

MUSLIMS IN EUROPE: ATTITUDES AND EXPERIENCES

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This research examines the relationship between religion, religiosity and ethnicity, and how they influence the experiences and attitudes of people living in Britain and Europe including similarities and differences in the profiles and attitudes of different ethnic and religious groups in England, how the experience of being 'Muslim' varies in different European contexts and how it has been affected by the terrorist incidents in the US in 2001 and Madrid in 2004.

The study employed a number of different quantitative data sources. The Health Survey for England (HSE) (Erens et al., 2001, Sproston and Mindell, 2006) was used to examine differences in the demographic, socioeconomic and health circumstances of different ethnic/religious groups. We use the ONS Longitudinal Study (LS) to explore how the socioeconomic circumstances of different groups have changed over time, and data from EMPIRIC (Sproston and Nazroo, 2002), a follow-up survey of the HSE 1999 that includes indicators of mental health, racism/discrimination, ethnic identity, religiosity and attitudes towards life as a member of a minority group in Britain. Finally, we include data from the 'Muslims in Europe' (ME) study to compare the attitudes and experiences of Muslims with Bangladeshi heritage in England, Turkish heritage in Berlin, Germany and Moroccan heritage in Madrid, Spain.

Key findings

Key findings of the study are as follows:

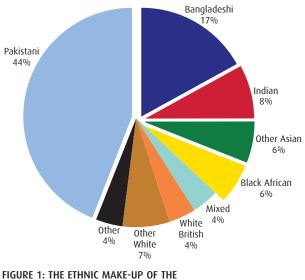
Muslim groups often experience considerable and persistent socioeconomic disadvantage compared with Christians and Hindus, but Indian Muslims on average occupy an improved position relative to other Muslim groups, reflecting the generally advantaged position associated with Indian ethnicity relative to other ethnic minority groups.

- Muslims often experience poorer health than, particularly, Christian groups. But many of these health differences may be explained by differences in socioeconomic status. Racist victimisation also has an important detrimental effect on health.
- Many Muslim (as well as Hindu and Sikh) respondents report a sense of the importance of their religion and maintaining a lifestyle which reflects their cultural heritage, while also thinking of themselves as 'British'.
- There are similarities and some differences in the 'Muslim experience' for different groups in Europe, in terms of religiosity, socioeconomic status and their relationships with their country of residence. Many of these differences are likely to be driven by issues of citizenship and the consequences that this, combined with a sense of victimisation, have for a sense of social inclusion.
- There were differences in the extent to which the terrorist incidents of 11 September 2001 and 11 March 2004 had affected the sense of feeling 'at home' in your country of residence. A strong ethnic (minority) identity, a lack of citizenship and victimisation all exacerbated any insecurity associated with these events. A strong Muslim identity seems to have offered a valuable source of support for a sense of being at home in Britain among Bangladeshi Muslims.

Results

The relative position of Muslims in England

This study makes an important contribution to our understanding of the circumstances and experiences of people with different ethnic/religious backgrounds in England. Here we examine the intersection of ethnic and religious categories, taking advantage of the analytical opportunities available due to the diversity in the broad ethnic composition of different religious groups in England and Wales (Figure 1): comparing different religious groups, different ethnic groups within religious categories, and different religions within ethnic categories.



MUSLIM POPULATION, 2001 Source: 2001 Census

In general, this work suggests that there are commonalities in sociodemographic, socioeconomic and health circumstances by religion (across ethnicity) and also differences within religion (by ethnicity). Muslim groups often experience considerable disadvantage compared with Christians and Hindus, but Indian Muslims frequently find themselves in an improved position relative to other Muslim groups.

There are statistically significant differences between the groups in age, marital status, household composition, migration status and age at migration. There is also a general picture of Muslim disadvantage in terms of socioeconomic status, but again there are important variations by ethnicity and commonalities across religions. There are statistically significant differences in educational qualification, household social class, household income, housing tenure and employment: with Bangladeshi Muslims often the most disadvantaged, followed by Pakistani Muslims, Indian Muslims and Sikhs.

The position of Hindus and Indian Christians was often comparable with that of white British Christians. The position of Black African Muslims varied relative to the other groups explored, although their position was disadvantaged relative to Black African Christians. Three quarters of Black African and Bangladeshi Muslim, half of Indian and Pakistani Muslim and two-fifths of Sikh households were in the bottom fifth of incomes in the sample (HSE), compared with three in ten Black African Christians and a fifth of Hindus and Indian Christian.

The average annual income of Bangladeshi households in the sample was £8,084, compared with £23,781 among white British Christian households (HSE). Bangladeshi Muslim men were more likely to be unemployed than other men, and Muslim women were much less likely to be employed than other women (findings from the ONS LS). In general, there was greater instability in the socioeconomic position of Muslims between 1971 and 2001 (the period currently covered by the LS) compared with other ethnic/religious groups.

Figure 2 presents the significantly greater age-adjusted odds of moving both into and out of economic activity over the period of Pakistani Muslim compared with white British Christian men (whose risk is set at one). These findings suggest an increase in moves into economic activity among Pakistani Muslim men over the period relative to white British Christian men, but relative stability in moves into inactivity (at a rate around three times that of white British Christian men)(findings from the ONS LS).

