

# **Multicultural Quality of Life: experiences of a South Australian Muslim community amid the COVID-19 pandemic**

Helen McLaren

*College of Education, Psychology and Social Work, Flinders University, Australia*  
*E-mail: helen.mclaren@flinders.edu.au*

Michelle Jones

*College of Education, Psychology and Social Work, Flinders University, Australia*  
*E-mail: michelle.jones@flinders.edu.au*

Emi Patmisari

*College of Education, Psychology and Social Work, Flinders University, Australia*  
*E-mail: emi.patmisari@flinders.edu.au*

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## **Abstract**

Muslims have a strong sense of obligation in which Islam informs their ways of life. As a religious minority within Australia, these obligatory practices may not be well understood by mainstream policy, health, and welfare services. This mixed-method, cross-sectional study assessed the self-reported quality of life (QoL), worldviews, and subjective experiences of religiosity and/or cultural identity of adults from a Muslim community affiliated with the Adelaide Mosque,

metropolitan South Australia. Data were collected during the COVID-19 pandemic using the Multicultural Quality of Life Index (MQLI) and focus group discussions. Survey results ( $n = 98$ ) showed women had lower MQLI scores than men did, and married participants had better MQLI scores than not-married did. Focus group participants ( $n = 18$ ) reported feeling overwhelmed and isolated due to social distancing requirements during the COVID-19 pandemic, compounded by a lack of available 'Muslim-friendly' social support services. While results do not represent all Muslim perspectives in Australia, they reveal a dialogic interchange between gender and matrimonial differences, and cultural variances that may exist in the concept of wellbeing. Greater opportunities for social support integrating Muslim religiosity and culture in multicultural practice, in discrete and mainstream services, would benefit this South Australian community.

Muslim memiliki rasa kewajiban yang kuat di mana Islam menginformasikan cara hidup mereka. Sebagai minoritas agama di Australia, praktik wajib ini mungkin tidak dipahami dengan baik oleh layanan kebijakan, kesehatan, dan kesejahteraan arus utama. Metode campuran, studi cross-sectional ini menilai kualitas hidup (QoL) yang dilaporkan sendiri, pandangan dunia, dan pengalaman subjektif dari religiusitas dan/atau identitas budaya orang dewasa dari komunitas Muslim yang berafiliasi dengan Masjid Adelaide, metropolitan Australia Selatan. Data dikumpulkan selama pandemi COVID-19 menggunakan Multicultural Quality of Life Index (MQLI) dan diskusi kelompok terfokus. Hasil survei ( $n = 98$ ) menunjukkan wanita memiliki skor MQLI lebih rendah daripada pria, dan peserta yang menikah memiliki skor MQLI lebih baik daripada yang tidak menikah. Peserta kelompok fokus ( $n = 18$ ) melaporkan merasa kewalahan dan terisolasi karena persyaratan jarak sosial selama pandemi COVID-19, ditambah dengan kurangnya layanan dukungan sosial 'ramah Muslim' yang tersedia. Meskipun hasilnya tidak mewakili semua perspektif Muslim di Australia, hasil ini mengungkapkan pertukaran dialogis antara perbedaan gender dan matrimonial, dan variasi budaya yang mungkin ada dalam konsep kesejahteraan. Peluang yang lebih besar untuk dukungan sosial yang mengintegrasikan religiusitas dan budaya Muslim dalam praktik multikultural, dalam layanan terpisah dan arus utama, akan menguntungkan komunitas Australia Selatan ini.

**Keywords:** *Muslim; Multicultural; Australia; Quality of Life; Wellbeing*

## Introduction

Australia is a multicultural nation with over 300 languages spoken, from nearly 200 countries, and over 100 religions, shaping a unique Australian identity.<sup>1</sup> Islam is the second largest religion in Australia comprising 2.6% of the population, with more than a quarter from Afghanistan and Pakistan<sup>2</sup>. Despite multiculturalism, there is a historical backdrop in which racial, ethnic, and religious friction has changed over time but also persists. In terms of religio-culturally sensitive services crucial for quality of life (QoL), Australia's health, welfare, and socio-political systems fall behind many other Anglophone nations.<sup>3</sup> This is highlighted by health and welfare researchers noting structures and tensions that inhibit opportunities for ethnic minority populations to fully participate.<sup>45</sup>

In considering QoL related concepts, Australians aged >15 years rated their overall life satisfaction as 7.2 during the first year of the COVID-19 pandemic, compared to 7.5 in 2019 (0 – 10 scale).<sup>6</sup> Recent immigrants showed significant decreases in their scores from 2019 to 2020 for women (7.7 to 7.0) and for men (7.8 to 7.1). We established that the average life satisfaction in 2020 among a South Australian Muslim community was

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<sup>1</sup>ABS, *Census of Population and Housing: Australia Revealed, 2016*, Australian Bureau of Statistics, 2017.

<sup>2</sup>ABS, *Census of Population and Housing: Australia Revealed, 2016*, Australian Bureau of Statistics, 2017.

