World Academy of Science, Engineering and Technology
International Journal of Humanities and Social Sciences
Vol:3, No:7, 2009

Perceptions and Attitudes towards Infant's Physical Health and Caring: Immigrants and Native Born Mothers

Orly Sarid, and Yana Shraga

Open Science Index, Humanities and Social Sciences Vol:3, No:7, 2009 publications.waset.org/16018/pdf

***Abstract*—**Purpose: To compare attitudes and perceptions of Israeli native born mothers versus former Soviet Union (FSU) immigrant mothers regarding the physical health of their infant.

Methodology: cross-sectional design. A convenience sample of 50 participants was recruited by face to face and snowball technique. A questionnaire was constructed according to the instructions of the Ministry of Health for the care and treatment of infants. The main areas explored were: sources of knowledge that the young mother acquired regarding the care of her infant, ways of caring for the infant, hygiene and sanitary habits, and the pattern of referral to health professionals. The last topic relates to emotions mothers might experience towards their infant.

Results: Mothers from both cultural groups present some similar caring behaviors, which may express a universal aspect of mothers' behavior towards their infants. However, immigrant mothers differ significantly from native born by relying less on their mothers' and grandmothers' experience, they wean their infants from diapers earlier, they are stricter about hygiene and sanitary habits and they tend to consult a physician when their infant has low fever. Native born and immigrant mothers differ in their expressions of pride and wonder. Immigrant mothers report of a lesser degree of these emotions towards their infants than native born mothers.

Conclusion: The theoretical model of socialization and acculturation of immigrant mothers is employed as an explanatory model for the current findings Young immigrant mothers undergo a complex acculturation process and adapt behavioral patterns in various areas to comply with Israeli norms and values, demonstrating assimilation. In other areas they adhere to the norms of their original culture.

***Keywords*—**Attitudes, immigrant mothers, infant, physical health.

I. Introduction

SINCE the early 1990s, over a million FSU (former Soviet Union) Jews have immigrated to Israel [1]. After native born Israelis, FSU immigrants represent the largest cultural group in Israel [2]. This specific group has unique demographical characteristics compared with native born Israelis. FSU immigrants perceive marriage as an important stage in the life cycle. Accordingly, the majority marries and only a very small percentage of young adults remain single. The average marital age among soviet immigrants is 2-3 years lower than among native born young adults. Furthermore, like marriage, parenthood tends to take place at a younger age among soviet immigrants [2]. However, among Jewish FSU immigrants marital relationship are less stable and single parent families, typically single-mother families is a common family status [3].

The scientific literature emphasizes that both the transition to parenthood and immigration are stressful periods of change and uncertainty. Hence, adjustment and acculturation are complex processes for young parents. Most of them are confronted with totally different child rearing practices and ideologies held by the socializing agents of the host culture. Thus, they experienced conflict between values and norms prevalent in their culture of origin and the new culture [4]-[5]. In many cases young immigrants' parents tend to stick to the rules and norms of their country of origin as a way of receiving support and stability. In this process they identify with their own parents and grandparents [2], [6].

Jewish parents from the FSU are characterized by high expectations as regards to their children development in various areas. They implement strict norms and goals of child behavior and follow a structured frame of education [3], [7]. They tend to express critical and demanding behavior towards their children and their parental style is characterized by authority with less consideration of the child's wishes and emotional needs. At the same time, soviet immigrant parents demonstrate and express high levels of anxiety and care regarding their children's physical health and intend to devote considerable effort in enhancing their cognitive and physical development [2], [8].

