

Review Article Open Access

# Role of Ethnography in Exploring Mental Health Experiences of Female Muslim Immigrant Youths

#### Mahin Delara1,2\*

- <sup>1</sup>Children's Hospital Research Institute of Manitoba, Winnipeg, Canada
- <sup>2</sup>College of Human Ecology, Faculty of Health Sciences, University of Manitoba, Winnipeg, Canada

#### **Abstract**

Female Muslim immigrant youths are at a developmental stage of transition to adulthood and face many challenges in their identity transformation due to racism, migration status and gender role. They are members of a cultural group whose experiences of mental health are established through multiple contexts. Informed by different theoretical perspectives, the methodology of ethnography is introduced as an appropriate approach to explore female Muslim immigrant youths' mental health. This article also introduces critical ethnography as an appropriate design to examine critically the contextual and intersecting factors that influence female Muslim immigrant youths' experiences. The steps to conduct an ethnographic study on female Muslim immigrant youths are also listed. This paper finally mirrors strengths, limitations and challenges of ethnographic approach in research related to female Muslim immigrant youths.

**Keywords:** Female muslim immigrant youths; Ethnography; Critical ethnography; Critical theory; Paradigm; Mental health

#### Background

Youth is a developmental stage of transition to adulthood when personal identity is formed [1]. While the process of developmental tasks is difficult under the best of circumstances, immigrant youths face more challenges in their identity development due to their migration [2,3]. Caught between their own identity developments and adopting the new culture, they usually take on roles far beyond the capacity of their actual age and therefore have specific challenges and resiliencies in the post-immigration context [4]. Addressing these challenges in some studies have yielded to inconsistent results. For instance, Goodenow and Espin [5] reported that immigrant youths were successful in developing bicultural identities, whereas Kim [6] stated that immigrant youths in his study were confused between the new and old cultures. Although the acculturation process and identity development is difficult for all young migrants, female Muslim immigrant youths experience more challenges due to the central role of race, gender, and religion in their identity formation. In addition to the context of the new and old cultures that might devalue their status as women, female Muslim immigrant youths have to deal with racism as well [2]. Miles and Brown [7] defines racism as the process whereby groups are identified on the basis of some features including skin color, culture, religion, language or nationality. Thus racism is based on "power - the power to define, contain and neutralize an "other" [2]. In the case of female Muslim immigrant youths, racism thus differentiates them as subordinate individuals in an inferior position through a process where religious and cultural markers are devalued so that in this sense, they are racialized. They particularly experience personally mediated racism which refers to prejudice and discrimination, and is manifested as lack of respect, suspicion, devaluation, and dehumanization [8]. For instance, Muslims are viewed with suspicion following the political fall-out from 9/11 [9,10]. Their veils are also viewed as a typical example of Islamic fundamentalism, a form of oppression and a sign of resistance to Western imperialism [11-13]. In addition, Islamic culture is viewed as more traditional and patriarchal than Western culture and those female immigrant youths growing up in Islamic community have less opportunities for gender equity [14]. They also experience gender discrimination both in society and at home as they have more household responsibilities than boys and are given less freedom by their parents [14]. Furthermore, Muslim youths are often stigmatized as rebelling against their parental values and suffer identity crisis [15]. Leet-Otley [14] points out to another aspect of discrimination in the lives of female Muslim immigrant youths that they don't have any choice to take up an identity because they are exposed to specific identities within the dominant society. However, studies have revealed that racism, has profound impact on Muslim youths' perceptions of self and their cultural identity because they have to struggle to define meaning in self, their religion, way of life and community that consistently controls and dictates the portrayal of Islamic culture in a negative manner [16,17]. As a result of this racism, they are vulnerable to mental health problems. There is a large body of evidence indicating that experiencing any form of racism can lead to resignation, helplessness, alienation and lack of hope which in turn can deteriorate mental well being [8,9,18,19]. Notably, female Muslim immigrant youths are not a homogenous group. Some of them live in poverty, some have experienced violence pre-immigration, and others experience violence in their new home or a combination of these situations. As immigrants, they also experience some degree of uprooting, loss and separation [2]. Moreover, diverse nationalities and religious subgroups exist within their ethno cultural community. As a result, their identities, attitudes and experiences are established through multiple contexts. Accordingly, Collins and Gurrage [20] assert that women's experiences are shaped by a range of identities which intersect and change in different social contexts. Similar idea is shaped by O'Mahony et al. [21] that immigrant women's health care experiences occur within a cultural context and are influenced by factors such as social, political, historical, and economic differences.

\*Corresponding author: Mahin Delara, Children's Hospital Research Institute of Manitoba, Winnipeq, Canada, Tel: 001-204-480-1386; E-mail: delaram@myumanitoba.ca

Received June 25, 2016; Accepted September 22, 2016; Published September 28, 2016

Citation: Delara M (2016) Role of Ethnography in Exploring Mental Health Experiences of Female Muslim Immigrant Youths. J Ment Disord Treat 2: 127. doi:10.4172/2471-271X.1000127

**Copyright:** © 2016 Delara M. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

As such, it is crucial that mental health professionals consider female Muslim immigrant youths' unique experiences rather than focusing on their gender based commonalities. Therefore, intersectional analysis in the context of mental health involves examining how intersections of gender, race, culture, religion and other dimensions of difference influence female Muslim immigrant youths' mental health experiences. To explore these experiences and their influential factors, a qualitative research methodology is needed. This conceptual review suggests ethnographic inquiry as an appropriate approach for both exploring the mental health experiences of female Muslim immigrant youths and providing an analytic lens to view the impact of contextual factors in shaping their experiences. In next sections, different definitions of ethnography and culture will be discussed. Next, ethnographic methodological appropriateness and steps of ethnography to conduct research related to female Muslim immigrant youths, different paradigmatic approaches to ethnography and types of ethnography will be presented. Finally, strengths, limitations and challenges of ethnography will be listed.

