

Social Inequalities among Muslims in India: A Sociological Study on Inter-Religious Perspective

Istikhar Ali*

Centre of Social Medicine and Community Health, Jawaharlal Nehru University, Delhi, India

ABSTRACT

Human society is not homogeneous but socially heterogeneous since time immemorial. People are intentionally treated unequally while talking of status, power, and income. These inequalities are clearer through a good understanding of the Muslims community, reflecting inequality in their well-being. In the recent development phase, Muslims are grappling with the fundamental right of attaining education, employment, and health due to their identity. Several national reports enumerated that Muslims lagged behind other religious groups while being similar to SCs/STs in most significant indicators of human development across India. However, the studies have elaborated social histories of religion and culture but speak very little about their association and influence over their well-being. This paper is based on an analysis of national datasets, scholarly articles, and reports in relevance. The paper aims to delineate social inequalities among Muslims concerning their social identities, delineating the perception of different religious groups in India. This paper portrays a picture depicting Muslims' condition as poorer in socioeconomic terms and deteriorating out of their social identities. Muslims are struggling behind other religious groups across India. Muslim's conditions are better in south India than in north India, but worse relative to other religious communities. Muslims remain socioeconomically backwards when modernization is the order of the day. To conclude, this paper documented the existing literature on Muslims' social, economic and political lives, and case studies, comprehending altogether that these 'social identities' live in unjust unequal well-being. Therefore, it is paramount to delineate of inter-religious perspective to understand social inequalities in India.

Keywords: Social inequality; Social identity; Socio-religious groups; Marginalization

INTRODUCTION

Social inequality is the situation based on access to resources and opportunities in society [1]. Many social groups do not have equal rights to access resources and opportunities reflected in human development indicators [2]. Many studies show that inequalities still exist but constantly changes based on social and racial identity across the world [3-6]. It is a significant issue that reveals the unequal distribution of opportunity and access for a different social position. Influential factors of social inequalities are religion, caste, ethnicity, race, migration, gender, sexual orientation, elderly and person with a disability [7,8]. These are the significant indicators varying with respect to hierarchical status contextually. For instance, racial and migration identity plays a vital role to accessing resources and availing opportunities in western countries while religion, caste and gender are major determinants in south Asia countries [7-10]. Caste and gender have an extensive dark history of oppression and discrimination, but religion has become more significant in the past few decades based on observation regardless of gender and caste [11]. According to the Oxfam report, income inequality gets worse; India's top 1% bag 73% of the country's wealth [12]. At the same time, they are experiencing

poor standards of well-being, life dissatisfaction and negative daily emotions [13].

METHODOLOGY

This paper delineates the relatedness of religion and social identity by focusing on the indicators of inequality and well-being and exploring their constantly changing paradigm. There are two approaches to measure social inequality. The first approach is studying resource distribution such as education, social security and healthcare services, and the second approach is assessing accessibility to these resources [14]. Indian society is not a homogenous community; it is stratified into religion, caste, and ethnicity. These groups are stratified further based on income, employment, and health status. The degree of inequality is varying based on social identity.

Social inequality in India

Social inequality results from an organized hierarchy system based on class, race, religion, caste and gender in a society that unequally distributed access to opportunity and resources. It manifests in various settings and ways such as unequal access to education, income, treatment by the public and private institutions, among others. There

Correspondence to: Istikhar Ali, Centre of Social Medicine and Community Health, Jawaharlal Nehru University, Delhi, India, Tel/Fax: +91 7503157788; E-mail: istikharali88@gmail.com

Received: August 30, 2021; **Accepted:** September 13, 2021; **Published:** September 20, 2021

Citation: Ali I (2021) Social Inequalities among Muslims in India: A Sociological Study on Inter-Religious Perspective. J Pol Sci Pub Aff. 9: 411.

Copyright: © 2021 Ali I. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

are two primary theories of social inequality within sociology. The first view aligns with the functional theory, and the second aligns with conflict theory [15].

