

**A national longitudinal study of Muslim diversity and flourishing in Aotearoa New Zealand:
A quantitative study protocol**

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







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Abstract

The New Zealand Attitudes and Values Study is a longitudinal study of social values and attitudes of New Zealanders that has started in 2009 and collected data from thousands of subjects so far. Within the realm of this study, negative attitudes towards minority groups, such as discrimination and prejudice have been examined. Given that the Muslim community has recently been subjected to a terrorist attack in Christchurch, we decided to use data from the New Zealand Attitudes and Values Study to look into Islamophobia from the Muslims' perspective, as well as the remarkable resilience of Muslims despite many challenges. In addition, we deemed necessary to investigate the overall wellbeing and flourishing of Muslims, and whether values, identity, religiosity, and meaning-making affect Muslims' self-perception and health outcomes. However, we were limited by the sample size of Muslims within the New Zealand Attitudes and Values Study to make such inferences. Therefore, the current project was designed to boost the sample of Muslims within the New Zealand Attitudes and Values Study over a three-year quantitative longitudinal study. This protocol describes our pilot community consultation, the decisions made and modified based on consultation, community engagement, data collection, team, measures, timeline, and proposed analyses, mostly focusing on the first year of the booster. We also address the overall nuances in terms of perceived enablers and challengers of data collection from a culturally distinct minority religious community. We think that this protocol will be useful to researchers who want to work with Muslims and similar communities in New Zealand and globally.

Keywords: Muslim, Islam, religion, diversity, discrimination, flourishing, meaning-making, identity

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Introduction

The devastating far-right extremist attack on two mosques in Christchurch that killed 51 and injured another 49 Muslims (*Royal Commission of Inquiry into the Terrorist Attack on Christchurch Masjidain on 15 March 2019, 2020*), albeit shocking to the world (*World Leaders Condemn New Zealand Mosque Attacks, 2019*) and unprecedented in New Zealand (*Jacinda Ardern on the Christchurch Shooting, 2019*), was not as surprising to the Muslim community and their leadership (*Rahman, 2019*) due to the widespread experience of Islamophobia and prejudice (*Sibley et al., 2020*). With overseas reports showing increased Islamophobia following these attacks (*Islamophobia After Christchurch Terror Attacks Quadrupled - Australian Report, 2022*), we have reasons to see an array of hope in New Zealand due to reports of recent improved attitudes towards Muslims (*Bulbulia et al., 2023; Shanaah et al., 2021*). Most of our research in this area, primarily from the New Zealand Attitudes and Values Study (NZAVS) (*New Zealand Attitudes and Values Study, 2024*) lens, has so far shed light on such attitudes from a non-Muslim perspective. In other words, we have reported on how Muslims are perceived, and not how Muslims perceive themselves. While the published NZAVS reports are an absolute necessity, one can never underestimate the self-experience of Muslims themselves - the direct victims of this heinous crime. This article aims to elaborate on the protocol of a pioneering longitudinal study that is poised to achieve the very goal – examining Muslims’ self-perception in New Zealand from a variety of angles, as well as, the predictors of resilience, flourishing, and wellbeing within Muslims. Given that the Muslim community is positioned very uniquely in New Zealand: a minority, historically stigmatized group that were direct victims of a terrorist attacks and showed remarkable resilience (*Anwar & Sumpter, 2020; Royal Commission of Inquiry into the Terrorist Attack on Christchurch Masjidain on 15 March 2019, 2020; Sibley et al., 2020*), we had to consult with the community, make and/or amend decisions based on the feedback received, and learn from other stakeholders that had worked with community. Therefore, it is important that such

processes and decisions are recorded in the form of a study protocol so that the future researchers in New Zealand and across the globe can benefit and save valuable research time and resources.