#### **Defining Ethnography**

Ethnography is a qualitative design of inquiry which is based on the study of culture [22-25]. Ethnographers want to explore what knowledge individuals use to interpret experiences and their behaviors within the context of their culturally constituted environment [25]. Speziale and Carpenter [26] state that researchers use ethnographic methods to be informed about the meanings, organizations and interpretations of culture. In a similar vein, Wolf [25] asserts that ethnographers distinguish themselves by participating in the cultures of the people being studied. While Creswell [27] emphasizes the role of ethnography as the study of an entire cultural group with extended observations and presenting participants' perspectives, Quimby [28] de-emphasizes the views of researchers. What is common to all these definitions is that ethnography is a scientific way of understanding culture through the perspectives of insiders and outsiders of a cultural group.

# **Conceptualizing Culture**

There are two approaches toward the definition of culture. First, a cultural competent care approach defines culture as a discrete set of learned attitudes, beliefs, values and behaviors that passes along generations and is composed of and affected by gender, sexual orientation, race, ethnicity, religion, language, socioeconomic status and life experiences [29]. This power- neutral combination of attributes for culture can create unique cultural identities for female Muslim immigrant youths and consequently influence their perspectives and experiences. As a result, ignoring these variations in cultural identities in mental health care can lead to negative health outcomes [29]. While scholars such as Tylor [30], Sapir [31], Geertz [32], Spradly [24], Creswell [27] and Wolf [25] provide definitions for culture that is consistent with the first approach, critical cultural theorists such as Fernando [33] adopt another approach and define culture as a flexible system of values and perspectives that individuals live by and recreate continuously. This approach assumes that culture is an interconnected social and political composite of race, religion, gender and sexual differences with positive, negative and neutral meanings that change overtime and from place to place [29]. Accordingly, Brown et al. [34] defines culture as a dynamic process intertwined within historical, social, economic, and political factors that shape the marginalized experiences. In a similar vein, O'Mahony and Donnelly [19] argue that culture can be a marginalizing factor when political, structural, and positional constraints in cultural knowledge are ignored. Furthermore, this approach defines cultural identity as a complex flexible set of worldviews that can be negotiated from both within and beyond the group [29].

Although both definitions at first seem to be similar, there are important differences between them. The first approach assumes that culture is a concrete and fixed phenomenon and a matter of individuality. In this sense, we assume that we know the culture but actually by this assumption, we assign stereotypes for a specific cultural group. Instead in the second approach, culture is viewed as a process within a larger social contexts and the fluidity of cultural identity across time and space is emphasized. This fluidity helps mental health professionals attend to the differences within groups of female Muslim immigrant youths. In this sense, health professionals cannot assume that all female Muslim immigrant youths are the same because of their gender experiences or their affiliation with Islamic cultural group. Accordingly, with respect to mental health care experiences, the category of female Muslim immigrant youths should not be treated in isolation from other categories of human and social differences.

# Methodological Appropriateness

Female Muslim immigrant youths are members share common features by virtue of their new comer status, religion, gender, and developmental stage. Based on these commonalities, they share attitudes, values, behaviors and ways of knowing and therefore they are considered as a cultural group [10]. In addition, scholars identify mental health and illness as cultural issues that should be addressed within cultural frameworks [28]. Meanwhile, Anderson [35] illustrates that in cross-cultural studies with diverse cultural perspectives, indepth interviews help participants describe their experiences and the meaning they attribute to these experiences in their own words. On the other hand, ethnographic inquiry focuses on culture and can explore the beliefs and experiences of a cultural group through different data generation methods including deep interviews. Thus ethnography can be appropriate approach for the study of female Muslim immigrant youths' mental health experiences. Using this methodology not only provides investigators with insight into how female Muslim immigrant youths think and feel about mental health but also helps researchers capture the complexity and diversity of factors that shape these youths' experiences. Such an approach also finds support in the work of Creswell [27] who argues that "ethnography is appropriate if the needs are to describe how a cultural group works and to explore the beliefs, language and behaviors (p.94).

# Paradigmatic approaches to Ethnography

Ethnographers as qualitative researchers use different interpretative paradigms or theoretical perspectives when conducting their research [27]. Each paradigmatic approach provides important contributions to the development of knowledge about female Muslim immigrant youths but the nature of this knowledge differs greatly. Some of these paradigms are discussed here.

#### Critical theories

Critical theories also being called transformative paradigms, are based on historical realism which means that a true reality exists and can be co-constructed by factors such as social, political, cultural, economic, ethnic, and gender values that can be sources of oppression as well [36,37]. This theoretical lens focuses on issues related to power inequities, structural constraints, and oppressions within society. Emphasis is placed on empowering human beings to recognize and transcend the constraints placed on them by race, class, and gender

[38]. Anderson (2002) states that critical paradigm tries to redistribute power in a more equitable fashion for marginalized immigrant women. According to this approach, female Muslim immigrant youths' experiences of mental health are relevant to their social roles and social control over them [39]. Using this approach in the case of female Muslim immigrant youths, some paradigmatic questioning might be: What are their mental health experiences and how their experiences are shaped by sociopolitical oppressive conditions? What credible knowledge can be gleaned from these experiences and how this knowledge can be used to better meet their mental health needs? This knowledge can inform health professionals with social justice and eventually help female Muslim immigrant youths challenge oppression by speaking out and bringing attention to their individual experiences of social injustice and unequal social relations. Furthermore, critical theory has been used by some scholars as a blanket term for many paradigms including postcolonial theory.