A key feature of soviet immigrants' parental styles appears in regards to infant care and education. Immigrant mothers perceive a structured and directive upbringing to be a major factor in their child's development. They consider themselves responsible for the educational process and tend to create learning stimuli (for example, exercise and reading) in an organized environment. Soviet immigrant mothers were found to expect lower psychological autonomy and independence of children than native born Israeli mothers. Native born mothers note the psychological autonomy of their child as an important developmental goal. They encourage their children to explore their surroundings and reach their own decisions with little parental guidance. In sum, the scientific literature shows differences in mothers' attitudes and perceptions about child

Dr. Sarid and Dr. Shraga are with the Department of Social Work, Faculty of Humanities & Social Sciences, Ben-Gurion University of The Negev, POB 653, Beer-Sheva 84105, Israel (e-mail: orlysa@bgu.ac.il).

development and child rearing. These differences are explained by different cultural values, norms and views [2], [7].

A common pattern typical of immigrant parenting style is their anxious behavior and constant concern for their children's physical health and well being. Previous studies show immigrant parents tend to consult with medical experts and highly value physicians' opinions [3], [9].

In FSU the health service system controlled the health needs of citizens and provided well organized and systematic care for the entire family. For example, health practitioners such as physicians and nurses conducted home visits to mothers and children as part of their job requirement, In Israel the health system does not provide such services for mothers and children and clients are responsible for attaining medical care [10].

Cultural differences are portrayed in the self help literature for parents. In FSU self help books consider hygiene and sanitary to be the most important requirement for child care: hand washing prior to handling the infant, and the avoidance of kisses in the facial area in order to prevent transmittable infections are an example.

Furthermore, in FSU, parents were encouraged to read these instructive books and learn systematic knowledge and skills about child development [11], [12]. It is hypothesized that the contrast between FSU and Israeli cultural patterns may result in misunderstanding, tension and conflict with health practitioners.

Child health and child well being are concepts which integrate physical, emotional, cognitive and social aspects. To the best of our knowledge, none of the former studies compare young mother's attitudes and perceptions towards child physical health or their caring styles (Israeli native born versus FSU). Our current study intends to fill that gap. Accordingly, this study will examine these three factors in the case of a first child. Secondly, it will examine the emotional reactions of mothers from both groups towards their children and finally the third objective of the present study focuses on the causes and referral patterns of mother to health professionals such as physicians and nurses.

II. Method

This pilot study used a cross-sectional design and a convenience sample of 50 participants. Twenty four participants were native born Israeli mothers and 26 were Jewish immigrants from FSU. Inclusion criteria were being a mother of a first child whose age was no more than 24 months. The first twenty mothers were recruited face to face. The rest were recruited using the snowball technique. Both groups were similar in terms of age, education and marital status.

Informed consent was obtained from all participants. They were told their participation was voluntary and anonymous. All participants agreed to collaborate and answer the questionnaires.

A. Questionnaire

The questionnaire was constructed according to Ministry of Health instructions for the care and treatment of infants [13].

The final structured scale consists of five topics pertaining to infant care.

The first refers to the various sources of knowledge the young mother acquired regarding the care of her infants. Each participant was asked to choose which items were significant to her way of caring for her child. Items were: learning from the experience of grandmothers, learning from friends who have infants, books and guidance for infant care, seeking medical advice and participating in workshop for young parents.

The second topic relates to ways of caring for infants: breastfeeding vs. non breastfeeding, length of breastfeeding, use of diapers, diaper weaning, enhancing infant's development through physical exercise, reading books and playing games. In addition, each mother was asked about the identity of the infant's complementary care taker when she began working outside the home.

The third topic focuses on hygiene and sanitary habits regarding the infant's physical health. Mothers describe what they do with their infant when in the vicinity of sick people ; at what age they took their infant to public places; which body parts of their infant they kiss and allow other relative to kiss. Which sanitary habits are important while caring for the infant, e.g., wiping pacifier with cloth, washing pacifier, boiling it and washing hands before taking care of the infant.

The forth topic focuses on the pattern of referral to health professionals such as physicians and nurses. Mothers reported the timing, frequency and factors effecting their decision to seek medical advice.