<sup>3</sup>H. McLaren, M. Hamiduzzaman, E. Patmisari, M. Jones, & R. Taylor, "Health and Social Care Outcomes in the Community: Review of Religious Considerations in Interventions with Muslim-Minorities in Australia, Canada, UK, and the USA", *Journal of Religion and Health* (2022).

<sup>4</sup>V. Cantori, "Civic Engagement as Religious Duty among American Muslims: Between "Muslim Charity" and "Collective Goodness" in a Muslim Food Pantry", *Journal of Muslim Minority Affairs*, Volume 41, Number 4 (2021), 643-657.

<sup>5</sup>J. Pupcenoks, "The Difficulties of Italian Muslim Political Mobilization: Anti-Muslim Sentiment and Internal Fragmentation", *Journal of Muslim Minority Affairs*, Volume 41, Number 2 (2021), 233-249.

<sup>6</sup>ABS, *General Social Survey: Summary Results, Australia*. Australian Bureau of Statistics, 2021.

6.5, which was much lower than pandemic and pre-pandemic Australian life satisfaction scores.<sup>7</sup> This drew our attention to the need to understand cultural variances in what may constitute QoL, challenges associated with cultural roles, norms, and gender expectations, and considerations for multicultural practice in discrete and mainstream services.

As a multidimensional construct, QoL traverses physical and psychological health, social relations, environmental, and economic domains.<sup>8</sup> Researchers agree on the importance of understanding QoL in determining needs, designing interventions, and measuring outcomes.<sup>9,10</sup> QoL assessments, however, are predominantly used to examine mobility and functioning in the context of illness and disease, exposing limitations due to their pathology emphasis.<sup>11</sup> Measurements, such as socio-cultural and socio-religious life domains, are equally important as these likewise impact health, wellbeing, sense of purpose, and overall QoL. Among the range of available social science QoL indexes enabling understanding of subjective assessments for achieving a good life, the Multicultural Quality of Life Index (MQLI) developed by Mezzich and colleagues<sup>12</sup> recognises

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<sup>7</sup>E. Patmisari, H. McLaren & M. Jones, "Multicultural Quality of Life Predictive Effects on Wellbeing: A Cross-Sectional Study of a Muslim Community in South Australia", *Journal of Religion & Spirituality in Social Work*, Volume 41, Number 4 (2022), 384-403.

<sup>8</sup>J. Najman, & S. Levine, "Evaluating the Impact of Medical Care and Technologies on the Quality of Life: A Review and Critique", *Social Science & Medicine. Part F: Medical and Social Ethics*, Volume 15, Number 2-3 (1981), 107-115.

<sup>9</sup>H. McLaren, J. Fischer, & L. Zannettino, "Defining Quality of Life Indicators for Measuring Perpetrator Intervention Effectiveness", *ANROWS Research Report*, Volume 5 (2020), 1-92.

<sup>10</sup>S. Skevington, M. Lotfy, & K. O'Connell, "The World Health Organization's WHOQOL-BREF Quality of Life Assessment: Psychometric Properties and Results of the International Field Trial. A Report from the WHOQOL Group", *Quality of Life Research*, Volume 13, Number 2 (2004), 299-310.

<sup>11</sup>M. Karimi, & J. Brazier, "Health, health-related quality of life, and quality of life: what is the difference?", *Pharmacoeconomics*, Volume 34, Number 7 (2016), 645-649.

<sup>12</sup>J. Mezzich, N. Cohen, M. Ruiperez, C. Banzato, & M. Zapata-Vega, "The Multicultural Quality of Life Index: Presentation and Validation", *J Eval Clin Pract*, Volume 17, Number 2 (2011), 357-364.

the heterogenous nature of societies in terms of race, ethnicity, and culture, as well as religion and spirituality. Accordingly, the MQLI was chosen as appropriate for our study by leaders from the Adelaide Muslim community studied. MQLI results, we envisaged, would assist in advocating for culturally relevant health, welfare, and social care in the Australian society where social exclusion of people ‘not like us’ continues to persist.

Assessment of QoL among culturally heterogeneous groups has been undertaken in several studies. In Australia, Hashemi and colleagues showed among Middle Eastern (mostly Muslim) immigrants that socio-religious support mediated relationships between ethnic acculturation and psychological wellbeing, and that perceived discrimination mediated relationships between mainstream acculturation and psychological wellbeing.<sup>13</sup> Positive associations between religious socialisation, improved health, and subjective wellbeing and/or QoL have been seen among other ethnic minority groups.<sup>14151617</sup> These studies consistently recommend the integration of religiosity in social and health interventions for improving acculturation and subjective experiences of life. Intersections between religion and gender, and other preferred lifestyle contexts, are also viewed to be critical for achieving QoL in some populations.

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<sup>13</sup>N. Hashemi, M. Marzban, B. Sebar, & N. Harris, “Acculturation and Psychological Well-being Among Middle Eastern Migrants in Australia: The Mediating Role of Social Support and Perceived Discrimination”, *International Journal of Intercultural Relations*, Volume 72 (2019), 45-60.