#### Postcolonial theory

Postcolonialism is one of the critical theories that focuses on the everyday experiences of marginalization, and analyzes the micro politics of power and the macro dynamics of structural intersecting oppressions [19]. It is aimed at disrupting racism and inequities that are embedded in the practices of colonization as an ongoing process [40-42]. This theory, with its central tenets and interpretations of culture and racialization, can help researchers address social inequities affecting female Muslim immigrant youths' lives but it lacks a gendered perspective as a critical element for the extension of the analytical boundaries [43]. To address the existing gap, a feminist perspective may be appropriate for exploring female Muslim immigrant youths' experiences.

#### **Feminist theory**

In feminist perspective, gender is viewed as a basic organizing principle that shapes the conditions of people's lives [44]. This theory is aimed at both creating a more accurate account of women's lives from everyday experiences and communicating new knowledge to change the oppressive conditions in which women live [19]. Anderson [41] views this ideological research as politically driven which challenges the dominant forces that influence women's lives and tries to modify these forces. Similarly, Lather [45] describes feminist perspective as a way to end women's social disadvantaged position. Therefore, this theory can lay the groundwork for analyzing gender as a simultaneous force with other oppressive factors that shape female Muslim immigrant youths' experiences. Feminism and postcolonialism together within a gender and class analysis can be incorporated toward developing a postcolonial feminist paradigm.

#### Postcolonial feminist theory

This theoretical lens addresses issues of social justice and is committed to examining how race, gender, and class relations influence social, cultural, political, and economic factors, which, in turn, shape the lives of marginalized women [19]. Postcolonial feminist scholars go beyond gender oppression and believe that oppression occurs through systematic processes related to multiple and intersecting identities [20]. One of the central themes in postcolonial feminist discourse is the production and control of knowledge. This theoretical lens can recognize the need for knowledge construction from the perspective of marginalized women whose voices have been silenced in the course of knowledge production [41,46]. Accordingly, female Muslim immigrant youths who have been silenced by the experiences of racism and sexism,

in particular are generating new ways of thinking and viewing their world which is governed by domination. According to Hooks [47], this world is full of disastrous consequences, systematic dehumanization, and worldwide famine that negatively influence women's mental health. Therefore, exploring the perspectives of female Muslim immigrant youths as a marginalized group will enable researchers to understand how some of the systematic practices and structural barriers in host societies can diminish the space for resistance and hope on the part of these youths. Eventually recognizing these dominant forces help health professionals to seek answers to how to defeat or neutralize these forces and finally empower these women by improving their living conditions. Such an approach is well supported in the study of O'Mahony and Donnelly [19] on immigrant women's access to mental health care and the work of Donnelly [48] on Vietnamese immigrant women's practicing breast and cervical cancer prevention.

# Types of Ethnography

There are many types of ethnography that can be employed in the study of female Muslim immigrant youths including confessional ethnography, cognitive ethnography, performance ethnography, critical ethnography, ethnographic novels, digital ethnography, face book ethnography, multi-sited ethnography and visual ethnography [25,27,49]. These different types of ethnography can be categorized within different classification systems, namely holistic or particularistic [50]; micro/focused or macro ethnography [26,51]; classic/traditional or disrupted/deconstructive [25]; and realist or critical ethnography [27]. Although types of ethnography and its classifications vary, most convey some elements from two main and popular forms of ethnography: traditional ethnography and modern ethnography.

Traditional ethnography which is also called realist, conventional, classic or historical ethnography is a description of a culture or subculture. Traditional ethnographers observe culture just for the purpose of describing and fail to explain cultures in their complexity, and issues of power and dominance [25,27,52]. This type of ethnography can be employed to explore the female Muslim immigrant youths' understanding of mental health. Given that cultural rules inform human social behavior [22], initially the classical ethnographers must study the culture and study participants and then gain an insider perspective by adopting a naïve position, by living with and learning and speaking the language of and participating in participants' culture and daily activities. As a result, this type of inquiry involves a lengthy time fieldwork. On the other hand, female Muslim immigrant youths' social world is multilayered and complex with social inequalities and such a research is warranted that is concerned with social disadvantages with a goal of positive social change. Thus, in this case, the traditional ethnographic authorial voice is no longer sufficient and the objectives of the research can be best achieved through modern ethnographic methods.

Modern ethnography also called disrupted or contemporary ethnography, is framed within approaches such as naturalism, feminist, ethnic, post structural, Marxist, neo –Marxist or critical theories [25]. This approach is used by researchers who tend to employ an advocacy perspective and critical approach in their investigations and are interested in social inequalities and positive social change [25,52,53].