The fifth topic relates to emotions mothers might experience towards their infant. They were asked to rate on a four degree Likert scale emotions such as joy, love, sadness, anxiety, guilt, anger, wonder and pride. These emotions were taken from Ekman's Basic Emotions Classification [14].

Socio- demographic data was collected and included the age, education, family and economic status, country of birth, year of immigration, and degree of religiosity.

B. Data Analysis

Descriptive statists were conducted for nominal and ordinal variables. χ^2 test were conducted with nominal and ordinal variables. T test was employed with continuous variables.

III. Results

Analysis of demographic characteristics show immigrant mothers and native born mothers do not differ statistically in education, family and social status. Mother's age does not differ between these two groups: mean=26.4, SD=3.4 for immigrant mothers vs. mean= 28.3, SD= 3.6 for native born mothers. We would like to note that immigrant mothers are younger that native born mothers, though no significant statistically differences were detected. The majority of

Open Science Index, Humanities and Social Sciences Vol:3, No:7, 2009 publications.waset.org/16018/pdf

Open Science Index, Humanities and Social Sciences Vol:3, No:7, 2009 publications.waset.org/16018/pdf

mothers (84%) have an academic education, most of them (86%) self rate their economic situation as good and very good. The majority of mothers from both groups regard themselves as secular. All immigrant mothers view themselves as secular. However, 41% of native born mothers regard themselves as traditional or religious. Immigrant mothers from FSU immigrated to Israel in their youth and the average number of years since immigration was 13.3 (SD=3.9).

The first objective was to examine attitudes and perceptions of native born Israeli mothers versus FSU immigrant mothers regarding the ways in which they care for their first child. Mothers from both groups are similar in the way they acquire knowledge regarding the care of their infants. Native born and immigrant mothers tend to learn from friends who have infants, read self help books which provide guidance for infant care, seek advice from health professionals and participate in workshop for young parents. Only learning from the experience of grandmothers differs between these two groups and was found to be statistically significant. Immigrant mothers tend less to relay on their mothers' and grandmothers' experience in comparison to native born Israeli mothers (57% vs. 87%: $\chi 2$ =5.12, df=1, p=0.03).

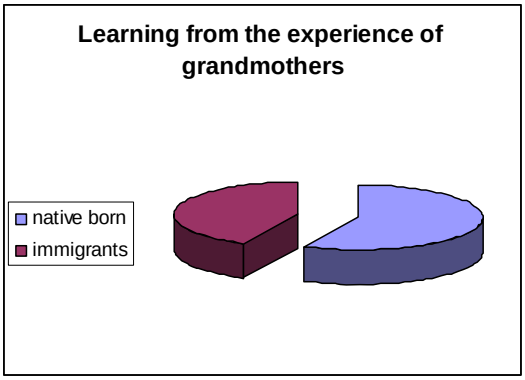


Fig. 1 Learning from the experience of grandmothers

The second topic focused on the ways young mothers take care of their infants. The following topics were viewed: breastfeeding vs. non breastfeeding, length of breastfeeding, diaper weaning, enhancing infant's development through physical exercise, reading books and playing games. In addition, each mother was asked about the infant's non relative complementary care taker when she began working outside the home. Mothers from both cultural groups were similar in most areas. For example, mothers from both groups tend to comply with the recommendations of the Ministry of Health and lay their infant on their backs. Mothers from both groups continue to breastfeed their infants until they are six months old. However, statistically significant differences were found between these two groups in regard to diaper weaning and enhancing infant's development through physical exercises. Immigrant mothers tend to wean their infants from diapers at an early age in comparison with native born mothers (mean=19.9, SD=5.0 vs. mean= 25.2, SD= 7.3, t-test=2.66, df=42, $p \leq 0.05$).