<sup>14</sup>N. Krause, & C. Ellison, “Parental Religious Socialization Practices and Self-Esteem in Late Life”, *Review of Religious Research*, Volume 49, Number 2 (2007), 109-127.

<sup>15</sup>A. Abdel-Khalek, “Quality of Life, Subjective Well-being, and Religiosity in Muslim College Students”, *Quality of Life Research*, Volume 19, Number 8 (2010), 1133-1143.

<sup>16</sup>K. Nguyen, & H. McLaren, “Female Student Migration: A Brief Opportunity for Freedom from Religio-Philosophical Obedience”, *Religions*, Volume 11, Number 11 (2020), 556.

<sup>17</sup>H. Tiliouine, & A. Belgoumidi, “An Exploratory Study of Religiosity, Meaning in Life and Subjective Wellbeing in Muslim Students from Algeria”, *Applied Research in Quality of Life*, Volume 4, Number 1 (2009), 109-127.

Gender is recognized as a variable of individual difference in determining QoL and as a categorical source of social inequality in Australia.<sup>18</sup> Meade and Dowswell measured the QoL of Australian adolescents and showed significant differences in physical well-being, psychological well-being, and autonomy and parental relationships, with women reporting lower scores than men.<sup>19</sup> McCaffrey and colleagues study of 2,908 South Australian adults, likewise, identified that women had lower QoL scores.<sup>20</sup> Clinical trials likewise note QoL gender gap among people with diabetes and kidney disease, and mental disorders.<sup>21,22</sup> In addition, Lawrence and colleagues showed that married individuals were healthier and lived longer compared to their non-married counterparts.<sup>23</sup> Marital/de facto status in two studies was a statistically significant predictor of a good QoL.<sup>24, 25</sup>

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<sup>18</sup>M. Western, & W. Tomaszewski, "Subjective Wellbeing, Objective Wellbeing and Inequality in Australia", *PLoS One*, Volume 11, Number 10 (2016), e0163345-e0163345.

<sup>19</sup>T. Meade, & E. Dowswell, "Adolescents' Health-Related Quality of Life (HRQOL) Changes over Time: A Three Year Longitudinal Study", *Health and Quality of Life Outcomes*, Volume 14, Number 1 (2016), 1-8.

<sup>20</sup>N. McCaffrey, B. Kaambwa, D. Currow, & J. Ratcliffe, "Health-related Quality of Life Measured Using the EQ-5D-5L: South Australian Population Norms. *Health and Quality of Life Outcomes*, Volume 14, Number 1 (2016), 1-12.

<sup>21</sup>E. Zimbudzi, C. Lo, S. Ranasinha, M. Gallagher, G. Fulcher, P. Kerr, G. Russell, H. Teede, T. Usherwood, & R. Walker, "Predictors of Health-Related Quality of Life in Patients with Co-Morbid Diabetes and Chronic Kidney Disease", *PLoS One*, Volume 1, Number 12 (2016), e0168491.

<sup>22</sup>E. Colillas-Malet, G. Prat, A. Espelt, & D. Juvinyà, "Gender differences in health-related quality of life in people with severe mental illness", *PLoS One*, Volume 15, Number 2 (2020), e0229236.

<sup>23</sup>E. Lawrence, R. Rogers, A. Zajacova, & T. Wadsworth, "Marital Happiness, Marital Status, Health, and Longevity. *Journal of happiness studies*, Volume 20, Number 5 (2018), 1539-1561.

<sup>24</sup>R. Freak-Poli, J. Ryan, T. Tran, A. Owen, J. McHugh Power, M. Berk, N. Stocks, D. Gonzalez-Chica, J. Lowthian, & J. Fisher, "Social Isolation, Social Support and Loneliness as Independent Concepts, and Their Relationship with Health-Related Quality of Life Among Older Women", *Aging & Mental Health*, Volume 26, Number 7 (2021), 1-10.

<sup>25</sup>N. McCaffrey, B. Kaambwa, D. Currow, & J. Ratcliffe, "Health-related Quality of Life Measured Using the EQ-5D-5L: South Australian Population Norms. *Health and Quality of Life Outcomes*, Volume 14, Number 1 (2016), 1-12.

In Iran, a predominantly Muslim society, Khodarahimi reported higher levels of emotional intelligence, happiness, optimism, and hope in married individuals compared to not-married.<sup>26</sup> In cultures where marriage is revered, marital status may moderate inequities that may otherwise impinge her QoL.