The functional theory believes that inequality is inevitable, builds a society, and plays a vital role in maintaining society. Because every position needs different requirements and ability that helps in proper functioning, thus, it creates a dichotomy based on ability/inability to accessing those resources. Therefore, those unable to access generally belong to bottom strata in the mainstream society, further pushing them towards vulnerabilities. Second, conflict theory considers that inequality is the result of unequal distribution of power in society. Hence, the dominant, powerful class oppresses the inferior groups. Moreover, these inequalities prevent and hinder powerless people in their overall development.

Religions in India

India is the birthplace of four major religions; Hinduism, Jainism, Buddhism, Sikhism, Islam and Christianity religions that have developed in India a long time ago. While Jainism, Buddhism and Sikhism religions are clubbed together under Hinduism [3,16]. Indian constitution provides everyone with equal rights, irrespective of religion, caste, class, and gender making India a secular country. Despite this, India has marginalized and has struggled to address the problems of marginalized groups such as women, SCs, STs and Muslims [11,17]. According to Hinduism, the idea of India is one religion, one culture, one language and one nation [18].

On the other hand, India is a secular democracy. Their real agenda is to impose the Hindutva ideology and make other communities' second-class citizens, further pushing them to lower strata within Indian society [19,20]. They have been deprived prominently in mainstreamed sustainable development [10]. Suppression of religious minorities is made visible in India and across the globe [16]. The Hindu nationalists oppress marginalized communities, particularly Muslims, through various divisive political tactics [21].

Religious inequality in India

India is a multi-religious country with six major religions and social groups like scheduled caste and scheduled tribes [16]. At the same time, India is also more versatile and sophisticated. Despite rapid economic growth, inequality is accelerating based on religion, caste and gender. Religion is one of the significant and most persistent inequality correlates [5]. Religious affiliation affects substantial human development indicators such as education, income and employment, including well-being, particularly for Muslims in India. Muslims are suffering from a highly hostile environment [19]. Their current situation and expectations from the coming years. They are experiencing more stress and fear than other religious groups [22]. Muslims conditions continued deteriorating in India. Hindu nationalists and their association's organizations perpetrated numerous incidents in the name of cow love, social security, nationalism leading to intimidation, discrimination, harassment and different forms of violence [23].

Muslims condition in India

In recent years, there has been an upsurge in communal tensions. Pew Research Centre conducted research that shows 30% said communal tensions is a massive problem in India, while 31% admitted it to be a moderate issue [24]. According to Social Hostility Index (2007-2016), India has a very high level of around 9.7% of religion-related social hostility while Asia-Pacific has 1.8%. The figure shows it rapidly increased after 2014. The heightened enforcement against a religious

minority has apprehended insecurity among Muslims and also Christians. National surveys and reports showed the pathetic condition of Muslims, and it is deteriorating day by day [25-27]. At the same time, the attack has increased by 84% of Muslims being lynched across India by Hindu nationalists. Gallup employed research that highlighted Muslims (49%) have higher dissatisfaction about their standard of living as compared with (34%) Hindu and while 65% believed that their condition would be staying this way or perhaps worsen [22].

Moreover, the country has faced periodic outbreaks of communal pogrom and violence against Muslims. Muslims are the largest minority community. They have experienced planned pogrom over time since independence and used communal divisive languages and speeches to inflame religious tensions in the country.

During the past years, the attacks on minorities have rapidly accelerated [28]. Numerous reports and studies reveal patterns of harassment and violence against Muslims, especially by Hindu nationalists, including predominantly politicians [23]. Still, there is not any case filed against them instead of police registered cases against victims. It has been reported by Muslims and non-government agencies that Muslims often being terrorists, forcibly and strategically converting the names through love marriage, referred to as 'love Jihad', spying for Pakistan, disrespecting the holy cows and much more [29]. The idea is constant; the framing of ideas keeps on getting different shapes.

Consequently, Muslims experienced massive collateral damage during the riots. They have lost a source of income and the space of security to establish their business. These make them vulnerable and push them towards marginality [23,28].

RESULTS AND DISCUSSION

Reflection of social identity on social inequality

Poverty is a significant cause of poor education and ill-health. It acts as a barrier in accessing any kind of service for well-being. With insufficient purchasing power and poor accessibility, they have poor mental and physical wellbeing. Furthermore, it affects people's awareness and availability of information promoting social and health services.