Embedded within modern approach, critical ethnography is described as a style of analysis and discourse with a political purpose that focuses on oppression, conflict, struggle and power [25,54]. This type of ethnographic research has its theoretical underpinnings in critical theories but could be framed within Marxist and neo-Marxist

perspectives as well [25,52,55]. Critical methodologists believe that individual's experiences, relationships, and daily living are shaped by power [21]. They also assume that marginalization and oppression exist and social change may give rise to equity [56]. Therefore, they attempt to work against oppression by revealing and critiquing it [52]. Furthermore, by giving more authority to the participants' voices, their purpose is to emancipate marginalized people or to negate the oppressive influences such as political, social, and economic issues that lead to social discrimination [21]. In the case of female Muslim immigrant youths, since they are vulnerable to oppression due to gender roles, race, religious beliefs and immigration status, critical ethnographers can examine these oppressive constraints by revealing these youths' experiences and provide important insight into their situations of suffering and disempowerment and eventually promote a consciousness among them. In this sense, critical ethnographic approach can be appropriately designed to help health professionals not only describe mental health experiences of this cultural group but also examine how social, political, economic, ethnic, race, gender, and cultural factors interact to influence their experiences. However, this critical approach has central characteristics of ethnography including: the focus on culture, cultural immersion, fieldwork, cyclic nature of data collection and analysis, researcher as an instrument and reflexivity. These characteristics will be discussed in the following section.

### **Procedures for Conducting Ethnography**

To conduct ethnography, the first step is to select a problem or a topic [57]. This research questions must be general, comprehensive, wide-ranging, and modifiable as the research progresses [52]. In the case of female Muslim immigrant youths, the research questions might be as follows. How do female Muslim immigrant youth conceptualize mental health? How do contextual factors such as social, cultural, political, historical, and economic factors shape their experiences? Then the researcher should examine the appropriateness of ethnographic design for the research question [27,57]. As discussed earlier, ethnography was considered as an appropriate approach to explore mental health experiences of female Muslim immigrant youths and therefore can address the aforementioned questions properly.

The next step is to identify the type of ethnography and the philosophical underpinning which is more appropriate to study a cultural group [57]. This selection is based on the aim of inquiry and the scope of the project. For instance, in the case of female Muslim immigrant youths, critical ethnography may be applied within different paradigms reflecting female Muslim immigrant youths' views and the meanings they attach to their experiences. However critical theories are most beneficial when the aim is emancipation in circumstances of oppression as experienced by female Muslim immigrant youths.

According to Creswell [27], the next step is to identify a culture-sharing group who has been together for an extended period of time. The term "together" in his statement, may be misleading since it is inferred that members of a group should live together or physically attend in a place for a while, therefore it is better to be replaced with the term "be in contact" which conveys a broader concept. Accordingly, female Muslim immigrant youths can be described as a cultural group who share attitudes, values, behaviors and ways of knowing that have been originated from their commonalities in terms of age and developmental stage, gender, migration status and Islamic background.

After defining cultural group, the ethnographer should seek culturally competent methods of communication. This implies developing awareness about minor actions, such as voice tone, eye

contact, and hand gestures that may inhibit or foster willingness for the participants to be studied [28]. If these components of culture are misunderstood, be regarded as offensive, or simply not even be recognized as communication techniques, female Muslim immigrant youths and researchers may fail to establish rapport or sustain positive encounters. Thus when conducting interview sessions, it is imperative not to violate the cultural and conditioned gender sensibilities of participants [28]. Accordingly, the cultural appropriateness of questions should consistently be checked and reviewed by the ethnographer. Chair arrangements, physical contact and other activities should be designed in accordance with these youths' cultural perspectives of proper and comfortable communication and interaction. As a result, attentiveness to cultural details promotes ethnographic data collection by building a positive relationship with these youths.

The ethnographer should also illuminate ethical issues and the way to gain access to participants. This access may require seeking one or more gatekeeper or key informants who will allow the researcher in [27]. Cultural and gender matches between female Muslim immigrant youths and researchers, where appropriate, may facilitate to gain better access to these participants and establish mutual comfort levels. When reaching these participants, researchers should also address ethical issues and be sensitive to special religious practices of participants such as modesty (Hijab) or praying times. After obtaining ethical approval from recruitment sites, the purposive and snowballing sampling methods are recommended to recruit and gain access to these youths. From all participants, an informed consent should be obtained after being informing about the purpose of the study, their rights as a participant and the guarantee of confidentiality and anonymity.

The next step is to address reflexivity. For this purpose, the ethnographers should describe their personal perspectives about the topic of research in field note section before starting field work [26,27,58]. With respect to female Muslim immigrant youths, the researchers can keep a journal to document how they perceive their own values and interests that affect the research and for speculation about growing insights, feelings, and other emotions that might be generated during the research.

Then, ethnographer starts filed work by going to the research site, respecting the daily lives, making participant observation and collecting information [27,58]. As illustrated by LeCompte and Schensul [59] data can be obtained through various forms but interviews, photo voice and field notes can provide comprehensive information about female Muslim immigrant youths' experiences of mental health. An interview guide with some open-ended questions can be used for each session to draw out the participant's mental health perspectives. Interviews should digitally be recorded and later transcribed verbatim. A supplementary photo voice technique can be applied to depict participants' thoughts and feelings of what mental health means to them and what factors or conditions contribute to their mental health experience. Furthermore, field notes describing verbal and nonverbal behaviors can be made after each interview session. Data collection can be stopped when theoretical saturation is attained.

From the many sources of data gathered in the fieldwork, the ethnographer starts analyzing. In the study of female Muslim immigrant youths, data analysis can occur throughout data collection involving several steps congruent with ethnography. According to Spardly [24], the first step is to conduct a domain analysis. Based on the developed domains, a more in depth taxonomic analysis will be made to search for larger categories to which the domains may belong. Then a componential analysis is conducted to search for attributes associated

with categories. During this stage, units of meaning will emerge. With careful examination of data collected and identifying recurrent patterns, the researcher will be able to discover cultural themes about how female Muslim immigrant youths frame mental health within the context of their personal life. Further investigation may be required if certain data does not fit with other data. This thinking process is cyclic as it moves back and forth from data collection to data analysis [60].