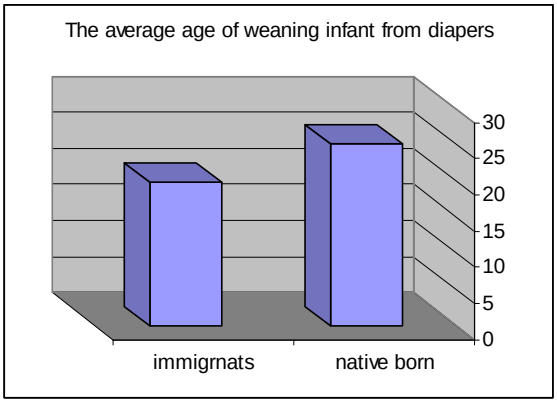


Fig. 2 The average age of weaning infant from diapers

Immigrants mothers tend to enhance their infant's development through physical exercise more than native born mothers (76% vs. 52.2%, $\chi 2$ =2.97, df=1, p=0.07), as presented in Fig. 3.

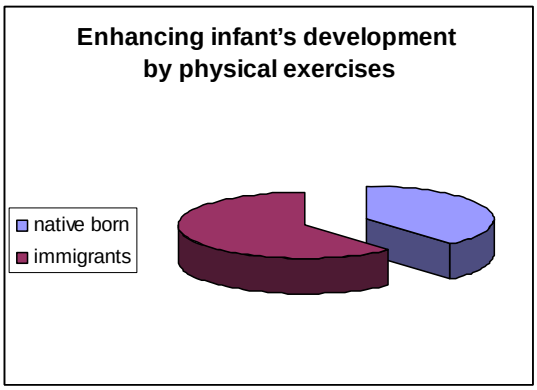


Fig. 3 Enhancing infant's development by physical exercises

The third area focuses on hygiene and sanitary habits regarding the infant physical health. Mothers describe what do they do with their infants when in the vicinity of sick people; at what age they take their infant to public places and family gatherings; which body parts of their infant they kiss and allow other relative kiss; which sanitary habits are while caring for the infant, e.g., wiping pacifier with cloth, washing pacifier, boiling it and washing hands before taking care of the infant.

Findings show both groups of young mothers are similar in most hygiene and sanitary habits. Both immigrant and native born mothers tend to take their infants to public places when their infant is one to two weeks old. Moreover, both groups of mothers attend public gatherings when their infant is three to four weeks old. Young mothers from both groups tend to kiss their infants on all body parts; however immigrant mothers avoid kissing their infants in the area of the mouth. Immigrants mother are stricter than native born mothers in regards to sanitary habits as washing dirty pacifier and washing hands before taking care of the infant, as can be seen in Table I.

TABLE I
SANITARY HABITS OF NATIVE BORN AND IMMIGRANT MOTHERS
FREQUENCIES (PERCENTAGES) AND χ^2

Sanitary habits	Native born mothers	Immigrants mothers	χ^2 (df=1) p value
Kiss infant in area of mouth	14(73.7%)	5(25%)	9.24, p=0.002
Wash dirty pacifier	6(31.6%)	18(75%)	8.11, p=0.004
Wash hands before taking care of infant	4(23.5%)	13(68.4%)	7.26, p=0.007

Table I illustrates that native born mothers are more likely than immigrant mothers to kiss their infants in the area of the mouth. Immigrants' mothers tend to adhere more strictly to washing regimes, whether washing pacifiers or their own hands before caring for infant. These differences are statistically significant. The study's second objective was to examine the emotional reactions of mothers towards their children. Emotional reactions of mothers from both cultural groups are presented in Table II.