The national commission's data shows an inequality gap between socio-religious groups. The disaggregated picture of the poverty line highlights wide fluctuations. Buddhist has higher poverty, around 40%, and Muslims are the second-largest religious group, with 29.26% suffering from poverty. Other religious groups have the lowest rates of poverty Christian, Sikhs, and Jains at 16%, 5% and 2%, respectively. Jains have the lowest poverty rates. Surprisingly, the Buddhists, one of the minority religious groups who have the highest poverty incidence. According to the Buddhist principle of living, it seems that they do not believe in accumulating money and assets because of spiritual education and teaching. The last three communities have widely reached education with negligible discrimination in access to education. They were primarily successful in economic status, more into trading and business. It might be because of a better environment to develop their business and public institutions support to get loans and permission quickly for all responsible agencies. Another reason would be landowning.

Meanwhile, Muslims are facing an extreme level of institutional dissemination and societal exclusion. These barriers make their way challenging for empowerment and development. It is deliberate manufacturing through communal bigotry. Table 1 show that the top two communities have similar percent of poverty but due to aggregated data of Hindu, including SCs/STs. The following tables

show that poverty among Hindus is very low than Muslims, which is even lower than below the poverty line. It also reveals the importance of disaggregation for government policy and schemes.

Table 1: Poverty rates and population shares by religion, 2004-05, rural (%).

Religion	Poor	Population share	Estimated No.
Hindu	28.9	83.7	61,35,75,158
Muslim	29.26	11.38	8,34,55,885
Christians	16.21	1.99	1,45,93,845
Sikhs	5.0	1.94	1,42,52,719
Jains	2.59	0.09	6,66,874
Buddhist	40.59	0.54	39,48,603
Others	36.02	0.34	24,84,078
Total	28.3	100	61,35,75,158

Table 2 shows poverty incidence across community level SCs, STs, OBCs and the others (OTH), at 36.81%, 47.64%, 26.73% and 15.98%, respectively. Segregated data revealed that these are the marginalized community suffering from the highest poverty incidence in the country. STs have the highest poverty rates; nearly half of the population lacks services and access to them in remote areas. They are struggling for all essential services, even for water. Based on national surveys, SC is the largest community following Hinduism, but due to the hierarchical system, they lagged and suffering for ages being Dalit. The following tables show poverty incidence that fluctuates much within the community if analyzed concerning disaggregated data

Table 2: Poverty by social groups, 2004-05, rural (%).

Social groups	Poor	Population share
ST	47.64	10.57
SC	36.81	20.92
OBC	26.73	42.75
OTH	15.98	25.71
Total	28.29	100

Based on NSSO, Consumption Expenditure Survey, 61st round, 2004-2005.

The table shows the segregated data community wise across religious groups. Interestingly, amongst the Muslims, we have separated data that highlight variation across communities. Traditionally, Muslims are not observed in tribal lineage. The national dataset verifies and accounts for those tribal who claim Muslim while Muslims are not recognized constitutionally as having sub-caste groups. These groups are nomadic, semi-nomadic or migrated from the bordering region. At the same time, Hindu SCs 50.55% versus Muslim OBCs 32.05% have the highest poverty rate. Buddhist SCs stand with the lowest 12.14% among the groups.

However, this Table 3, compared with Table 1, shows that Muslims have

Table 3: Poverty incidence by religious and social groups, 2004-05, rural (%).

Religion	ST	SC	OBC	OTH	Total
Hindu	50.55	37.65	26.49	12.72	28.90
Muslim	21.78	39.61	32.05	27.29	29.22
Christians	21.73	30.08	12.90	6.56	16.21
Sikhs	45.99	7.64	6.84	0.35	5.0
Jains	0	0	0	2.90	2.59
Buddhist	12.14	45.91	18.36	3.56	40.60
Total	47.63	36.81	26.73	15.98	28.28

similar poverty incidence compared to community-wise disaggregated data. On the other hand, poverty incidences among Hindus show vast differences between the two datasets. In the other groups, Muslims have the highest rate of 27.29% and much higher than the national 15.98% rates. The data shows that the Sikh's SCs are suffering the lowest incidence at 6.84%, and Buddhists reported the highest 45.91% rates of poverty incidence.