Islam is a way of life for Muslims, per teachings of the Quran, and comprehended as a space for agency, subject formation, and knowledge construction.<sup>27</sup> Islamic principles occupy a substantial space and play important roles in how Muslims perform everyday life. Tiilikainen and colleagues proposed a concept of Muslim minority wellbeing in the West, involving three elements: relational, material, and moral.<sup>28</sup> Relational elements originate from familial ties, whereas material elements are located in physical rudiments of everyday life, in the workplace, school, and community. Moral elements are found within the context of the mosque and Islamic teachings. Debonneville explained that Muslim minorities connect uniquely with places and environments in which they live and work, sharing solidarity with others having similar experiences through religious worship and practices.<sup>29</sup> Studies of Muslim minority communities, however, showed that health, community, and social services were neither respectful of religiosity nor perceived culturally suitable or safe.<sup>30 31</sup>

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<sup>26</sup>S. Khodarahimi, "The Role of Marital Status in Emotional Intelligence, Happiness, Optimism and Hope", *Journal of Comparative Family Studies*, Volume 46, Number 3 (2015), 351-371.

<sup>27</sup>G. Hardaker, & A. Sabki, "Philosophy of Islam and Knowledge", in *Pedagogy in Islamic Education*, Emerald Publishing Limited, (2018).

<sup>28</sup>M. Tiilikainen, M. Al-Sharmani, & S. Mustasaari. *Wellbeing of Transnational Muslim Families: Marriage, Law and Gender*, Routledge, 2020.

<sup>29</sup>J. Debonneville, "A 'Minority' on the Move: Boundary Work among Filipina Muslim Migrant Domestic Workers in the Middle East", *The Asia Pacific journal of anthropology*, Volume 20, Number 4 (2019), 344-361.

<sup>30</sup>R. Kayrouz, E. Karin, C. Ghanem, N. Choudhury, & A. Malas, "Muslim Adolescent Mental Health in Australia: A Cross-Cultural Comparison of the Risk of Developing Clinically Significant Psychological Problems", *Journal of Child and Family Studies*, Volume 31, Number 10 (2022), 2837-2848.

<sup>31</sup>M. Suhada, & G. Kalpana, "Migrant Muslim Women's Experiences of Coping and

Derived from a larger project, our study used mixed-method, cross sectional analysis to explain the multicultural QoL of a South Australian Muslim community. The MQLI, a brief self-report questionnaire, assessed physical wellbeing, psychological/emotional wellbeing, interpersonal functioning, social-emotional support, personal fulfilment, spiritual fulfilment, self-care, independent functioning, occupational functioning, community and services support, and global perception of QoL. Focus groups discussions captured meanings about the multiple subjective assessments of life, worldviews and experiences, associated with religiosity and/or cultural identity among an Australian Muslim community. The research was co-designed with members of the Adelaide Mosque Islamic Society Inc. (AMISSA). We compared multicultural QoL based on gender and marital status, alongside results of our thematic analysis of qualitative data, highlighting concerns for women.

### **Gender, matrimony, and multicultural quality of life**

Gender, marital status, and QoL are interconnected factors impacting Muslim's overall wellbeing. In this study, gender and marital status were treated as fixed dichotomous variables (women-men; and, married-non-married). Table 1 provides brief demographic baseline data, 40% women and 60% men, most being married (73%). Most women had low MQLI scores (42%), as did non-married participants (43%).

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Building Resilience in Australia: Implications for Social Work. *Advances in Social Work and Welfare Education*, Volume 23, Number 2 (2022), 55-70.



Table 1. Sociodemographic Participant Characteristics

Baseline characteristic	Multicultural Quality of Life Index			
	Low	Medium	High	Very High
Gender				
Women (n = 39)	42%	16%	28%	14%
Men (n = 59)	25%	20%	30%	25%
Marital status				
Married (n = 72)	28%	18%	30%	24%
Not-married (n = 26)	43%	18%	25%	14%

Table 2 shows significant gender differences in scores for physical wellbeing ( $t(96) = -2.112, p = .037$ ), psychological/emotional ( $t(95) = -2.558, p = .012$ ), interpersonal functioning ( $t(96) = -3.163, p = .002$ ), social-emotional support ( $t(96) = -3.148, p = .002$ ), personal fulfilment ( $t(71) = -2.434, p = .017$ ), and spiritual fulfilment ( $t(96) = -2.402, p = .021$ ). Effect size for psychological/emotional wellbeing ( $d = -.530$ ), interpersonal functioning ( $d = .653$ ), social-emotional support ( $d = -.650$ ), and personal fulfilment ( $d = -.623$ ) exceed Cohen's convention for a medium effect ( $d = .50$ ). Consistent with the primary null hypothesis, self-care and independent functioning ( $t(96) = -.967, p = .336$ ), occupational functioning ( $t(98) = -1.419, p = .159$ ), community and services support ( $t(96) = -.444, p = .658$ ), and global perception of QoL ( $t(73) = -1.668, p = .100$ ) were not significantly gender differentiated. Despite this, women ( $M = 6.23, 6.21, 5.54, \text{ and } 5.38$  respectively) reported lower scores than men ( $M = 6.76, 6.93, 5.80, \text{ and } 6.36$ ). The  $p$ -value of Levene's test was significant ( $p < .05$ ) indicating variance in personal fulfilment and global perception of QoL by women as significantly different from men based on  $t$ -test results in the "Equal variances not assumed" row.