The next step is to address the reliability and validity of ethnographic approach. In the case of female Muslim immigrant youths, the researcher can immerse in the data through focused concentration and prolonged engagement. In addition, a member check procedure can be used during the interview sessions by involving participants in reviewing and interpretation of the final results. This member checks on the reconstruction of meanings is an ethical obligation since it will equalize power relations and eliminate ambiguity or doubt in what researchers interpret [52,61]. Additional approaches include checking transcripts for probable mistakes made during transcription; constantly comparing data with the codes; and writing memos about the codes and their definitions. A further consideration might be to reduce power inequalities among researchers and participants by supporting mutuality in the interview [62,63]. This mutuality requires that the researcher's relationship with participants convey appreciation and respect for their mental health experience, as well as valuing their time and providing them with meaningful information from the findings that might be helpful for their lives. The positionality of the ethnographers should also be acknowledged and incorporated into data analysis since they have power and authority as researchers and a moral responsibility to account for their own interpretations and mental health experiences in relation to those of participants [64].

The final step is to forge a working set of rules or patterns. As discussed by Creswell [27] and Wolf [25], this product must be a holistic cultural portrait of the group composing of both participant and the researcher's views. In the study of female Muslim immigrant youths, this report could reflect the researcher and female Muslim immigrant youths' perspectives of mental health and additionally advocates for the mental health needs of this group or suggests changes in society to address their needs. As a result, the readers would be able to learn about this culture-sharing group from both the participants and the interpretation of the researcher. Since ethnography is aimed at giving voice to female Muslim immigrant youths as participants, exemplar quotes from each theme is recommended. In the following section, the strengths, limitations and challenges of ethnographic approach will be discussed.

# Strengths of Ethnography

Ethnography involves prolonged participation within a specific culture or sub-culture to produce rich data that cannot be achieved through other qualitative approaches [65]. Accordingly, through prolonged engagement with female Muslim immigrant youths; ethnography, particularly can inform health researchers with a rich and deep understanding of the meaning that these youths give to their mental health experiences.

Ethnography relies on applying multiple data collection methods at a single cultural phenomenon [65]. These may range from surveys to observational data, interview, video tapes, and photographs to study female Muslim immigrant youths' perspectives.

Ethnography combines insider and outsider views and produces a third dimension that provide deeper insights than that would be

possible by the native alone [65]. Combining female Muslim immigrant youths' perspectives with the researcher's own perspective rounds off the ethnographic picture as a theoretical explanation of these youths' experiences.

Ethnographic approach is valuable for illustrating and explaining social interactions and epistemologically is consistent with the involvement of health care providers in human interactions [28,66]. The relationship between the researcher and participant is closely related to the therapeutic clinician–patient relationship which is central to female Muslim immigrant youths' mental health care. This relationship will enable these youths to rediscover their reality and the meanings they attach to this reality. Moreover the focus of ethnography on the interactions assures that knowledge of female Muslim immigrant youths' mental health is created based on these youth's lived experiences.

In ethnography, the constructs of importance emerge when participants are involved in a study to create them [66]. Therefore, concepts related to mental health could be conceptualized by immigrant women rather than the researchers. Moreover, the female Muslim immigrant youths will be the focus of the study not their mental health problems, which in turn leads to the promotion of the focus on care over cure.

Ethnographic findings uncover social patterns and provide useful information for developing theories and intervention models [28]. Accordingly, the outcomes of ethnographic study on female Muslim immigrant youths generate rich contextualized data which can inform health professionals on how to provide optimal mental health interventions and care for this marginalized group.

Ethnographic research offers unique contributions by its methods of comprehending cultural phenomena in individual sites and across sites [28,67]. Accordingly ethnographic data sets and analytic procedures can be developed, examined and refined for identification and comparison of similarities and variations in local, regional, and national cultural settings of female Muslim immigrant youths.

Ethnography actively engages participants with the researcher in negotiating findings and impacting emerging analyses. This dialectical relationship can lead to empowerment and emancipation of the participants and inhibit their further marginalization [66,68]. Through this reciprocity process, female Muslim immigrant youths can acquire knowledge of the multiple factors that affect their mental health, and thus gain power over circumstances that shape their mental well being.

Finally, ethnographic approach gives a voice to female Muslim immigrant youths and presents a lens to examine factors that have shaped their lives, knowledge, experiences, opportunities, and choices. As a result, the identification and modification of these contextual factors allow for the possibility of primary prevention interventions for certain mental health problems and help promote the mental well being of these women.

## Limitations of Ethnography

Ethnographers choose the context of their studies arbitrarily, in the sense that a host of different stories could be told about any situation and in different temporal and spatial context [69]. This is especially true in the study of female Muslim immigrant youths where the researcher has to select particular places such as mosques; Islamic organizations, colleges and universities. This potential site selection may inhibit obtaining representative field settings.

Reliability and generalizability of ethnographic findings are questionable due to the small sample size and sampling method constraints which prevent the replication of methods and findings [28,70]. Because of the nature of ethnographic inquiry, the researcher may use convenience sampling method until reaching a theoretical saturation. Thus the findings cannot be generalized to all female Muslim immigrant youths or to other contexts.