Perception of Muslims based on NZAVS

The New Zealand Attitudes and Values Study (NZAVS) is a large longitudinal national probability annual panel study of social attitudes, personality, ideology and health outcomes that began in 2009 and has so far collected data from more than 70,000 subjects ([New Zealand Attitudes and Values Study, 2024](#)). NZAVS has been instrumental in exploring minority issues, including but not limited to discrimination, intergroup relations, identity, distress, security, etc, and the dynamics and mechanisms behind them. For instance, our findings indicated the importance of national identity in Muslim perception ([Yogeeswaran et al., 2019](#)). More specifically, the more one believed a specific ancestral heritage (being European or Māori) or cultural aspects (ability to speak English) were important for being considered a *true* New Zealander, the lower they rated their level of warmth toward Muslims ([Yogeeswaran et al., 2019](#)). A follow-up longitudinal examination indicated that the warmth rating of Muslims has historically been the lowest (based on data from 2012-2018) compared to other minority groups (Indians, Chinese, immigrants in general, and Asians in general), though, there was a small steady increase in warmth towards all groups along these years ([Sibley et al., 2020](#)). Sibley et al. (2020) also indicated that lower education, lower socioeconomic status, being male, older age, unemployment, lower agreeableness (based on Big-6 personality test), and lower on openness (based on Big-6 personality test) predicted lower warmth toward Muslims. Interestingly, but not unexpectedly, warmth rating of Muslims was increased unprecedentedly (above and beyond the steady small increase reported in Sibley et al. (2020)) following Christchurch shootings ([Shanaah et al., 2021](#)), and sustained for three years post shootings ([Bulbulia et al., 2023](#)). Bulbulia et al. (2023) indicated that shootings caused increase in warmth toward Muslims, but not toward other groups – known as negative controls – stigmatised groups that were not anticipated to be affected by the shootings (e.g., people with mental illness, overweight people, and elderly people).

Warmth vs islamophobia (Jamila).

Muslim political representation in the media (Ayca Arkilic).

psychological effects.

Perceived discrimination and belonging: Raissi

This implied that has also explored perception of Muslims and the mechanisms of attitudinal changes towards Muslims following 15 March 2019 Christchurch terrorist attacks (Byrne et al., 2022; Hawi et al., 2019; Sibley et al., 2020; Yogeeswaran et al., 2019). However, much of the NZAVS work to date with the Muslim community has focused on conveying information about how Muslims are perceived. After receiving strong positive signals from the Muslim community to scientifically explore diversity, discrimination, self-perception, resilience, meaning-making, and flourishing; this longitudinal study was conceived to address such a worthwhile scientific need. This protocol addresses our pilot community consultation, the decisions made and modified based on consultation, community engagement, data collection, team, and measures. The study primarily aims to explore the diversity of Muslims in New Zealand, assess Muslims' perceived discrimination in comparison with other groups, unearth predictors of flourishing and meaning-making, and measure the effect of service-attendance and religious-identification on these constructs.

Introduce the context of the study, emphasizing the need to understand the psychological impact of mass trauma events on diverse populations such as the Christchurch Muslim community. Highlight the significance of longitudinal research in assessing long-term mental health outcomes.

1. Far right terrorism and attitudes toward Muslims (Usman)
2. Other research on Muslim wellbeing (Dr Fatima)
3. Other ongoing projects: Qual (Farah); and Islamophobia scale to verify our previous findings (Jamila).

Background

- Provide a brief overview of the Christchurch mosque attacks and their aftermath.
- Discuss existing literature on the psychological effects of mass trauma events, particularly on diverse cultural groups.

- Outline the gaps in current knowledge regarding the long-term psychological effects of such events on the Muslim community.

Research Aims

- Clearly state the research questions and objectives of the longitudinal study.
- Emphasize the importance of assessing psychological outcomes over time to understand the trajectory of mental health in the affected population.

Hypotheses

Given that the present project functions as a booster for NZAVS and uses the same questionnaires, the questions that can be answered by MDS can be limitless, and one could suggest a large number of hypotheses to be tested and questions that can be answered from these data in the years to come. However, immediately we are trying to test the following hypotheses – within the span of MDS:

Hypothesis 1: Muslims with the strongest ties to their community as measured by service attendance and prayer are buffered most from anti-Muslim prejudice.

Hypothesis 2: Muslims experience greater challenges to employment and health than matched members of other religious groups.

Hypothesis 3: Subjective well-being, the meaning of life, and psychological distress are similar among Muslims and matched members of religious groups from the buffering of religious community-making.

Having sensed interest in these data from researchers in New Zealand and overseas, it maybe possible to immediately test other hypotheses within the realm of MDS, that would be published as independent research articles.

Method

- **Study Design:** Describe the longitudinal design of the study, including the planned follow-up periods.

- **Participant Selection:** Define the inclusion criteria for participants, specifying age, residency, and other relevant factors.

Mulsim = 1.3% of New Zealand population.

