

Exploring the Health and Education Disparities of Muslim Women in Mewat District of Haryana

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ABSTRACT

This research focuses on the struggles faced by Muslim women in Mewat (now Nuh) district of Haryana, particularly how a lack of education negatively affects their health and daily lives. Mewat is one of the most backward areas in India, with limited access to schools and medical facilities. The Meo Muslim community living here deals with poverty, traditional gender roles, and social restrictions that make it harder for women to progress. Women in this region often leave school early due to household responsibilities, cultural expectations, and the absence of proper educational infrastructure. Even when schools are available, families are hesitant to send their daughters because of safety concerns and social norms. These educational barriers also lead to poor health outcomes, as women lack awareness about basic health needs and avoid visiting hospitals, especially when male staff are present. The study finds a strong link between women's education and their health. Women who are educated tend to make better health choices, use medical services more effectively, and understand the importance of family planning and child care. Education also plays a role in reducing early marriages and improving the well-being of future generations. This research highlights the urgent need for better schools, health services, and awareness programs in Mewat. It also stresses the importance of changing harmful social norms that restrict women's growth. Addressing these issues together can help bring lasting change to the lives of women in this region. The findings suggest that empowering women through education is a key step toward improving not only their health but also the future of the entire community.

Keywords: *Health Disparities, Gender Inequality, Meo Community, Social Exclusion, Maternal Health, Health Literacy*

In religiously and culturally diverse country like India, Mewat is a district, located in the state Haryana, stands out as a region with unique challenges, particularly in the realm of healthcare and education. Mewat is known for its unique Cultural and religious diversity including Hinduism, Islam and local indigenous beliefs. It shows us the existence of syncretism in this region which is a sign of cultural harmony but it also forms cultural tension in Mewat. The region is predominantly inhabited by the Meo community. Meo is a Muslim community and engaged mainly in agricultural work. They face significant challenges which include education, health and overall development. Apart from this Gender disparities also plays a significant role in this community. Society has denied women from

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their rightful status and access to developmental resources which continues their marginalization for centuries. Women have exploited and restricted by deprived of educational opportunities, avenues for gainful employment, social customs, religious practice and economically dependency. Like other part of world, the actual and potential role of women in this community has been ignored, preventing them from making their rightful contribution to social progress. In all aspect women are confronted with many challenges and suffer from many disadvantages as compared to men in the area of education, work participation, child marriage, health, economic condition and violence against women (Jyoti, 2022). Social stigmas and defined gender roles never let her be outside home and make their contribution in development of society.

Nuh, formerly known as Mewat, is considered to be the most backward district in India as per the 2018 Aspirational District Programme, NITI Aayog. According to a report by Niti Aayog, 101 districts were evaluated based on 49 indicators of development such as health, education, agriculture, financial inclusion, skill development, and basic infrastructure. Mewat district had the lowest score of 26 percent among all the districts assessed. The Muslim community in Mewat faces significant health disparities compared to other religious communities, and the condition of women in Mewat is particularly concerning, with only 35% literacy rate and social boundaries for accessing healthcare facilities. The condition of women is inferior not only because they are economically backward but also subjects to custom and beliefs which keeping them socially backward. Muslim women facing issues like early marriage, health issues, lack of economic opportunities, illiteracy etc. Studies shows that a significant population of Muslim women in Mewat face a multitude of health disparities, which are often intertwined with low literacy rates. Child Marriage and lack of maternal health care leading to increased health risk during pregnancy. This research investigates how literacy and health outcomes are related among Muslim women in Nuh, Haryana. Mewat has been identified as having the lowest vaccination rate in Haryana for Covid-19, with less than half of the eligible population receiving both doses, there has been limited research on how literacy influences the health outcomes of marginalized communities. This study also addresses this gap in the literature by investigating how literacy, the ability to read and write, affects the health outcomes of Muslim women in Mewat.

This study focuses on Nuh, as it represents an extreme case of mass illiteracy in a community, which brings about extreme health consequences. This study contributes to the literature by providing a comprehensive understanding of the link between literacy and health outcomes in a marginalized community. This research is significant in developing effective policies and programs that address health disparities in marginalized communities. The study also contributes to the broader literature on the importance of literacy in improving health outcomes and the role of education in promoting well-being.