# Challenges of Ethnography

Ethnographers should have a background in cultural anthropology and be familiar with the meaning of a social-cultural system, ethnographic concepts and style of writing [27]. For example, the narratives of most modern ethnographies are written in a storytelling approach that may limit the audience and also be challenging for novice ethnographers.

Ethnography is a time consuming inquiry since researchers have to spend prolonged time for collecting data, building trust and resolving access issues in the field [27,28]. However, to obtain insider perspective, a researcher might actually live with female Muslim immigrant youths, involves in their daily cultural activities or resides in their place and spends time. This can be irritating, boring and expensive especially for an ethnographer from a different culture.

Ethnography lacks objectivity on the part of the researcher. There is a possibility that the ethnographer will go native and be unable to complete the study [27]. This is particularly one concern when researchers' culture and gender are the same as the female Muslim immigrant youths and eventually their role may compromise objectivity in reporting.

Female Muslim immigrant youths' group is heterogeneous. Although the study of youths from diverse backgrounds may be necessary to obtain differing and additional perspectives, it needs larger sample size and will consume more time and budgeting.

Cultural and social phenomena are dynamic and constantly subject to change [71-77]. Accordingly, female Muslim immigrant youths' perspectives and experiences may change overtime but understanding how these perspectives change needs a longitudinal study which could be expensive and time consuming

An additional challenge in the study of female Muslim immigrant youths can be the utilization of interpreters. While it is essential to hear the viewpoints of non-native language speaking female Muslim immigrant youths, meanings attributed to these experiences might be altered through the translation process [78-81].

Gaining access to the community of Muslims and building partnerships may be challenging particularly for a male researcher with a different cultural background and age difference to the participants. Participants' views of the opposite gender, distrust of researcher's purpose, race, clothing and ethnicity can lead to wariness and skepticism [14,28]. Some participants may feel that their disclosure during interview may jeopardize confidentiality and privacy. Some youths may deem the interview worthless and fail to reveal genuine information. On the other hand, investigators may assume that Muslims' group is monolithic and fail to detect cultural nuances or essential assumptions about their relationships.

Inappropriate cultural communication may also cause female Muslim immigrant youths to feel uncomfortable with direct questioning and be reluctant to provide responses that appear displeasing or contrary. Some of them may also defer from fully responding out of respect for authority. For instance, Muslim women assume direct eye contact from an opposite gender as disrespectful or unwarranted staring. Yet, to a male interviewer, avoiding eye contact or hand shaking may be unprofessional and personally discourteous, or a signal of participant's disinterest.

Ethnographers as researchers have power and authority; and occupy a position of privilege or positionality that may reinforce dominant power relations [52,64]. As a result of this researcher bias, female Muslim immigrant youth may lack a sense of confidence and freedom to explore their views and disagree with researcher reconstructions.

#### Conclusion

Female Muslim immigrant youths are at a transient stage of developing personal identity and face many challenges due to migration and the central role of race, gender, and religion in their identity formation. Racism differentiates female Muslim immigrant youths as subordinate individuals and has profound impact on their cultural identity and mental health. Female Muslim immigrant youths' identities, attitudes and experiences are established through multiple contexts. To explore these experiences ethnography is an appropriate approach. Ethnographers study culture which is defined differently by two schools of thought as either fixed or flexible phenomena. Informed by different theoretical perspectives, all ethnographic studies can be presented as either traditional or modern. Critical ethnography's role is invaluable for providing a deep understanding of the impact of culture and other factors on female Muslim immigrant youths' experiences. Feminism, postcolonial and and critical theories have been introduced as appropriate paradigms to conduct ethnography research on female Muslim immigrant youths and were followed by ethnographic characteristics and procedures. Ethnography has numerous strengths which help researchers to understand the meaning that female Muslim immigrant youths attribute to their mental health experiences. On the other hand, ethnographic study in the case of female Muslim immigrant youths can be lengthy, expensive and its findings cannot be generalized to other populations and contexts. Ethnography also faces some challenges in gaining access, positionality, and communication with female Muslim immigrant youths.

#### Acknowledgment

The author thanks Rosi Larcombe for her great contribution in editing this paper. The present study is supported by Dr. Delara's scholarship from University of Manitoba and Dr. Geert t'Jong 's operating grant from Children's Hospital Research Institute of Manitoba (CHRIM).

# References

- Charman D, Harms C, Myles-Pallister J (2010) Help and e-help young people's perspectives of mental healthcare. AustFam Physician 39: 663-665.
- Berman H, Jiwani Y (2008) Newcomer girls in Canada: implications for interventions by mental health professional. In: Guruge S, Collins E (eds.) Working with Immigrant women: issues and strategies for mental health professionals. Toronto: Centre for Addiction and Mental Health, pp: 137-156.
- Denzin NK, Lincoln YS, Tuhiwai Smith LT (2008) Handbook of qualitative research, London: Thousand Oaks, Sage.
- Khanlou N, Crawford C (2006) Post-migratory experiences of newcomer female youth: self-esteem and identity development. J Immigr Minor Health 8: 45-56.
- Goodenow C, Espin OM (1993) Identity choices in immigrant adolescent females. Adolescence 28: 173-184.
- Kim S (2004) The experience of young Korean immigrants: a grounded theory
  of negotiating social, cultural, and generational boundaries. Issues in Mental
  Health Nursing. 25: 517-537.
- Miles R, Brown M (2003) Racism: key idea series. London & New York: Routledge.