Materials

NZAVS questionnaire has a large number of measures. Here, we are only highlighting and explaining those that are pertinent to the readily planned papers that are going to be published from the booster study, with levels of measurement indicated, as well as the reversed coded ones. For Likert type scales, we are noting the minimum and maximum level along with description. For instance, (*Not important 1-7 Very important*) would mean that it is rated on a scale of 1 to 7 where 1 indicates not important and 7 indicates very important. Notwithstanding, we might choose to report further measures too, which will then be elaborated upon in the individual articles.

- Service attendance and religiosity:
 1. Do you identify with a religion and/or spiritual group? (Yes/No). If yes, what religion or spiritual group? (String entry).
 2. How many times did you attend a church or place of worship in the last month? (String entry)
 3. How many times did you pray in the last week? (String entry)
 4. How many times did you read religious scripture in the last week? (String entry)
 5. How important is your religion to how you see yourself? (String entry) (Not important 1-7 Very important)
 6. I identify as a spiritual person. (Strongly Disagree 1-7 Strongly Agree)
 7. Do you believe in God? (Yes/No)
 8. Do you believe in any form of spirit or life force? (Yes/No)
- Prejudice:

1. I feel that I am often discriminated against because of my religious/spiritual beliefs.
(Strongly Disagree 1-7 Strongly Agree)
 2. People from my ethnic group are discriminated against in New Zealand. (Strongly Disagree 1-7 Strongly Agree)
 3. I feel that I am often discriminated against because of my age. (Strongly Disagree 1-7 Strongly Agree)
 4. I feel that I am often discriminated against because of my ethnicity. (Very Inaccurate 1-7 Very Accurate)
 5. I feel that I am often discriminated against because of my gender. (Very Inaccurate 1-7 Very Accurate)
- Intergroup Warmth Ratings: Participants are asked to rate their feelings of warmth toward different groups using “feeling thermometer scale” for each group from least to most warmth on a 1-7 Likert scale (see Figure 1 for reference). Groups include: NZ Europeans, Māori, Asians in general, Pacific Islanders, Elderly people, People with a disability, Refugees, Overweight people, Immigrants in general, Chinese, Indians, Muslims, LGBTQ+ people, People with mental illness.
 - Felt belonging:
 1. I know that people in my life accept and value me. (Very Inaccurate 1-7 Very Accurate)
 2. I feel like an outsider. (Very Inaccurate 1-7 Very Accurate)
 3. I know that people in around me share my attitudes and beliefs. (Very Inaccurate 1-7 Very Accurate)
 - Support:

1. There are people I can depend on to help me if I really need it. (Strongly Disagree 1-7 Strongly Agree)
2. There is no one I can turn to for guidance in times of stress (R). (Strongly Disagree 1-7 Strongly Agree)
3. I know there are people I can turn to when I need help. (Strongly Disagree 1-7 Strongly Agree)

- Employment:

1. What is your highest level of qualification? (String entry)
2. Are you currently employed (This includes self-employed of casual work)? (Yes/No).
This leads to a four-point nominal response: employed full-time, employed part-time, unemployed, and not in the labour force.
3. In that job, what is your current occupation (String entry)
4. What is the main activity of the business or employer that you work for? (String entry)
5. How long have you worked at your current organization? (String entry: years/months)
6. How satisfied are you with your current job? (Not satisfied 1-7 Very satisfied)
7. How secure do you feel in your current job? (Not secure 1-7 Very secure)
8. How valued do you feel by your current organization? (Not valued 1-7 Very valued)

- Health:

1. In general, would you say your health is... (Poor 1-7 Excellent)
2. I seem to get sick a little easier than other people. (Strogly disagree 1-7 Strongly agree)
3. I expect my health to get worse. (Strogly disagree 1-7 Strongly agree)