TABLE II
EMOTIONAL REACTIONS OF NATIVE BORN VS. IMMIGRANT MOTHERS
(MEANS, SD, T-TEST)

EMOTIONAL REACTION	NATIVE BORN	IMMIGRANTS	T-TEST
joy	3.92 (0.28)	4(0)	1.44
love	4(0)	4(0)	
sadness	1.52(0.73)	1.44(0.77)	0.34
anxiety	2.75(0.84)	2.44(0.82)	1.22
guilt	2(1)	1.72(1.02)	0.95
anger	1.43(0.72)	1.38(0.49)	0.32
wonder	4(0)	3.6(0.66)	2.86 (df=22)*
pride	4(0)	3.72(0.61)	2.28(df=24)*

*p≤0.05

Mothers from different cultural backgrounds express many similar emotional reactions towards their infants. Among these are joy, love, sadness, anxiety, guilt and anger. However, native born and immigrant mothers differ in their expressions of pride and wonder. Immigrant mothers report of a lesser degree of these emotions towards their infants than native born mothers.

The third objective of the present study focuses on the causes and referral patterns of mother to health professionals such as physicians and nurses. Mothers reported on the timing, frequency and factors which effected their decision to seek medical advice.

The two groups do not differ statistically in the timing and frequency of requests for medical advice. Mothers in both groups turn to medical advice regarding health care and development as part of the routine procedure. The majority of native born and immigrant mothers (63%, 65%, respectively) pay a visit to the physician once their infant is two weeks old. Thereafter, about half of the mothers in both groups adhere to a routine follow up checkup once a month. However, there are statistically significant differences among the groups with regard to medical consultation in the event of symptoms such as fever. The majority of immigrants mothers (65%) consult a physician for a temperature of less than 38˚C while most native born mothers (83%) consult a physician for a temperature of more than 38˚C (χ 2=12.15, df=1, p=0.001).

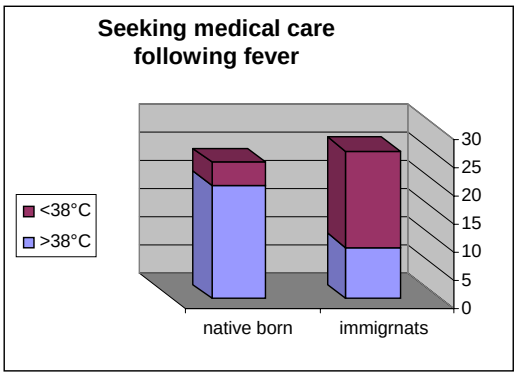


Fig. 4 Seeking medical care following fever

IV. DISCUSSION AND CONCLUSION

The current study has three main objectives: First, to examine attitudes and perceptions of Israeli born versus FSU immigrant mothers regarding their self report of actual practice; Second, to explore these mothers' emotional responses regarding their first child; and third, to identify referral patterns to health professionals such as physicians and nurses.

The theoretical model of socialization and acculturation of immigrant mothers is employed as an explanatory model for the current findings [15]-[16].The proposed model by Berry [15] is based on a dilemma immigrants face, involving a choice between the retention of ethnic distinctiveness such as cultural identity and customs, and contact with the host society, its values, beliefs and practices. Depending on what decisions are made, immigrants in pluralistic multicultural societies can choose between four options: a. assimilation--complete cultural transformation with loss of original culture. b. integration-- retention of some cultural specificity while advancing toward inclusion into the host society; c. separation--adherence to original ethnic culture with limited relations with the host society; d. marginalization--loss of cultural and psychological contact with both original and host cultures.

Our findings show that the social demographic characteristics of all the participants such as age, education and marital status are similar. This suggests that the socialization process of these immigrant mothers in Israel was a successful one. The young immigrant mothers achieved an academic education, married and acquired a rather high level of socioeconomic status, similar to the native born mothers.