- 8. Mikkonen J, Raphael D (2010) Social determinants of health: The Canadian facts. Toronto: York University School of Health Policy and Management.
- Sirin S, Fine M (2008) Muslim American Youth: Understanding hyphenated identities through multiple methods. New York: New York University Press.
- Stonebanks CD (2008) An Islamic perspective on knowledge, knowing, and methodology. In: Denzin NK, Lincoln YS, Tuhiwai Smith LT (eds.) Handbook of indigenous methodologies. Thousand Oaks, CA: Sage, pp: 293-321.
- 11. Bartels E (2005) Wearing a headscarf is my personal choice (Jasmina, 16 years). Islam and Christian -Muslim Relations 16: 15-28.
- DeVoe PA (2002) Symbolic action: Religion's role in the changing environment of young Somali women. Journal of Refugee Studies 15: 234-246.
- Zine J (2006) Unveiled sentiments: Gendered Islamophobia and experiences of veiling among Muslim girls in a Canadian Islamic school. Equity & Excellence in Education 39: 239-252.
- Leet-Otley JM (2012) The spirit and strength of Somali youth in America. Unpublished PhD thesis. Minneapolis, United States: University of Minnesota, Faculty of Graduate School.
- Seddan MSF, Ahmad F (2012) Muslim Youth: Challenges, Opportunities and Expectations. New York & London: Continuum international Publishing Group.
- Kincheloe JI, Steinberg SR (eds.) (2004) The miseducation of the west: the hidden curriculum of western – Muslim relations. New York: Green wood.
- 17. Shaheen JG (2001) Reel bad Arabs. New York: Olive branch press.
- Morrow M, Chappell M (1999) Hearing women's voices: Mental health for women. Vancouver: British Columbia Centre of Excellence for Women's Health.
- Maureen O'Mahony J, Truong Donnelly T (2010) A postcolonial feminist perspective inquiry into immigrant women's mental health care experiences. Issues Ment Health Nurs 31: 440-449.
- 20. Collins E, Guruge S (2008) Theoretical perspectives and conceptual frameworks. In: Guruge S, Collins E (eds.) Working with immigrant women: issues and strategies for mental health professionals. Toronto: Centre for Addiction and Mental Health, pp: 19-23.
- 21. O'Mahony JM, Donnelly TT, Este D, Bouchal SR (2012) Using critical ethnography to explore issues among immigrant and refugee women seeking help for postpartum depression. Issues in Mental Health Nursing 33: 735-742.
- Aamodt AM (1982) Examining ethnography for nurse researchers. West J Nurs Res 4: 209-221.
- 23. Noblit GW, Flores SY, Murillo EG (2004) Postcritical ethnography: An introduction. Cress, NJ: Hampton Press.
- 24. Spradly JP (1980) Participant observation. New York: Holt, Rinehart &Winston.
- Wolf ZR (2012) Ethnography: the method. In: Munhall PL (ed.) Nursing research: a qualitative perspective (5thedn), London: Jones & Bartlett learning, pp: 285-232.
- 26. Speziale SHJ, Carpenter RD (2003) Qualitative research in Nursing. (3rdedn), Philadelphia: Lippincott Williams & Wilkins.
- Creswell JW (2013) Qualitative inquiry and research design. Choosing among five approaches (3rdedn) California: Sage.
- 28. Quimby E (2006) Ethnography's role in assisting mental health research and clinical practice. J ClinPsychol 62: 859-879.
- 29. Gustafson DL (2008) Are sensitivity and tolerance enough? Comparing two theoretical approaches to caring for newcomer women with mental health problems. In: Guruge S, Collins E (eds.) Working with immigrant women: issues and strategies for mental health professionals, Toronto: Centre for Addiction and Mental Health, pp: 39-63.
- Tylor EB (1920) Primitive culture: researches into the development of mythology, philosophy, religion, language, art, and custom. London: Murray.
- 31. Sapir E (1924) Culture, genuine and spurious. The American Journal of Sociology 29: 401-429.
- 32. Geertz C (1973) The interpretation of culture. New York: Basic books.
- 33. Fernando S (2003) Cultural diversity, mental health and psychiatry. The struggle against racism. New York: Brunner-Routledge.