Awareness and utilization of health-related services across religious groups

In India, socio-religious factors play a crucial role in the awareness and unitizing of health-related services from infant to death. National data enumerated through various indicators that two significant factors are leading to poor understanding and utilization. The first one is the geographical location, and the second one is the cultural practices. The relationship between spatial and social identity is very complex, affecting the community access to health-related services. Awareness and utilization indicators show how health services patterns vary among socio-religious groups in India.

Table 4 shows the percentage of mothers who received services during antenatal care. Muslim women received least of all services in antenatal care, with only 58.6% of Muslim women being weighed as a part of antenatal check-ups (national average was 62.6%). Other antenatal care services were also lower for Muslim women as compared to other religious groups- only 62.6% had their blood pressure measured, 54.8% of women had urine examination, and 55.0% gave the abdominal examination. All of these indicators were lowest among Muslims than other religious groups and even national average. Muslim women are also deprived of the necessary information as part of antenatal check-ups. In the case of receiving information on specific pregnancy-related complications, Muslim women were the least informed ones. Only 14.6% of women were provided information about the possible complexity of vaginal bleeding, 12.5% informed about convulsions, and 17.0% informed about prolonged labour. At the same time, the national average had 16.6%, 15.4% and 20.1% of women, respectively. Jain women were at the top receiving end, with maximum mothers being informed about information mentioned above during antenatal care.

Table 5 shows the proportion of children served by an Anganwadi Centre in the past 12 months and have received supplementary food across different religious groups. Sikh least took up utilization of ANW service for at least a month (4.5%), followed by Muslim (7.7%) as compared to the national average (11.5%). The percentage of children aged 0-71 months who received any immunization from an ANW had the most negligible uptake by Muslim children (12.7%) as compared to Hindu children (21.4%), higher than the national average (20.1%). Muslim children (3.7%) were also least frequent in receiving any health check-up, while Hindu children (4.4%) were better, even higher than the national average of 3.7%.

Table 4: Antenatal care services and information.

Religions	Percentage receiving selected services during antenatal care					Percentage receiving information on specific pregnancy complications			
	Weighed	Blood pressure measured	Urine sample taken	Blood sample taken	Abdomen examined	Vaginal bleeding	Convulsions	Prolonged labour	Where to go if experienced Pregnancy complications
Hindu	63.2	63.0	57.8	59.3	72.3	16.6	15.7	20.2	41.6
Muslim	58.6	62.6	54.8	55.8	67.2	14.6	12.5	17.0	34.1
Christian	83.5	84.3	74.5	74.5	88.7	24.5	19.9	28.6	55.6
Sikh	63.0	75.1	73.9	74.0	79.6	22.9	20.1	31.1	59.3
B/ Neo-Buddhist	82.7	78.3	74.2	75.4	82.5	15.9	14.0	15.6	42.6
Jain	97.3	92.7	87.1	94.3	92.2	37.9	32.7	43.2	73.0
Total	63.2	63.8	58.1	59.5	72.0	16.6	15.4	20.1	41.1

Among women with a live birth in the five years preceding the survey who received antenatal care for the most recent live birth, percentage receiving specific services and information on specific signs of pregnancy complications and where to go if there was a pregnancy complication, according to background characteristics, India, 2005-06.

Table 5: Utilization of ICDS Services: Immunization and health check-ups.