A Brief analysis of Muslim community in Mewat

The Meos of Mewat are a community that still practices syncretic religious beliefs and shows little movement towards the high tradition of orthodox form of Islam (Marwah 2000), which is rooted in their pre-Islamic and non-Islamic features. The Meos of Mewat still practice syncretic religious beliefs and have not shed their pre-Islamic and non-Islamic features, and there is little movement towards orthodox forms of Islam (Marwah 2000; Chawla 2016). The Meo past is a history of their marginalization (Mayaram 2004), and partition made them realize that they must follow a single path and shed their Hindu religious customs and beliefs (Mayaram, 2004; Chawla, 2016). The Meos are descendants of

rajput, meena and gujjar converts to Islam (Sikand, 1995). Their conversion occurred in phases and was completed by the time Babur came to India (Maheshwari, 2003). Meo community is related to 12 patriarchal clans. The entire social and political structure of the Meo community is based on their pal-gotra system. Patriarchal system is deeply rooted in this community like Hindus. M.L. Darling in 1929 wrote that in religion the Meos prefer a happy combination of Hinduism and Islam. They also celebrate festivals of Hindu and Muslim religion. Their cloths, marriage restrictions, religious celebrations, after birth and death ceremony also very much similar to Hindu community. The marriage and kinship patterns of the Meos of Mewat have been studied in detail by many scholars (Chauhan 2003). Also, the factor of Indian caste system is also a part of their culture. Various sociologist and anthropologist believes that caste like feature exist among Indian Muslims (Hussain, 2022). Like Hindu community word such as Zati and Biraderi is also used in local Muslims to distinguish from one another (Hussain, 2022). People who belong to upper caste like Chaudhary have more prestige than the other caste groups. Political groups also use these disparities in elections. Even if a lower caste group is elected, they don't get the social prestige. By knowing their socio-cultural and political situation we can imagine that how these scenarios affect the life of people and continues this backwardness. This is also evident that the Indian Muslim social structure is also very multifaceted and differs from one area to another and one community to another. This fact is manifest in the social structure of Mewati Muslims. Each Zati in Mewat region is endogamous and practices hypergamy. Meos of Mewat still severely prohibit marriage within *pal*, *gotra*, and village exogamy. Cross-cousin and parallel cousins' marriage is still forbidden among the Muslims of Mewat. Hereditary membership and hierarchy among the Mewati Muslims are still prevalent (Hussain, 2022). This combination of two religion and local culture is become the reason of cultural clash and communal rights. Which affect the sentiments of youth population very deeply. As result, this is area is not being take care of administration and government bodies but has been used for vote banks. This condition not only affect the lives of community people but also strengthen the gender disparities, lack of education, caste system. India's independence did not bring any change in the life-pattern of the Meos, and the government showed total lack of concern and care (Maheshwari 2003). Even recent government reports show the extreme backwardness of the region (NITI Aayog Report). Society follows the patriarchal culture which worsen the life of women.

Interrelation of literacy and health

In order to achieve holistic development in society Literacy and Health are two fundamental aspect which needs to be focus. But low literacy is common in developing country like India in which Mewat has the lowest literacy rate. People with low literacy are generally unable to use health resources and lack of awareness about the disease leads then to negative health outcomes. Conversely, health status can also influence literacy. People who have frequent health issues might miss out the learning and reduced literacy acquisition. Also, Health issues can have negative impact on our economic resources also which limit our resources to access education institution. United Nations Educational, Scientific, and Cultural Organization indicates that illiteracy is a worldwide problem with major socioeconomic, political, and health implications (Barry D. Weiss, 1991). Policy maker generally used the term 'Health literacy' which basically mean reading and understanding ability of health care environment. 'Health literacy' is defined by the World Health Organization as "the cognitive and social skill which determine the motivation and ability of individual to gain access to, understand, and use information in a way which promote and maintain good health. Health literacy has been identified as a key strategy for reducing disparities in health related to education, as it plays a role in explaining the underlying mechanism driving the relationship

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between low levels of education and poor health (Van Der Heide et al. 2013). Education, employment, and income are essential avenues for the development of health literacy. Rajan, Kennedy, and King (2013) note that high average incomes reflect low poverty and high literacy in India, indicating that wealthier individuals are generally healthier. People who can access more resources are both healthier and literate simultaneously. According to Marks (2007), literacy is a critical factor in the health of any community, and policies aimed at enhancing literacy levels are expected to lead to significant improvements in health status. Numerous studies have found a positive correlation between good health and higher literacy, both at the individual and population levels (Santos et al. 2017).