Young mothers from both groups are similar in some areas related to infant care. For example, mothers from both cultural groups continue to breastfeed their infants until they are six months old, lay their infants on their back, use diapers, and

Open Science Index, Humanities and Social Sciences Vol:3, No:7, 2009 publications.waset.org/16018/pdf

Open Science Index, Humanities and Social Sciences Vol:3, No:7, 2009 publications.waset.org/16018/pdf

enhance infant development through physical exercise, reading books and playing games. In addition, similar emotional expression towards their infant was reported by mothers from both groups. High rates of love and joy were expressed, while emotions such as anxiety, sadness, guilt and anger were expressed at lower rates. Immigrants and native born mothers tend to kiss their infant and allow their relatives to behave similarly. We suggest that these similar perceptions and reactions can be explained as universal behaviors of mothers towards their infants. Previous studies showed that these emotions, behaviors and ways of caring for infants cross cultural boundaries. Mothers from different cultures feel similar emotions and behave affectionately towards their infants [17]-[18]. Another common practice for both immigrant and native born mothers regards their turning to health care professionals in order to maintain infant health. This finding is in agreement with a recent national survey on infant care [19].

The current study shows that all mothers tend to take their infants to public places. Another finding indicates that upon their return to work, mothers from both cultural groups tend to rely on a non relative complementary care taker for their infant. These results are not in accordance with Russian-soviet literature regarding infant care. In FSU young mothers were taught to stay away from public places in order to protect their infants from contagious diseases. The exposure of young infants was regarded as careless and unacceptable in Russian –soviet culture. In addition, reliance on non relative complementary care taker is unacceptable in Russian culture [11], [12]. A possible explanation for these results derives from Berry's model of acculturation process [15]. In the present study, FSU mothers had immigrated to Israel in their adolescence, and had undergone a process of socialization resulting in the internalization of certain norms and attitudes from the new culture. We suggest that in taking their infants to public places immigrant mothers express an assimilatory behavior pattern in adopting the norms and values in the host country [15].

Nevertheless, the two cultural groups demonstrate different pattern of perception and behavior in some areas. First of all, statistically significant differences were detected in one item of the various sources of knowledge acquired by the young women regarding the treatment of their infants. Immigrant mothers are less likely to rely on their mothers' and grandmothers' experience than native born Israeli mothers. In view of the literature that stresses the importance of mother-daughter relationships, and the special impact these relationships have when the family expands following the birth of a child, this finding is somewhat surprising [20]. Previous studies show that the acculturation of adolescents is faster than that of their parents. Young immigrants actively perceive and adopt the norms of the host country and become better socialized in the new society [21], [22], [23]. Furthermore, several researchers suggest that a gap exists and that conflict may take place between adolescent immigrants and their parents [24]-[25]. We suggest that as a result of acculturation, the young immigrant mothers in this study perceive their mother's and grandmother's experience as less congruent with Israeli socio-cultural environment; in other words, parental authority is impaired, resulting in a decrease in the tendency of young immigrant mothers to rely on the older generation's experience.

Secondly, it is interesting to note the statistically significant difference between immigrant and native born mothers regarding several hygiene and sanitary habits. We believe these differences reflect the particular characteristics of the original culture of young immigrant mothers, as well. The latter group tends to wean their infants from diapers earlier. This finding receives support from previous studies that show FSU mothers tend to expect high functional independence rather than psychological independence from their infant [8].

Immigrant mothers tend to be stricter about washing the infant's pacifier and washing their own hands before taking care of the infant. They avoid kissing their infant around the mouth and tend to consult a physician even when their infant's temperature is lower then 38˚C. The high compliance of immigrant mothers to sanitary and hygiene habits indicate the importance of these ways and norms of behavior within Soviet-Russian culture. In the FSU the ministry of health dictates strict and uncompromised ways of care. The rationale of these norms is provided in text books for young parents. The authoritative style of these books prescribes strict adherence to sanitary behavior in order to prevent infections, complications from diseases and even possible death [11], [12]. Young immigrant mothers tend to maintain these norms of sanitary and hygienic behavior from their culture of origin [26]-[27]. In this area they demonstrate the separation style as suggested and described by Berry [15].

Some norms are probably internalized from a very young age. Hygiene and sanitary behavior are an example of these. By adhering to these norms, mothers possibly feel they regain some control over their infant's health. In Russian culture, non compliance would have resulted in social un-acceptance and personal guilt once the infant got sick.