4. Do you have a health condition or disability that limits you, and that has lasted for 6+ months? (Yes/No). If yes, please state: (String entry)
5. How often do you have a drink containing alcohol? Measured using a 6 point nominal scale (Never - I don't drink, Monthly or less, Up to 4 times a month, Up to 3 times a week, 4 or more times a week, Don't know)
6. Have you ever regularly smoked tobacco cigarettes? (Yes/No).
7. Have you ever regularly used e-cigarettes? (Yes/No).
8. Do you currently smoke tobacco cigarettes? (Yes/No).
9. Do you currently vape or use e-cigarettes? (Yes/No).
10. Access to and satisfaction with GP: Do you have a regular family doctor/GP? (Yes/No). (If yes) How satisfied are you with the service and care you receive from your family doctor/GP? (Not satisfied 1-7 Very satisfied). Do you think your doctor/GP shares a similar cultural background to you? (Definitely no 1-7 Definitely yes). Does your doctor/GP respect your cultural background when you are discussing health issues with them? (Definitely no 1-7 Definitely yes).
11. Please estimate how many hours you spent during each of the following things last week (String entry). Options provided: Working in paid employment, housework/cooking, looking after children, volunteer/charitable work, exercising/physical activity, watching TV/Netflix/movies, travelling/commuting, watching/reading news, using the internet (in total), using social media (e.g., Facebook), playing video games/computer games.
12. BMI: Calculated by using a person's weight (Kg) divided by square root of height (m) that are asked separately, using "What is your height? (String entry (meters))", and "What is your weight? (String entry (kgs))"
13. Forgiveness vs vengeful rumination: Sometimes I can't sleep because of thinking about past wrongs I have suffered., I can usually forgive and forget when someone

does me wrong., I find myself regularly thinking about past times that I have been wronged. (1 = Strongly disagree, 7 = Strongly agree)

14. During the past month, on average, how many hours of actual sleep did you get per night? (String entry)

15. Do you have a health condition or disability that limits you, and that has lasted for 6+ months? (Yes/No). If yes, please state: (String entry)

16. Chronic diseases diagnosis: See Figure 2.

- Matching with other religious group: Similar to Bulbulia et al. (2023), we will use the following demography and personality variables to identify matching members in different religions groups.

1. Age: What is your age? (String entry) and when is your date of birth (String entry)
2. Education: An 11-point ordinal scale (No qualification 0-11 Doctoral degree, based on the New Zealand Qualification Framework (*The New Zealand Qualifications Framework, 2016*)) based on the responses to the qualification-related question.
3. Employment: A binary variable is created (0 = unemployed, 1 = employed) based on the responses to employment items “Are you currently employed?”
4. Ethnicity: The items displayed in Figure 3 are categorised following the New Zealand Census Groups: European, Māori, Pacific Peoples, Asian, MELAA (Middle Eastern, Latin American/African), and Other.
5. Gender: Responses to the string entry item “What is your gender?”, gender will be used to create a binary measure (Male = 1, Not male = 0).
6. Socioeconomic status: Measured based on 2018 New Zealand Deprivation Index (Atkinson et al., 2019) that assigns a decile-rank index (Least deprived 1-10 Most deprived) using participants’ immediate neighbourhood’s aggregate census information. This index is calculated using component factor analysis of nine

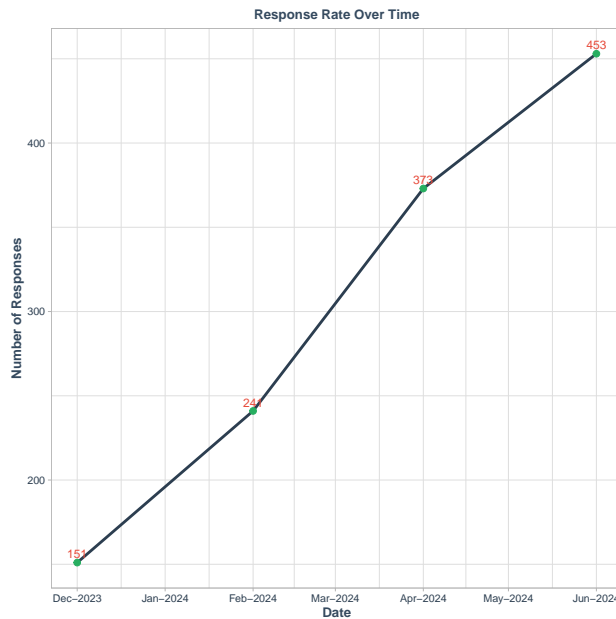
variables in weighted order as follows: proportion of adults who received a means-tested benefit, household income, proportion not owning own home, proportion of single-parent families, the proportion of unemployed, proportion lacking qualifications, proportion household crowding, proportion no telephone access, and proportion no car access. Hence, this index reflects nationwide mean deprivation level for small neighbourhood-type units (i.e., small community areas consisting about 80-90 people).