Table 2. Results of independent sample t-test for gender difference on MQLI

MQLI Variables	Women		Men		t (df)	p	Cohen's d
	M	SD	M	SD			
Physical well-being	4.72	2.685	5.88	2.659	-2.112(96)	.037*	-.436
Psychological/ Emotional	4.72	2.695	6.14	2.672	-2.558(95)	.012*	-.530
Self-care and independent functioning	6.23	2.610	6.76	2.700	-.967(96)	.336	-.200
Occupational functioning	6.21	2.597	6.93	2.406	-1.419(98)	.159	-.293
Interpersonal functioning	5.38	2.540	6.92	2.207	-3.163(96)	.002*	-.653
Social-emotional support	4.54	2.910	6.36	2.721	-3.148(96)	.002*	-.650
Community and services support	5.54	2.937	5.80	2.740	-.444(96)	.658	-.092
Personal fulfilment	4.97	3.124	6.45	2.597	-2.434(71)**	.017*	-.523
Spiritual fulfilment	5.69	2.783	7.00	2.539	-2.402(96)	.021*	-.496
Global perception of QoL	5.38	2.979	6.36	2.565	-1.668(73)**	.100	-.355

\* $p < .05$ . The negative value means the first group score is lower than the second group.

\*\*Levene's test is significant ( $p < .05$ )

The *t*-test results (Table 3) showed significant difference between self-care and independent functioning ( $t(96) = -2.404, p = .018$ ) and occupational functioning ( $t(96) = -2.217, p = .029$ ) scores, with medium effects ( $d = -.550$  and  $d = -.507$  respectively) for married participants compared to not-married. Married participants scored higher in all MQLI variables; therefore on average married participants had better QoL.

Table 3. Results of independent sample t-test for marital status difference on MQLI

MQLI Variables	Not-married		Married		t(df)	p	Cohen's d
	M	SD	M	SD			
Physical well-being	4.96	2.474	5.58	2.797	-1.000(96)	.320	-.229
Psychological/ emotional	5.12	2.805	5.73	2.741	-.976(95)	.332	-.224
Self-care and independent functioning	5.50	2.657	6.93	2.580	-2.404(96)	.018*	-.550
Occupational functioning	5.73	2.409	6.97	2.461	-2.217(96)	.029*	-.507
Interpersonal functioning	5.77	2.597	6.50	2.385	-1.308(96)	.194	-.299
Social-emotional support	4.92	2.813	5.89	2.939	-1.452(96)	.150	-.332
Community and services support	5.23	2.503	5.86	2.908	-.981(96)	.329	-.224
Personal fulfilment	5.42	2.701	6.01	2.969	-.889(95)	.376	-.204
Spiritual fulfilment	5.73	2.987	6.75	2.561	-1.663(96)	.100	-.381
Global perception of QoL	5.35	2.856	6.19	2.715	-1.347(96)	.181	-.308

\* $p < .05$ . The negative value means that the first group score is lower than the second group.

We highlight gender identity for consideration, albeit gender performativity could likewise be acts of solidarity in a society not allowing Muslims to fully belong.<sup>32</sup> Results indicated cultural identities linked to gender performativity played into subjective definitions of a 'good life' for women and men. Muslim women, generally, had lower MQLI scores compared to men, confirmed in qualitative data showing increased reproductive burden due to extended family separation. Women

<sup>32</sup>K. Mitha, S. Adatia, & R. Jaspal, "The Construction of National and Religious Identities amongst Australian Isma'ili Muslims", *Social Identities*, Volume 26, Number 6 (2020), 791-810.

had different levels of self-rated physical and psychological wellbeing, interpersonal functioning, social emotional support, personal fulfilment, and spiritual functioning. Key economic and social indicators measuring gender equality in Australia show that women outlive men by 85.4 years (81.3 years for men), and Australian women reported somewhat better life satisfaction than men (7.2 and 7.1, respectively).<sup>33</sup> Our study results do not parallel the Australian population. This could be due to economic, social, cultural, and symbolic capitals contributing to women and men's different experiences, affecting distinctive outcomes.<sup>34</sup>

Our findings showed higher scores for married Muslims in self-care/independent functioning and occupational functioning scores compared to not-married. With the main purpose of marriage in Islam to carry out God's commands (Quran 24:32), compliant Muslims are guaranteed rewards as well as happiness, and this remains unto the pure palace of heaven. All relationships, beliefs, and customs are linked to the family to some degree.<sup>35</sup> The Quran states that Muslims must care for themselves and their families, and that failing to do so will result in devastation and misery (Quran 66:6, 2:195). Reliance on self and the ability to make a living, as in our findings, are one of the ideal Muslim characters. The character of 'iffah' (always maintaining self-respect by not begging) is noble, while begging and being a burden to others is reprehensible (Quran 2:273). Aside from economic value, an important role of labour is to maintain confidence and self-reliance.<sup>36</sup> Self-care, independence, and

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<sup>33</sup>ABS, *Gender Indicators*. Australian Bureau of Statistics, 2022.