- Browne AJ, Johnson JL, Bottorff JL, Grewal S, Hilton BA (2002) Cultural diversity. Recognizing discrimination in nursing practice. Can Nurse 98: 24-27.
- Anderson JM (2006) Reflections on the social determinants of women's health.
   Exploring intersections: does racialization matter? Canadian Journal of Nursing Research 38: 7-14.
- 36. Mertens D (2005) Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods. CA: Thousand Oaks, Sage.
- 37. Scotland J (2012) Exploring the philosophical underpinnings of research: relating ontology and epistemology to the methodology and methods of the scientific, interpretive, and critical research paradigms. English Language Teaching 5: 9-16.
- Dunphy L, Longo J (2007) Reflections on postmodernism, critical social theory, and feminist approaches: The postmodern mind. In: Munhall PL (eds.) Nursing research: A qualitative perspective (4thedn) Toronto: Jones and Bartlett, pp: 127-142
- Wright N, Owen S (2001) Feminist conceptualizations of women's madness: a review of the literature. J AdvNurs 36: 143-150.
- 40. Browne AJ, Smye VL, Varcoe C (2007) Postcolonial-feminist theoretical perspectives and women's health. In: Morrow M, Hankivsky O, Varcoe C (eds.) Women's health in Canada: Critical perspectives on theory and policy, Toronto: University of Toronto Press, pp: 124-142.
- Kirkham SR, Anderson JM (2002) Postcolonial nursing scholarship: from epistemology to method. ANS AdvNursSci 25: 1-17.
- Quayson A (2000) Post-colonialism: Theory, practice or process. Cambridge: Polity.
- Ghandi I (1998) Postcolonial theory: A critical introduction. New York: Columbia University Press.
- Fox-Keller E (1985) Reflections on gender and science. New Haven, CT: Yale University Press.
- Lather P (1991) Getting smart: Feminist research and pedagogy with/in the postmodern. New York: Routledge.
- 46. Tuhiwai Smith L (2001) Decolonizing methodologies: research and indigenous people. New York & London: university of Otago press.
- Hooks B (1988) Talking back: thinking feminist, thinking Black: Boston: South End Press.
- 48. Donnelly TT (2004) Vietnamese women living in Canada: Contextual factors affecting Vietnamese women's breast cancer and cervical cancer screening practices. Unpublished PhD Dissertation. Vancouver, BC: UBC Individual Interdisciplinary Studies.
- Piacenti DJ, Rivas LB, Garrett J (2014) Facebook ethnography: The future of post-structural transnational (im) migration research. International Journal of Qualitative Methods 13: 224-236.
- Werner O, Schoepfle GM, Ahern J (1987) Systematic fieldwork: Foundations of ethnography and interviewing. Newbury Park, California: Sage.
- Roper JM, Shapira J (2000) Ethnography in nursing research. Canada: Thousands oaks, Sage.
- Carspecken PF (1996) Critical ethnography in educational research: a theoretical and practical guide. New York: Routledge.
- Creswell JW (2014) Research design. Qualitative, quantitative and mixed methods approaches. (4thedn) California: Sage.
- 54. Thomas J (1993) Doing critical ethnography. Newbury Park, CA: Sage.
- 55. Quantz RA (1992) On critical ethnography (with some postmodern considerations). In: LeCompte MD, Millroy WL, Preissle J (eds.) The Handbook of Qualitative Research in Education. San Diego: Academic press, pp. 447-506.
- Castagno AE (2012) What makes critical ethnography critical? In S. D. Lapan,
   M. T. Quartaroli, F. J. Riemer (eds.) Qualitative research: An introduction to methods and designs. San Francisco, CA: Jossey Bass, pp. 373-390.
- Fetterman DM (2010) Ethnography: Step-by-step. (3rdedn), Los Angeles, CA: Sage.
- 58. Wolcott HF (1999) Ethnography: A way of seeing. New York. AltaMira Press.

- LeCompte MD, Schensul JJ (1999) Designing and conducting ethnographic research. Walnut Creek, CA: AltaMira.
- Sandelowski M (1995) Qualitative analysis: what it is and how to begin. Res Nurs Health 18: 371-375.
- 61. Sandelowski M (1993) Rigor or rigor mortis: the problem of rigor in qualitative research revisited. ANS AdvNursSci 16: 1-8.
- 62. Hall JM, Stevens PE (1991) Rigor in feminist research. ANS AdvNursSci 13: 16-29
- 63. Oakley A (1981) Interviewing women: a contradiction in terms? In H. Roberts (ed.) Doing feminist research. London: Routledge and Kegan Paul.
- 64. Deutsch N (2004) Positionality and the pen: Reflections on the process of becoming a feminist researcher and writer. Qualitative Inquiry 10: 885-902.
- 65. Goulding C (2005) Grounded theory, ethnography and phenomenology: A comparative analysis of three qualitative strategies for marketing research. European Journal of Marketing 39: 294-308.
- Doucet SA, Letourneau NL, Stoppard JM (2010) Contemporary paradigms for research related to women's mental health. Health Care Women Int 31: 296-312
- 67. Herman N (1993) Return to sender. Journal of Contemporary Ethnography 122: 295-331.
- 68. Ponterotto JG (2005) Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. Journal of Counseling Psychology 52: 126-136.
- 69. Hammersley M (2006) Ethnography: problems and prospects. Ethnography and Education 1: 3-14.

- 70. Brewer JD (2001) The ethnographic critique of ethnography sectarianism in the RUC. In: Bryman A (ed.) Ethnography, California: Sage, pp. 100-113.
- Murchison MJ (2010) Ethnography essentials: Designing, conducting and presenting your research. San Francisco, CA: Jossey-Bass.
- Anderson JM (2002) Toward a post-colonial feminist methodology in nursing research: Exploring the convergence of postcolonial and black feminist scholarship. Nurse Researcher 9: 7-27.
- Anderson N, Council of Social Agencies of Chicago (1923). The hobo: The sociology of the homeless man. Chicago: University of Chicago Press.
- Boyle JS (1994) Styles of ethnography. In: Morse JM (ed.) Critical Issues in Qualitative Research Methods, CA: Thousand Oaks, Sage.
- 75. Denzin NK, Lincoln YS (2005) The Sage handbook of qualitative research. (3rdedn), CA: Thousand Oaks, Sage.
- Lamb GS, Huttlinger K (1989) Reflexivity in nursing research. West J Nurs Res 11: 765-772.
- Lobiondo-Wood G, Haber J, Cameron C, Singh MD (eds.) (2009) Nursing research in Canada: Methods and critical appraisal for evidence based practice. (2ndedn) Toronto, ON: Elsevier.
- Madison DS (2011) Critical ethnography: method, ethics, and performance. (2ndedn), California: Sage.
- 79. Malinowski B (1922) Argonauts of the western pacific. London: Routledge.
- Nader L (2011) Ethnography as theory. HAU: Journal of Ethnography Theory 1: 211-219.
- Weiner A (1976) Women of value, men of renown. Austin: University of Texas Press