Religions	percentage of Children age 0-71 months who received any immunizations from an AWC	Frequency of receiving health check-ups at an AWC				
		Not at all	At least once a month	Less often	Don't know/ missing	Total
Hindu	21.4	81.3	12.2	4.4	2.0	100.0
Muslim	12.7	86.9	7.7	3.7	1.8	100.0
Christian	18.1	83.3	10.6	4.5	1.6	100.0
Sikh	3.8	92.4	4.5	1.3	1.8	100.0
B/Neo- Buddhist	49.0	52.7	34.6	6.4	6.3	100.0
Jain	(15.2)	(100.0)	(0.0)	(0.0)	(0.0)	100.0
Total	20.0	82.2	11.5	4.3	2.0	100.0

Percentage of children under age six years in areas covered by an Anganwadi Centre (AWC) who received any immunizations through an AWC in the 12 months preceding the survey and percentage distribution of children under age six years in areas covered by an AWC by frequency of receiving health check-ups at an AWC in the 12 months preceding the survey, according to background characteristics, India, 2005-06.

Note: Total includes children with missing information on mother's education, religion, and caste/tribe, who are not shown separately.

() Based on 2549 unweighted cases.

Figure 1 shows the utilization of The Integrated Child Development Services (ICDS) scheme, covered by an AWC across different religious groups. Muslim women were the highest frequent population to receive none of the services, least to go for health check-ups, adhere to health and nutrition-related education, and consume supplementary food. In contrast, STs Women were highest ranked in NFHS-3, which accessing most of the ICDS services. The red block explicitly shows that Muslims have low utilization in supplementary food, health check-ups and health and nutritional education while higher in no services.

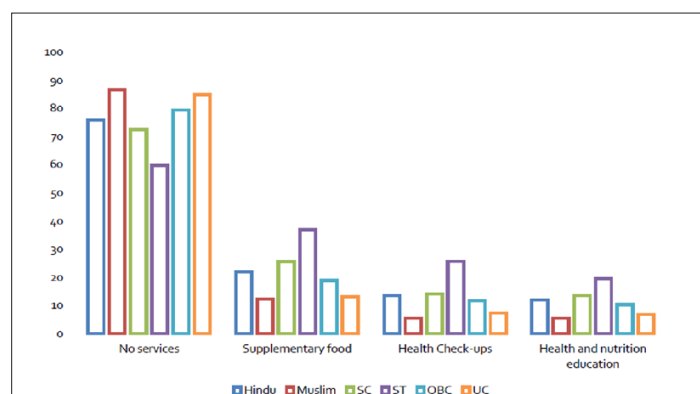


Figure 1: Utilization of ICDS services among mothers of children (under six years) in areas covered by an AWC, India, and NFHS-3.

Inequality in socioeconomic status and health-related outcomes between the high income and low-income group widely exist in society. Socioeconomic inequalities have a substantial impact on the well-being and health accessibility of any community. The influence of socioeconomic inequalities in health-related issues has attracted considerable research interest. The findings of the study indicate that health care services can increase by reducing economic inequalities. The effect of economic class in the lack of access and time spent in lines was mediated by health services, reflecting their importance as a social determinant of health.

CONCLUSION

The analysis highlighted a grave concern of society penetrated through social identity and raising social inequality based on religion. Social identity is one of the significant components to access resources and opportunities that reflect on their power of awareness and knowledge. There are feelings of insecurity while being treated as the culprit of India's partition, and it keeps changing over time. During the past few decades, it jeopardized shapes that threaten the whole community in the name of war against terror and populism. National datasets enumerated that poverty is the crucial determinant and cause of poor well-being, adversely affecting every aspect of human well-being. And also revealed due to discrimination and exclusion, Muslims are facing terrible experiences. These are not only deteriorating their social status but also their health. There is also a considerable loss of income for both country and family. Besides, low-income families are coping

with poor health pushing them further towards marginality. Muslims' situations are accelerating from bad to worse due to the current political environment. Muslims must empower; that is important to strengthen India as one nation. India has built its democracy after a long freedom struggle and many sacrifices where no one social identity or principle was dominant.

Recommendation for the upliftment of Muslims community and reduce inequality gap

Education is an essential indicator of uplifting a population from various barriers such as poverty, employment, awareness, etc. The education system needs to develop on principles of inclusiveness and equality for all. The system will create an educated workforce to fill the inequality gap and improve conditions of marginalized sections of society, particularly Muslims, by adhering to Sachar committee recommendations. Improve the education system to develop better schools in Muslim concentrated areas, especially for girls, while also recruiting women teaching staff. The school's primary language should be English while making mother languages like Urdu a compulsory part of the curriculum. The schools should also collaborate with madarsa, facilitating and strengthening the quality of pre-school education and encouraging admissions from children of all backgrounds. A proportion of seats should be reserved for Muslims in educational and training centers, which would enforce skill development and employment generation. It would help improve their living, economic and housing conditions overall.