Another interesting finding is related to the emotions mothers express as experiencing towards their infants. Mothers from both cultural groups express similar emotional reaction such as joy, love, sadness, anxiety, guilt and anger. These emotional reactions are described in the scientific literature as basic and universal [14] and this is probably the explanation for the similarity between groups. However, compared with native born mothers, immigrant mothers report a significantly lower degree of pride and wonder toward their infants. We suggest that the original culture of immigrant mothers and the specific socialization processes these mothers underwent may explain this difference. Russian Soviet culture is characterized by emotional restraint and modesty [3], [10], [28]. Moreover, the immigrant's culture of origin is described as promoting collectivism and emphasizing similarity, rather than individualism and particularistic tendencies. Thus, the expression of social emotions of pride and wonder may be perceived by immigrant mothers as arrogant and unacceptable.

Opposite ideologies prevail in Israeli culture, which emphasizes the free expression of emotions and an appreciation for the uniqueness of each individual [3], [10], [26], [29].

This study has a number of limitations that need to be addressed. First, it deals only with mothers from high socio-economic status. Different findings may be expected from studies that address mothers from low socio-economical status. Second, the sample size is small and is includes only two cultural groups. It is important to examine the results with larger and more diverse samples. Third, all of the data in this study is based on self reports of the participants and more objective instruments were not employed. Therefore it is important that future studies include interviews with physicians, nurses and other family members.

In conclusion, mothers from both groups present some similar caring behaviors, which may express a universal aspect of mothers' behavior towards their infants. This pilot study indicates that young immigrant mothers undergo a complex acculturation process. Immigrant mothers adapt behavioral patterns in various areas to comply with Israeli norms and values, demonstrating assimilation, while in other areas they adhere to the norms of their original culture, thereby demonstrating separation.

ACKNOWLEDGMENT

The study was conducted with the support of Rotter foundation, Macabbi health services.