7. Parent: Measured by assigning a binary variable (1 = those with children, 0 = the rest) to the item: How many children have you given birth to, fathered, or adopted? (String entry).
8. Partner: Responses to “What is your relationship status?” are assigned a binary variable (1 = Has a partner, 0 = Doesn’t have a partner).
9. Religious identification: “Yes” responses to “Do you identify with a religion and/or spiritual group?” are assigned 1 and “No” responses are coded 0.
10. Political orientation: Based on responses to “Please rate how politically left-wing versus right-wing you see yourself as being”, political orientation is assigned a 7-point scale (extremely left-wing 1-7 extremely right-wing).
11. Residence: Urban or rural residence (a two-item nominal variable) is identified based on the physical addresses provided.
12. Region of habitation (?)
13. Occupational prestige (?)
14. Race rejection anxiety:
15. Big six personality traits: Six personality traits, agreeableness, conscientiousness, extraversion, openness, honesty-humility, and neuroticism, are measured using a 7-point (very inaccurate 1-7 very accurate) Mini-IPIP6 scale ([Sibley et al., 2011](#)).

- Subjective wellbeing/psychological distress: Measured using the Kessler-6 items (items 1-6 in Figure 4) rated on a 5-point scale (None of the time 0-4 All of the time) (Kessler et al., 2010).
 - Meaning of life: My life has a clear sense of purpose (Strongly disagree 1-7 Strongly agree) and I have a good sense of what makes my life meaningful (Strongly disagree 1-7 Strongly agree).
 - Life satisfaction and national wellbeing: Items from Figure 5 measured on 11-item measure (Completely dissatisfied 0-10 Completely satisfied). In addition, “I am satisfied with my life. (Strongly disagree 1-7 Strongly agree)” and “In most ways my life is close to ideal. (Strongly disagree 1-7 Strongly agree)”.
7. Self esteem: On the whole am satisfied with myself. Take a positive attitude toward myself. Am inclined to feel that I am a failure.
 8. Gratitude: I have much in my life to be thankful for. When I look at the world, I don't see much to be grateful for. I am grateful to a wide variety of people.
 9. Community making: I feel a sense of community with others in my local neighbourhood (Strongly disagree 1-7 Strongly agree).
 10. Values:
 11. Resilience:
- **Recruitment:** Detail the recruitment strategy, including outreach methods and sources of recruitment.
 - **Data Collection:** Explain the quantitative measures to be used in data collection, including validated self-report instruments and clinical assessments.

Warning: Using `size` aesthetic for lines was deprecated in ggplot2 3.4.0.

i Please use `linewidth` instead.



- **Procedure:** Outline the procedure for data collection at each time point, whether face-to-face or virtual.
 1. Community consultation in 2022: Aqsa and Parus
 2. Current Wave general procedure: Usman and Jamila with input from all RA's: Farah, Hussain, Hala, Zarqa, Zahra H, Nasrat
- **Ethical Considerations:** Discuss ethical approval obtained for the study and procedures for obtaining informed consent from participants.
- **Data Analysis:** Provide an overview of the planned data analysis methods, including statistical techniques for longitudinal data analysis.
- **Preregistration:** The design, hypotheses, measures, and anticipated data analysis are preregistered on OSF (). The study was preregistered before any attempted analyses of data.

