mixed approaches** (5th Ed.). Washington, D.C.: Sage.

KISHI, K. 2016. "Anti-Muslim assaults reach 9/11-era levels, FBI data show". Retrieved from <http://www.pewresearch.org/fact-tank/2016/11/21/anti-muslim-assaults-reach-911-era-levels-fbi-data-show/>

KRAUSE, N. 2003. "Religious meaning and subjective well-being in late life". **The Journals of Gerontology: Series B, Psychological Sciences and Social Sciences**, 58(3), S160–70.

LI, C., ZAYED, K., MUAZZAM, A., LI, M., CHENG, J., & CHEN, A. 2015. "Motives for exercise in undergraduate Muslim women and men in Oman and Pakistan compared to the United States". **Sex roles. A journal of Research**, 72(1–2), 68–84.

LIPKA, M. 2017. "Muslims and Islam: Key findings in the U.S. and around the world". Retrieved on October 13, 2017 from

<http://www.pewresearch.org/fact-tank/2017/08/09/muslims-and-islam-key-findings-in-the-u-s-and-around-the-world/>

MCLEROY, K. R., BIBEAU, D., STECKLER, A., & GLANZ, K. 1988. "An ecological perspective on health promotion programs". **Health Education Quarterly**, 15, 351–577.

PATTON, M. Q. 2002. **Qualitative research & evaluation methods: Integrating theory and practice**. (4th Ed.). Thousand Oaks, CA: Sage.

Pew Research Center 2007. "Muslim Americans: Middle class and mostly mainstream". Retrieved from <http://www.pewresearch.org/files/old-assets/pdf/muslim-americans.pdf>.

PRILLELTENSKY, I. 2012. "Understanding, resisting, and overcoming oppression: Toward psychopolitical validity". **American Journal of Community Psychology**, 31, 195– 201.

ROSCOE, L. J. 2009. "Wellness: A review of theory and measurement for counselors". **Journal of Counseling & Development**, 87(2), 216-226.

SABRY, N., & BRUNA, K. 2007. "Learning from the experience of Muslim students in American schools: Towards a proactive model of school-community cooperation". **Multicultural Perspectives**. 9. 44-50.

SAMARI, G., ALCALÁ, H. E., & SHARIF, M. Z. 2018. "Islamophobia, health, and public health: A systematic literature review". **AJPH [American Journal of Public Health]**, 108(6), e1-e9.

SCHAIN, M. A. 2010. “Managing difference: Immigrant integration policy in France, Britain, and the United States”. **Social Research**, 77(1), 205–236.

SHERIDAN, L. P. 2006. “Islamophobia pre-and post-September 11th, 2001”. **Journal of Interpersonal Violence**, 21(3), 317–336.

TINDONGAN, C. W. 2011. “Negotiating Muslim youth identity in a post-9/11 world”. **The High School Journal**, 95(1), 72-87.

WILLIAMS, N. 2010. “Establishing the boundaries and building bridges: A literature review on ecological theory: Implications for research into the refugee parenting experience”. **Journal of Child Health Care**, 14(1), 35–51.

WILLIAMS, D. R., NEIGHBORS, H. W., & JACKSON, J. S. 2003. “Racial/ethnic discrimination and health: Findings from community studies”. **American Journal of Public Health**, 93, 200–208.



**UNIVERSIDAD
DEL ZULIA**

opción

Revista de Ciencias Humanas y Sociales

Año 36, N° 26, (2020)

Esta revista fue editada en formato digital por el personal de la Oficina de Publicaciones Científicas de la Facultad Experimental de Ciencias, Universidad del Zulia.

Maracaibo - Venezuela

www.luz.edu.ve

www.serbi.luz.edu.ve

produccioncientifica.luz.edu.ve