The majority of the studies indicate a direct relationship between educational attainment (as a surrogate for literacy) and key health status indicators such as life expectancy, infant survival, and maternal survival rates (Barry D. Weiss, 1991). Literacy is linked to various socioeconomic factors which are directly linked to life expectancy. Illiterate people are more likely to be unemployed or engaged in labour and agricultural work which give them a toughest work environment. Low literacy and harmful work environment put them at a higher risk of living a shorter life. Also, illiterate persons are more likely to engage in harmful health behaviours like smoking, drug addiction etc. Maternal and infant survival both are interlinked with health literacy. A higher level of health literacy among expected mothers can lead to a better understanding of prenatal care and the importance of health check-ups. It also ensures the health of the child and gives proper instruction on what needs to be taken care of during pregnancy and after the child is born. Also, a literate person can provide better resources for the overall wellbeing of the child.

Health and Literacy status of Muslim Women in Mewat

Mewat, a predominantly rural area, is home to a substantial Muslim population, with its women facing numerous socio-cultural and economic barriers. These barriers hinder their access to education and healthcare, perpetuating a cycle of limited opportunities and inadequate resources. As per the 2011 census, 88.61% of the population of Mewat is rural. The majority of this rural population depends on agricultural work, which mainly includes poor farmers. The Meo community consists almost entirely of small and middle peasants who, on the whole, are greatly impoverished (Sikand, 1995). These poor peasants are exploited by moneylenders and landlords. Even in today's time, the literacy rate of Mewat is very low as compared to other districts in Haryana. So, they are bound to continue their ancestral work for living. If the literacy rate can be said to be a measure of development, the Meo women seem to have registered virtually no development at all.

As per the 2011 census, the literacy rate of Mewat is only 54.08%, in which the male literacy rate is 69.49% but the female literacy rate is 36.6% only. This shows a clear picture of the women's condition. Illiteracy rates, particularly among women, remain significantly high, posing a significant obstacle to their empowerment and health outcomes.

Table 1.1: Distribution of Educational Facilities

Education Facility	No. of Educational Institutions
Primary School	622
Middle Schools	74
Senior Secondary School	30
Colleges	3
Polytechnics	1

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Education Facility	No. of Educational Institutions
ITI/VEI	7
Teacher Training Institute	1
Bal Bhawan	3
Total	796

Source: ICSSR Survey Report, 2008

This table shows that there are very less schools are available for higher studies. According to ICSSR survey primary school exist in Mewat villages is 78.14% but only 3.77% senior secondary school (Reddy 2018). The district is also deficient in educational infrastructure. It has 3 colleges and only one polytechnic and 7 ITI/VEI which reveals the precarious situation of educational facilities. There is low literacy among Muslims (52.75%) as compared to Hindu (56.14%) as per ICSSR survey in 2008. There are several reasons of low literacy in this region. In the sphere of household work, the burden is almost entirely on the women. Forced by acute poverty, right from childhood young Meo girls must assist their mothers in household chores and so cannot go to school (Sikand, 1995). Women are facing double exploitation and their contribution is neglected by the patriarchal society. Earlier we have discussed about the cultural pattern and belief system in Mewat which is deeply affecting the socio-economic growth of Meo women. In rural areas the condition is even more terrifying. Caring of little siblings are also expected from the Meo girls because their mother goes to the field with their husbands. In this situation women have to manage both house chores and labour works for their family. Unlike in many other peasant communities, agricultural work too is largely a woman's domain among the Meos (Sikand, 1995). Boys are more encouraged to go school because of patriarchal system.

Low literacy in Meo women also due to drop out because there so much social restriction imposed on Muslim women. Many girls are being sent to madrasa for their primary education because there is no school nearby. Later they are being married in early childhood. In addition, the lack of infrastructure and services in schools further deters parents from sending their girls to school. According to survey of National Resource centre for Women, bad condition of toilets is one the major reason for girls to drop out. And majority of teachers are males and not much qualified. These resulted parents to pull out their girl child from schools. But these social boundaries not only limited to the education it also affects the health condition of women. Many studies and government report show the poor health service availability in Mewat region even after decades of independence.