<sup>34</sup>F. Baum, C. Musolino, H. Gesesew, & J. Popay, "New Perspective on Why Women Live Longer Than Men: An Exploration of Power, Gender, Social Determinants, and Capitals", *International Journal of Environmental Research and Public Health*, Volume 18, Number 2 (2021), 661.

<sup>35</sup>T. Alaverdov, "Comparative Analysis of Legalsocio Studies of Muslims Family According to Islamic Family Law", *Regulating Human Rights, Social Security, and Socio-Economic Structures in a Global Perspective*. IGI Global 2022, 8-32.

<sup>36</sup>S. Aldulaimi, "Fundamental Islamic Perspective of Work Ethics", *Journal of Islamic*

occupational functioning are considered ‘ibādah’ (acts of worship), and those who are married have privileges that improve their QoL as long as the terms and conditions conform with Islamic law. Research shows that religious involvement, shared by husband and wife, has positive effects on marriage and family life; fidelity, marital satisfaction, forgiveness, conflict resolution, physical and mental health, self-esteem, life satisfaction, and longevity.<sup>3738</sup> These are not unique to Muslims. Perelli-Harris and colleagues showed married individuals in Australia, especially men, had higher levels of wellbeing than men in cohabiting partnerships.<sup>39</sup> The importance of marriage proved by the Sunnah accentuates that people who get married have completed their half religion. Since marriage is considered a ‘completion’ of religion, singlehood in marriage-obsessed cultures are viewed as failure or incomplete identity, and constantly subject to social evaluation.<sup>40</sup> These stereotypes, when attached to unmarried Muslims, may be associated with lower QoL in our study.

### **Subjective definitions of a ‘good life’ for Muslims in Australia**

A total of 18 women and men participated in one of two focus group discussions. Participants voiced that 2020 was a difficult year for members of their Muslim community. They expressed physical, emotional, social,

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*Accounting and Business Research*, Volume 7, Number 1 (2016), 59-76.

<sup>37</sup>Z. Alghafli, T. Hatch, & L. Marks, “Religion and Relationships in Muslim Families: A qualitative Examination of Devout Married Muslim Couples”, *Religions*, Volume 5, Number 3 (2014), 814-833.

<sup>38</sup>A. Robaj, “Marriage According to the Islamic Law (Sharia) and the Secular Law”, *Perspectives of Law and Public Administration*, Volume 10, Number 2 (2021), 19-24.

<sup>39</sup>B. Perelli-Harris, S. Hoherz, T. Lappegård, & A. Evans, “Mind the “Happiness” Gap: The Relationship Between Cohabitation, Marriage, and Subjective Well-being in the United Kingdom, Australia, Germany, and Norway”, *Demography*, Volume 56, Number 4 (2019), 1219-1246.

<sup>40</sup>K. Himawan, “The Single’s Struggle: Discovering Involuntary Singleness in Indonesia Through Gender and Religious Perspectives”, *The Family Journal*, Volume 28, Number 4 (2020), 379-389.

and spiritual exhaustion associated with challenges associated with the COVID-19 pandemic. Isolation was a central issue, considering that extreme social distancing precautions of the Australian government prevented them, as mostly migrants or international students separated geographically from their extended family, from travelling to their homelands. These compounded barriers in achieving a good QoL when also separated from their local Muslim community. Women and men expressed the gravity of issues and concerns impacting their QoL in Australia being harder for women.

The Muslim culture is mindful of not exposing body parts during exercise, especially for women; there are few 'women only' opportunities in South Australia. Women's physical wellbeing was challenged during COVID-19 due to separation from their extended family who would normally share women's burden, enabling freedom to engage outdoor activity. Two participants said:

"There is also a cultural issue where some cultures the women are not allowed to go outside or ride a bike and things, they say no, no I do not ride bike."

"It is physically overwhelming because you are doing so much yourself. We are migrated, and we are disconnected from our extended family."

God is the source of strength and having a strong relationship with Him provides mental stamina and resilience. Psychological suffering was amplified when social distancing prevented Mosque attendance for prayer. Also, Muslim groups accessed news about events in their home countries through social media, more so during 2020, and could not travel home to support their loved ones. This exacerbated their stress, as expressed by participants:

"I think a lot of Muslims connect psychology to the religion, so they say if you are a proper Muslim then you should not have mental illness

if you are doing the right thing.”

“Most of us have our families in other countries where the COVID situation is far worse; you know, you are dealing with a lot of deaths and so on, so you are constantly thinking about that or dealing with that.”

Many Muslims feel apprehensive to make truly independent decisions due to fear of negative community perceptions. There is a strong emphasis on looking after other family and community members; self-care may be overlooked in the importance of fulfilling their deed towards others. Some participants mentioned:

“You make your own choices with consultation with family, but often groups are looking for someone else and what other groups are doing before they make their own choices.”

“Maybe because we do not have time for hobbies. Hobbies like just time for self-care.”

A common view was that work, study, and homemaking were incredibly important activities tying to Muslim and gender identity. While these activities give people a sense of meaning and purpose, women are challenged by multiple burdens in Australia when without extended family support. Having religiously appropriate places where women can come together is important. Our group discussion participants expressed:

“I think our community likes to work and study, so they probably feel more confident.”