Expected Outcomes

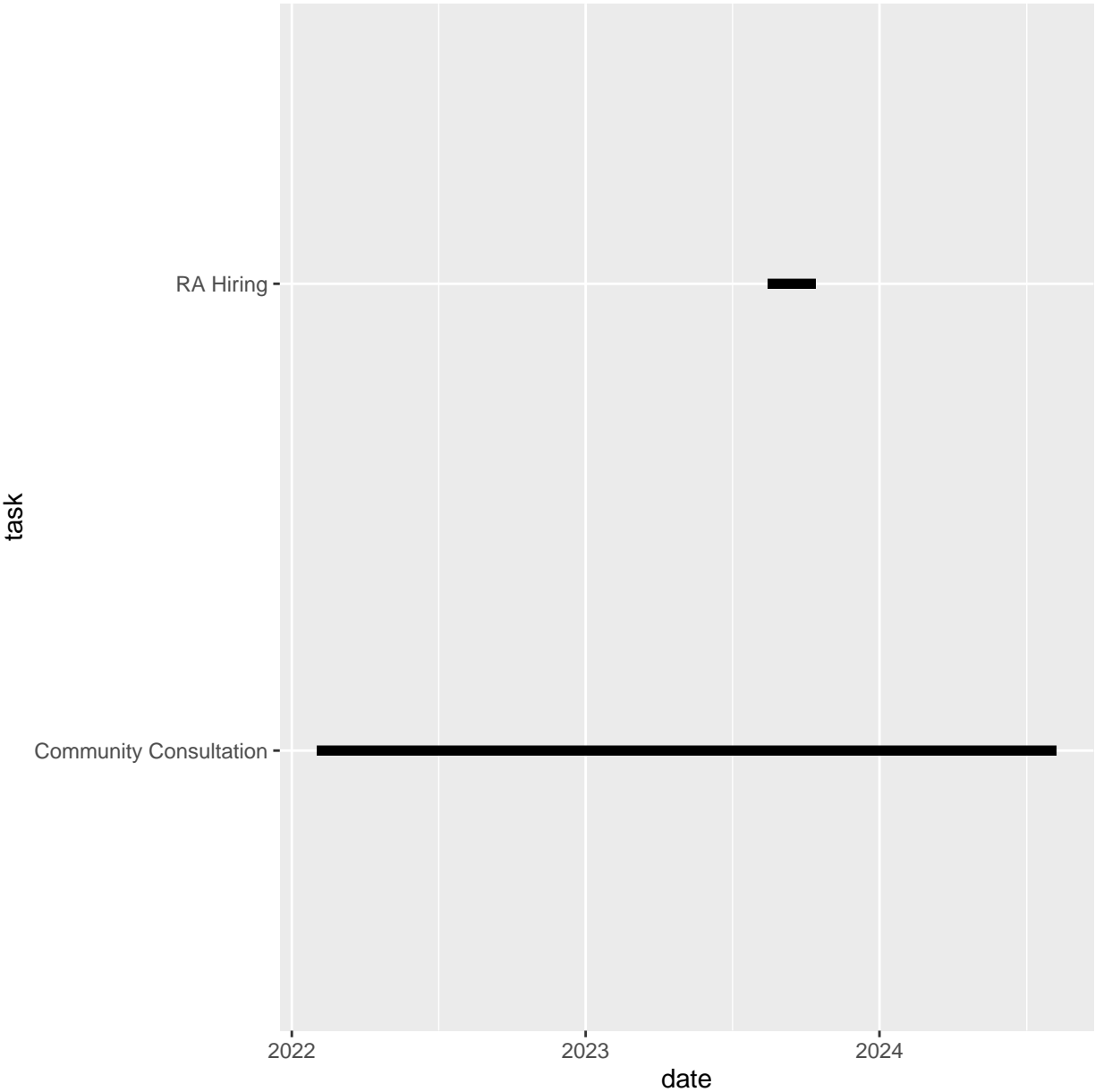
- Anticipated findings based on the research questions and objectives.
- Potential contributions of the study to the field of mental health research and implications for policy and practice.

Timeline

- Present a timeline indicating key milestones in the study, including recruitment periods, data collection waves, and analysis phases.

1. Usman and Jamila

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-- Attaching core tidyverse packages ----- tidyverse 2.0.0 --
v dplyr      1.1.4      v readr      2.1.5
v forcats    1.0.0      v stringr    1.5.1
v lubridate  1.9.3      v tibble     3.2.1
v purrr      1.0.2      v tidyr      1.3.1
-- Conflicts ----- tidyverse_conflicts() --
x dplyr::filter() masks stats::filter()
x dplyr::lag()     masks stats::lag()
i Use the conflicted package (<http://conflicted.r-lib.org/>) to force all conflicts to
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Strengths and Limitations

- 1. Zahra E, Rizwan, Somia

Conclusion

Summarize the importance of the longitudinal study in understanding the psychological effects of the Christchurch mosque attacks on the Muslim community and reiterate the significance of the research aims.

1. Zahra E, Rizwan, Somia

Ethics

Funding

A National Longitudinal Study of Muslim Diversity and Flourishing (famously known as Muslim Diversity Study) is supported by a grant from the Templeton Religion Trust (TRT-2022-30579). The funders had no role in preparing the manuscript or the decision to publish it.

Data Availability

The data described in this study are part of the Muslim Diversity Study, that is conducted under the [New Zealand Attitudes and Values Study](#).

CoI

We have no conflict of interest to disclose.