Table 1.2: Distribution of Health Facilities

Health Facility	No. of Health Care Centres
Civil Hospital	1
CHC	4
PHC	17
Sub Centres	110
Ayurvedic	28
Homeopathic	10
Total	170

Source: ICSSR Survey Report, 2008

The health statics of Mewat shows that women are neglected in health care services. In Mewat there is 907 females per 1000 males as per 2011 Indian census which indicates about

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the gender inequality. Total population of Mewat is 1,089,263 but here are only 1 civil hospital and 4 community health centres is available in Mewat. Which shows that health care is neglected. Also, there are very less female health workers are available which make situation worse. The total female work participation in Mewat is only 5.76%. Because of social boundaries and stigmas for male servants many women avoid to go in hospital in maternity period. The ideology of Muslim community and Shariya law don't allow women to interact with other male who is not member of their family. Another reason they give is that secular education is of no use to their girls because they are anyway not going to get government jobs (Sikand, 1995). Even if a girl educate herself with hardship, they don't allow her to go outside home and earn money. So, eventually they forget their education because they lose connection with any intellectual activity after marriage. Living in a economically also make hard to access reading materials for them and they simply don't get time to perform their skills.

Dowry system is also very prevalent in this region because of their Rajput past. Their belief on Hindu caste system forces them to give dowry to the groom family to gain social prestige. Despite several caste panchayats having been held by Meo 'chaudhries' (leaders), in which it was unanimously decided to do away with dowry, the practice shows no sign of abating (Sikand, 1995). Parents start saving money for dowry when girl child is born rather than investing in studies. This is how marriage system and patriarchal belief snatch their happiness as soon as they come into this world. Boys get more chance to go school because they are going to stay with parents even after the marriage.

Apart from this illiteracy affects in daily life also like not having awareness about the medicine. Because of their social and economic backwardness, the Muslim women face greater health disparities than other religious communities in India. This is exacerbated in Mewat due to its extreme poverty and lack of adequate healthcare facilities. Literacy has been shown to be an important factor in accessing healthcare in marginalized communities. Literate women are more likely to participate in family planning services (Barry D. Weiss, 1991). Improved knowledge about and utilization of family planning information can, in turn, decrease birth rates and family size, both of which are important factors in improving the health status of women.

CONCLUSION AND DISCUSSION

This research emphasizes the significant health and educational inequalities experienced by Muslim women in the Mewat district of Haryana, drawing attention to the intertwined issues of gender, poverty, cultural practices, and illiteracy that contribute to their marginalization. The Meo community, characterized by its blended religious identity and established patriarchal system, presents a multifaceted sociocultural environment where women frequently find themselves restricted to domestic roles and lacking access to critical resources like education and healthcare. The concerning figures such as a female literacy rate of merely 36.6%, limited availability of secondary education, and insufficient health facilities illustrate the ongoing structural neglect and societal obstacles that hinder women's advancement in this area.

The connection between literacy and health outcomes is especially important in Mewat, where low education levels are directly linked to poor maternal health, high early marriage rates, and a lack of awareness regarding healthcare practices. In this situation, the idea of health literacy is key, as it helps connect education with better health. Educated women are more likely to seek health services, make knowledgeable decisions, and engage in economic

and social activities that enhance the welfare of their families and communities. This research highlights the pressing need for specific policy actions that tackle both education and health simultaneously, particularly focusing on the requirements of Muslim women in underprivileged areas like Mewat. Initiatives must involve improving school facilities, guaranteeing the presence of female teachers and healthcare providers, promoting adult literacy initiatives, and challenging backward gender norms through community-led awareness efforts. Furthermore, enhancing government accountability and promoting inclusive governance is vital to progress beyond superficial engagement and achieve long-term development.

In the end, enabling Muslim women through improved access to education and healthcare is not merely an issue of social justice; it is essential for the comprehensive development of Mewat. Focusing on the education and health of women creates a ripple effect, benefiting households, communities, and generations to come. It is only by adopting such holistic and inclusive strategies that we can imagine a more just and advanced society in Mewat and other underprivileged areas of India.

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Conflict of Interest

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