“It is really nice to come together with different people ... it is comfortable to sit with your people who are coming from your community or your faith. I think that would be one opportunity, that women especially, can come together once a week or maybe once a month or something like that.”

Some people saw COVID-19 restrictions that compelled ‘work from home’ as a chance to have a break and spend more time with their families.

Many found the year to be a true test for their spirit and wondered if they would ever see friends and family again, especially for women who used their annual pilgrimage home as time to recuperate from managing productive, reproductive and community burdens, often alone. They said:

“In the first lockdown a lot of people had an appreciation of just being able to sit back and hear the birds and play with their children and spend time, quality time together. Going for a walk as a whole family, this normally does not really happen.”

“Because obviously we knew when we moved here that we’re coming far from the family but at least there was a hope that we can go there every year.”

Many members of our South Australian Muslim community had experienced culture shock in terms of social-emotional support. Support normally garnered from extended family was not available, local support was perceived not religiously or culturally suitable, support not offered by community, but if they were confident to ask then they found that people were willing to help. Participant remarked:

“But on the same token they will not go to someone non-Muslim either, they probably will not go at all because they are scared that the non-Muslim will tell them to go have a drink.”

“Just being confident and asking for help as well, because once you start asking for help you realise that people are actually willing to help.”

It was perceived that most services were not ‘Muslim friendly’ and participants felt alienated and excluded, perceiving the Mosque as the only place for support. The lack of transparency in job searches also left some feeling disillusioned and compelled disengagement with mainstream society. Our study participants shared:

“We don’t really have a lot of opportunities here so that the Muslim community can get together except for the mosques.”



“I had everything like the, all the police checks and everything. And but still you know, sometimes you, you just do not know what the reason behind their rejection was.”

It was difficult for many to garner a sense of personal fulfillment as much of that satisfaction has always been shared with loved ones. Concomitantly, there was a feeling amongst many Muslims that they were not truly accepted in Australian society. Two participants shared their concerns:

“A lot of people are here alone without extended families because you left them in your country.”

“Sometimes there is a little fear that happens that sometimes you get weird looks mostly weird looks, A lesser acceptability if I just wear a head scarf that is all.”

Living in Australia, a non-Muslim country, presented many challenges to Muslims in terms of their faith practices in the workplace, services and in the general community.

“Spiritual fulfilment, you are doing the bare minimum sometimes because of all the other burdens in life ... We are not in a Muslim country.”

“People aren’t spiritually fulfilled the way they want to be.”

The lifestyles of many, particularly during COVID-19, saw people’s physical and mental health deteriorate. Whilst people still go to work, look after the children, and do what needs to be done, there are many living largely sedentary lifestyles outside of their obligatory routines. The distress felt by many with loved ones in their home countries was immense with many having few outlets to balance their wellbeing. Some articulated:

“I would not say disability, but I would say most of the people in the community I know they do not have the physical health education way; for example, the food we eat, the things we put – we do not do something as like exercises, most of them finish work, eat, and sit on the TV or the laptops. I believe it is a lifestyle.”

“The whole world is upside down, not only here, the whole world unhappy, hard times and no food, nothing. So many disasters.”

There was a general sense among the South Australian Muslim community that mainstream social and welfare services were not suitable for them. Most services in South Australia were considered not ‘Muslim friendly,’ leaving participants somewhat alienated and excluded. When speaking on behalf of their community, they advised that Mosques were integral to communion and social unity, hence there was a great sense of loss when restricted or closed during the COVID-19 pandemic. This loss could not be moderated by non-Muslim services due to the existential connections between religion and being. The Mosque is where people gather, pray, chat, and talk about community welfare. Focus group members shared stories of struggle in meeting basic needs of their families and, with less access to community support, these people suffered.

Consistently with MQLI survey data, focus group participants expressed how Muslim women in South Australia had poorer wellbeing compared to men. Women’s poor health was tied to attitudes about physical exercise in which Muslim culture is mindful, mainly for women, of not exposing body parts during exercise. This places limitations on Muslim women, which was the focus of much discussion about the need for opportunities and facilities to engage in physical activity in culturally acceptable ways. Many of the women expressed the want to exercise but could not for reason of being too busy caring for children, no extended family in Australia in which to share their reproductive burden, and the lack of Muslim friendly facilities available. Concomitantly, there was sentiment of wanting to engage and eagerness to develop religiously appropriate health, welfare and other support if given the chance.

While the COVID-19 pandemic brought with it unprecedented measures, there was an initial sense that it would soon be over, and lives

would return to their normal course. Particularly for married women, they expressed that having their men at home reduced loneliness and offered an opportunity to strengthen their relationships as well as support to alleviate the burden associated with parenting without extended family. In normal times, these women would endure their hardships and look forward to annual pilgrimages to their countries and periods of extended family support in which to recover. Focus group members expressed frustration with Australia's ongoing COVID-19 related travel restrictions and how it took toll on their mental health.