REFERENCES

[1] The Central Bureau of Statistics. Statistical abstract of Israel, 59, 2008.
[2] E. Leshem. "Israel as a multi-cultural state at the turn of the century", in *Cultural diversity: a challenge to* human services, E. Leshem & D. Roer-Strier Eds. Jerusalem: Magnes Press, 2003. (Hebrew).
[3] V. Slonim-Nevo, Y. Shraga, Y. "Family Intervention among Soviet Immigrants", in Being different in Israel: ethnicity, gender and therapy, C. Rabin Ed. Ramot: Tel Aviv, 1999, pp. 121-151.
[4] L. Melendez. "Parental beliefs and practices around early self-regulation: the impact of culture and immigration". Infants & Young Children, vol. 18, no. 2, pp. 136-146, 2005.
[5] K. von Klitzing. "Cultural influences on early family relationships". Infant Mental Health Journal, vol. 27, no. 6, pp. 618-620, 2006.
[6] D. Roer-Strier. "Coping of immigrant parents: Implications for prevention and intervention", Society and Welfare, vol.16, no. 4, pp. 467-481, 1996. (Hebrew).
[7] D. Roer-Strier, M.K. Rosenthal. "Socialization in changing cultural contexts: a search for images of an adaptive adult". Social Work, vol. 46, no. 3, pp. 215-228, 2001.
[8] D. Roer-Strier, M.K. Rosenthal. "Cultural transition: Effects on parenting and socialization", in Immigrants from the former Soviet Union in the 1990s: cultural transition and identity. M. Lisak, E. Leshem Eds. Jerusalem: SilbertCenter, Hebrew University, 2000.
[9] J. Mirsky. "Psychological aspects of immigration and absorption of immigrants from the soviet union", in *Profile of an immigration wave.* M. Sikron, E. Leshem Eds. Jerusalem: the Magnes press, 1998, pp. 334-367. (Hebrew).
[10] R. Berger. "Immigrants from former soviet union: characteristics, principles and interventions" in Being different in Israel: ethnicity, gender and therapy. C. Rabin Ed. Ramot: Tel Aviv, 1999, pp.97-121. (Hebrew).
[11] A, Jukova. A particular method for infant development. Ulma Press Moscow, 2002. (Russian).
[12] S. Martinov. Be well, child. A-factoria Press: Aktirenburg, 2006. (Russian).
[13] Israeli Ministry of Health. Instructions for the care and treatment babies and premature born babies. 1977-2006. Available: http://www.babydoc.co.il/article-397.htm.
[14] P. Ekman. "Basic emotions", in Handbook of cognition and emotion. T. Dalgleish, M. Power Eds. Sussex: UK: John Wiley & Sons, 1999.
[15] J.W. Berry. "Conceptual approaches to acculturation in acculturation: advances in theory, measurement and applied research". K.M. Chun, P.B. Organista, G. Marín, Eds. Washington, D.C.: American Psychological Assoc, 2003, pp. 17-37.
[16] V. Kishinevsky. Russian immigrants in the United States: adapting to American culture. New York: LFB Scholarly Publishing, 2004.
[17] H. Keller. "Human parent-child relationships from an evolutionary perspective", American Behavioral Scientist, vol. 43, no.6, pp. 957-969, 2000.
[18] N.D. Stern." Mothers' emotional needs". Pediatrics, vol. 102, no. 5, pp. 1250-1252, 1998.
[19] B. Rosen, I. Elroy, N. Nirel. Findings from a national survey of mothers regarding preventive services to their infants. Jeruslem: The Myers-JDC-Brookdale Institute, 2007. (Hebrew).
[20] D.N. Stern, N. Bruschweiler-Stern, A. Freeland. Birth of a mother: how the motherhood experience changes you forever. New York: Perseus Books, 1998.
[21] J. Mirsky, L. Praver. To immigrate as an adolescent to mature as an immigrant. Jerusalem: Van Leer Institute and the Association for the Development and Advancement of Manpower in Social Services in Israel, 1992. (Hebrew).
[22] J. Mirsky. "Not there and not here yet: identity process with Israel among students immigrants from the soviet union", in From Russia to Israel: identity and culture in transition. M. Lisak, E. Leshem Eds. Tel-Aviv: ha-Kibbutz ha-meuhad, 2001, pp. 175-195. (Hebrew).
[23] G. Horenczyk. "The benefits of multiple identities: implications from studies on cultural indentuty and adaptation", in *Cultural diversity: a challenge to* human services. E. Leshem D. Roer-Strier Eds. Jerusalem: Magnes Press, 2003. (Hebrew).
[24] C. Slutzki. "Migration and family conflict". Family Process, vol. 18, pp. 379-390, 1979.
[25] C.Y. Tardif, E. Geva. "The link between acculturation disparity and conflict among Chinese-Canadian immigrant mother-adolescent dyads". *Journal of Cross-Cultural Psychology,* vol. 37, 191-211, 2006.
[26] K. Gaffney, M. Kodadek, M. Meuse, G. Jones. "Assessing infant health promotion: A cross-cultural comparison". Clinical Nursing Research, vol. 10, no. 2, pp. 102-116, 2001.
[27] H. Tessler, R. Gorodischer, J. Press, N. Bilenko. "Unrealistic concerns about fever in children; the influence of cultural-ethnic and socio-demographic factors". IMAJ, vol. 10, pp. 346-350, 2008.
[28] E. Leshem, D. Roer-Strier. *Cultural diversity: a challenge to* human services. Jerusalem: Magnes Press, 2003. (Hebrew).
[29] T. Horowitz. "The Soviet man in an open society", in The soviet man in an open society. T. Horowitz. Ed. Lanham, MD: University Press of America, 1989.

Open Science Index, Humanities and Social Sciences Vol:3, No:7, 2009 publications.waset.org/16018/pdf