On the other hand, public institutions should be more ethical, transparent and accountable for their acts. The personnel must ensure zero levels of reducing discrimination against particular religions and communities within these public institutions, ensuring resource availability and availing opportunities. Furthermore, judiciary and administrative measures must come out very stringently for and of all sections of society. It would not just develop trust among Muslims but assure them a good standard of life and that they are not alone, they are not vulnerable. A collective effort is needful for the country's holistic development.

REFERENCES

- Baru RV, Bisht R. Health service inequities as challenge to health security. Oxfam India. 2010.
- Essays UK. Poverty and social inequality sociology essay. UK Essays. 2018.
- Fathima M. Inequality among religions and social groups in rural and urban India. Academia.
- Government of India. National Family Health Survey (NFHS-3). International Institute for Population Sciences. 2007.
- Keister LA, Sherkat DE. Religion and inequality in America: Research and theory on religion's role in stratification. Duke Markets & Management Studies. 2012.
- Thorat A. Ethnicity, caste and religion: Implications for poverty outcomes. Eco Pol Weekly. 2010;45(51): 47-53.
- Rudiger A, Spencer S. Social integration of migrants and ethnic minorities policies to combat discrimination. Eco Soc Aspects of Migration. 2003.
- Scaria S. Caste and gender in relation to health inequality: A village study from Kerala. South Asia Res. 2017;37(1): 1-18.
- Bloome D. Racial inequality trends and the intergenerational persistence of income and family structure. Amer Soc Rev. 2014;79(6): 1196-1225.
- Tagade N, Naik A, Thorat S. Wealth ownership and inequality in India: A socio-religious analysis. J Soc Inclusion Stud. 2018;4(2): 196-213.
- Ali I. Social, economic and political status of muslims in India. Int J Soc Sci Dev Pol. 2019; 5(1).
- Income inequality gets worse; India's top 1% bag 73% of the country's wealth, says Oxfam. BusinessToday. 2019.
- Bahri C. Indians richer but less happy today than 3 years ago. IndiaSpend. 2018.
- Social Inequality. Department of sociology and human geography. 2019.
- Crossman A. The sociology of social inequality. ThoughtCo. 2020.
- Lobo L. Religion and politics in India. America Magazine. 2000.
- Haritas K. Poverty and marginalization: Challenges to poor women's leadership in urban India. Gender Dev. 2008;16(3): 457-469.
- Vaidya MG. One nation, one culture. The Indian Express. 2016.
- Imam S. The hindu republic: Seven decades of muslim exclusion in India. 2019.
- Subramanian S. How hindu supremacists are tearing India apart. The Guardian. 2020.
- Basu A. Whither democracy, secularism, and minority rights in India? Rev Faith Int Aff. 2018;16(4): 34-46.
- Gallup. Muslims in India: Confident in democracy despite economic and educational challenges. Gallup. 2011.
- Mander H. Partitions of the heart: Unmaking the Idea of India. Penguin Viking. 2019.
- Majumdar S. Five facts about religion in India. Pew Res Center. 2018.
- Government of India. Social, economic and educational status of the muslim community of India. Prime Minister's High-Level Committee Cabinet Secretariat. 2006.
- Government of India. National sample survey organisation ministry of statistics and programme implementation. NSSO, Consumption Expenditure Survey. 2006.
- Government of India. Post sachar evaluation committee (Kundu Report). Ministry of Minority Affairs. 2014.
- Salam ZU. Of Saffron flags and skullcaps hindutva, muslim identity and the idea of India. SAGE Publications. 2008.
- Rahman A. Denial and deprivation indian muslims after the sachar committee and rangnath mishra commission reports. Manohar Publishers & Distributors. 2019.