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Figure 1*Feeling thermometer scale*

Please rate your feelings of <u>WARMTH</u> toward the following groups using the “feeling thermometer scale” for each group.															
Feel <u>LEAST WARM</u> Toward This Group	Neutral											Feel <u>MOST WARM</u> Toward This Group			
1	2	3	4	5	6	7									
NZ Europeans	1	2	3	4	5	6	7	Overweight people	1	2	3	4	5	6	7
Māori	1	2	3	4	5	6	7	Immigrants in general	1	2	3	4	5	6	7
Asians in general	1	2	3	4	5	6	7	Chinese	1	2	3	4	5	6	7
Pacific Islanders	1	2	3	4	5	6	7	Indians	1	2	3	4	5	6	7
Elderly people	1	2	3	4	5	6	7	Muslims	1	2	3	4	5	6	7
People with a disability	1	2	3	4	5	6	7	LGBTQ+ people	1	2	3	4	5	6	7
Refugees	1	2	3	4	5	6	7	People with mental illness	1	2	3	4	5	6	7

Note. From NZAVS Wave 15 <https://osf.io/75snb/>

Figure 2*Chronic disease diagnosis*

07. Have you been diagnosed with, or treated for, any of the following health conditions by a doctor in the last five years?

<input type="radio"/>	High cholesterol
<input type="radio"/>	High blood pressure
<input type="radio"/>	Asthma
<input type="radio"/>	Heart disease
<input type="radio"/>	Diabetes (Type II)
<input type="radio"/>	Depression
<input type="radio"/>	Anxiety disorder
<input type="radio"/>	Other (please state):

Note. From NZAVS Wave 15 <https://osf.io/75snb/>

Figure 3*Ethnic Groups*

02. Which ethnic group(s) do you belong to?

(Mark the space or spaces which apply to you).

- ☐ New Zealand European
- ☐ Māori
- ☐ Samoan
- ☐ Cook Island Māori
- ☐ Tongan
- ☐ Niuean
- ☐ Chinese
- ☐ Indian
- ☐ Other such as *DUTCH, JAPANESE, TOKELAUAN*. Please state:

Note. From NZAVS Wave 15 <https://osf.io/75snb/>

Figure 4*Kessler 6*

During the last 30 days, how often did.... (Please use the scale below to circle a number for each question)					
None Of The Time 0	A Little Of The Time 1	Some Of The Time 2	Most Of The Time 3	All Of The Time 4	
1. ... you feel hopeless?	0	1	2	3	4
2. ... you feel so depressed that nothing could cheer you up?	0	1	2	3	4
3. ... you feel restless or fidgety?	0	1	2	3	4
4. ... you feel that everything was an effort?	0	1	2	3	4
5. ... you feel worthless?	0	1	2	3	4
6. ... you feel nervous?	0	1	2	3	4
7. ... you have negative thoughts that repeated over and over?	0	1	2	3	4
8. ... you feel exhausted?	0	1	2	3	4
9. ... other people exclude you from conversations?	0	1	2	3	4

Note. From NZAVS Wave 15 <https://osf.io/75snb/>

Figure 5*Life Satisfaction*

<i>Instructions: Please rate your level of satisfaction with the following aspects of your life and New Zealand.</i>											
Completely Dissatisfied	Somewhat Satisfied									Completely Satisfied	
0	1	2	3	4	5	6	7	8	9	10	
1. Your standard of living.	0	1	2	3	4	5	6	7	8	9	10
2. The economic situation in New Zealand.	0	1	2	3	4	5	6	7	8	9	10
3. The quality of New Zealand's natural environment.	0	1	2	3	4	5	6	7	8	9	10
4. Your health.	0	1	2	3	4	5	6	7	8	9	10
5. The social conditions in New Zealand.	0	1	2	3	4	5	6	7	8	9	10
6. The performance of the current New Zealand government.	0	1	2	3	4	5	6	7	8	9	10
7. Your future security.	0	1	2	3	4	5	6	7	8	9	10
8. Business in New Zealand.	0	1	2	3	4	5	6	7	8	9	10
9. Your personal relationships.	0	1	2	3	4	5	6	7	8	9	10
10. Your access to health care when you need it (e.g., doctor, GP).	0	1	2	3	4	5	6	7	8	9	10
11. The quality and health of the waterways in your local region.	0	1	2	3	4	5	6	7	8	9	10

Note. From NZAVS Wave 15 <https://osf.io/75snb/>

Appendix

Title for Appendix