In general, the lifestyles of many people during 2020 led to the deterioration of physical and mental health. Whilst people still worked and looked after their children, there were many leading largely sedentary lifestyles outside of their obligatory routines. Spending more time indoors also led to increased social media use where focus group members and their communities were reminded of tragic circumstances back home. The distress felt by women and men was immense, impacting the quality of their relationships and with few perceived suitable religio-cultural health, social or welfare outlets to enable rebalancing wellbeing.

Expressed in the focus group discussions, participants echoed the centrality of religious identity in their words, family practices, and lives. Affiliated with Islam and solidarity with their community provided a sense of meaning and purpose, demonstrated through their commitment to God. Muslim community was integrally connected with identity, and identity with multicultural QoL. While the centrality of religion may confer a level of strength among Muslim minorities and their community, it had implications for the community under study to engage non-Muslim services when in dire need.<sup>41</sup> These difficulties with navigating uncertainty with

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<sup>41</sup>K. Mitha, S. Adatia, & R. Jaspal, R., "The Construction of National and Religious Identities amongst Australian Isma'ili Muslims", *Social Identities*, Volume 26, Number 6

Muslim's religio-cultural differences became exposed during COVID-19 when social distancing and lockdown meant they could neither physically engage with each other nor society generally. Having a religious, ethnic, or culturally diverse society does not make Australia a multicultural nation, since the lived experiences of fear in accessing service support was strong in the views of participants, consistent with other Australian studies of Muslim minorities.<sup>42</sup> If opportunities for Muslim religiosity were better integrated into health, welfare, and social services, Muslim might feel safer to hybridize religious and social identity and have different subjective assessments of multicultural QoL in normal times and in disaster.

Incorporating what is important to people, in particular religiosity, can improve Muslim and mainstream service engagement. It can mitigate some of the effects of adversity and improve QoL among minority people. Studies have shown the importance of religiosity in health, welfare, and other support aimed to improve QoL, e.g., in the context of serious illness, growing old, and migration.<sup>434445</sup> Integration of religiosity, where people of any race, culture, or creed, can be supported to live safely in harmony and achieve a life that is good for them, which is important for achieving a good life. The need to feel like one belongs, expressed through the desire

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(2020), 791-810.

<sup>42</sup>S. Kalek, A. Mak, & N. Khawaja, "Intergroup Relations and Muslims' Mental Health in Western Societies: Australia as a Case Study", *Journal of Muslim Mental Health*, Volume 5, Number 2 (2010), 160-193.

<sup>43</sup>H. Zamanian, H. Eftekhari-Ardebili, M. Eftekhari-Ardebili, D. Shojaeizadeh, S. Nedjat, Z. Taheri-Kharamah, Z., & M. Daryaafzoon, "Religious Coping and Quality of Life in Women with Breast Cancer", *Asian Pacific Journal of Cancer Prevention*, Volume 16, Number 17 (2015), 7721-7725.

<sup>44</sup>J. Orr, R. Kenny, & C. McGarrigle, "Religiosity and Quality of Life in Older Christian Women in Ireland: A Mixed Methods Analysis", *Journal of Religion and Health*, Volume 61 (2022), 2927-2944.

<sup>45</sup>C. Van der Boor, C. Dowrick, & R. White, "'Good Life is First of All Security, Not To Live in Fear': A Qualitative Exploration of Female Refugees' Quality of Life in the United Kingdom", *Journal of Ethnic and Migration Studies*, Volume 48, Number 3 (2022), 710-731.

for interpersonal attachments, is vital for human motivation and living, irrespective of race, culture, creed, or where people live.

## **Conclusion**

Australia has become significantly more culturally, ethnically, and religiously diverse. Based on the findings presented in our study, a 'good life' for Muslims in Australia can be defined as one that is characterized by a strong sense of cultural and religious identity, a fulfilling family life, good physical and mental health, financial stability, independence, and occupational success. The study also suggests that subjective definitions of a 'good life' are influenced by cultural identities linked to gender performativity, with women experiencing a reproductive burden when separated from extended family, and men placing strong emphasis on economic success and self-reliance.

In addition, the study highlights the importance of religiosity and marriage for Muslims, with married individuals scoring higher in certain indicators of multicultural QoL. A 'good life' for Muslims in Australia appears to be a holistic and multifaceted concept shaped by various social, cultural, and religious factors. This study posits practical and theoretical implications for health and social care practitioners and policymakers in Australia to bolster the psychological and physiological well-being of Muslim populations more effectively. It is essential for practitioners and policymakers to recognize the importance of gender identity and cultural aspects, while devising culturally responsive health and social services that honour Islamic beliefs and customs. The significance of marital and familial bonds in enhancing the life quality of Muslims should be acknowledged, and resources to foster healthy relationships must be allocated. Furthermore, the study accentuates the pivotal role of religion in the lives of Muslim minorities, emphasizing the necessity for a more

comprehensive understanding and accommodation of their diverse requirements when accessing health and social services.

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