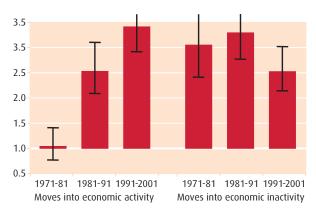


FIGURE 2: AGE-ADJUSTED ODDS (AND 95% CONFIDENCE INTERVALS) OF BETWEEN-CENSUS CHANGES IN ECONOMIC ACTIVITY: PAKISTANI MUSLIM COMPARED WITH WHITE BRITISH CHRISTIAN MEN IN CONSECUTIVE CENSUSES, 1971- 2001*Source: ONS LS, authors' calculations*

There were no ethnic/religious differences in reports of racist exclusion among different South Asian groups. In general, these reports of victimisation/discrimination were lower than those of Caribbean but higher than those of Irish people. These differences were not attentuated by socioeconomic or migration status, age or gender.

We found ethnic/religious variations in the prevalence and age-adjusted risk (compared with white British Christians) of a number of self-reported, diagnosed and measured health outcomes, for men and women combined and separately. Results for self-assessed fair or poor health, diagnosed hypertension, diagnosed diabetes, raised waist-hip ratio (WHR), tobacco use and physical activity all displayed associations which speak to the importance of ethnicity in the patterning of health inequalities. But there was also evidence of a role for religion in the generation of these health inequities. Non-Christians were more likely to report activity-limiting illness than Christians, regardless of ethnicity.

More importantly, the risks for the different health outcomes often varied between groups with the same ethnic, but different religious, affiliations. Figure 3 presents the odds of self-reported fair or poor health, longstanding limiting illness, diagnosed diabetes and high waist-hip ratio of Muslims compared with white British Christians (whose risk is set at one), adjusted for age and gender (the red column) and also socioeconomic status (in green). The greater health risk associated with being Muslim was largely, and (for longstanding limiting illness) completely, explained by socioeconomic differences between the groups.

There was no variation between the different Muslim groups in terms of reports of the strength of religious belief and the importance of religion in your life, but there were variations among Indian people with different religious affiliations. A strong religious identity did not prohibit a sense of 'Britishness', however. Respondents were asked to what extent they agreed with the statements: "In many ways I think of myself as British" and "In may ways I think of myself as being Bangladeshi/Pakistani/Indian."

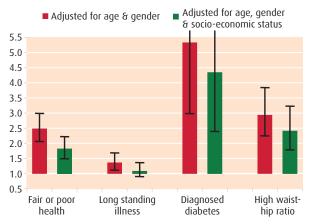


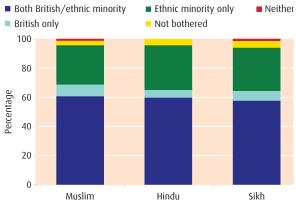
FIGURE 3: THE IMPACT OF ADJUSTING FOR SOCIOECONOMIC STATUS ON ODDS (AND 95% CONFIDENCE INTERVALS) OF HEALTH LIMITATION AMONG MUSLIMS, COMPARED WITH WHITE BRITISH CHRISTIANS Source: HSE

Around 60% of Muslims, Hindus and Sikhs said that they thought of themselves as being both British and Bangladeshi/Pakistani/Indian, and a further 10% of Muslims, 7% of Sikhs and 5% of Hindus said that they thought of themselves as British but not Bangladeshi/Pakistani/Indian (Figure 4). Migrating (at any age), perceptions of societal racism, being female and not being employed each significantly reduced the odds of thinking of yourself as British. Thinking of yourself as being in some way British did not conflict with a sense of the importance of maintaining a way of life which reflected your Bangladeshi/Indian/Pakistani heritage, however: over 80% of people in each group agreeing that "People of Bangladeshi/Pakistani/Indian origin should try to preserve as much as possible of their culture and way of life".

The relative position of

different Muslim groups in Europe

There are similarities and differences in the attitudes and experiences of Bangladeshi Muslims living in England, Moroccan Muslims living in Madrid and Turkish Muslims living in Berlin. Almost all Bangladeshi Muslims in the sample said that religion was important to the way they lived their life and more than four-fifths that their Muslim identity was important to how they saw themselves, compared with two-thirds (or fewer) of the Turkish and Moroccan samples. Bangladeshi Muslims were more likely to have citizenship of their country of residence and perceived themselves as being British more frequently than Moroccan Muslims perceived themselves as Spanish and Turkish Muslims felt themselves to be German. Bangladeshi Muslims were also more likely to report feeling 'at home' in their country of residence (Figure 5).





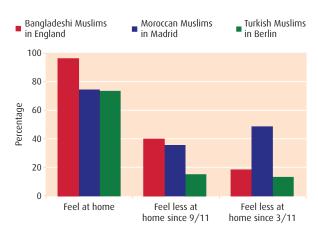


FIGURE 5: VARIATIONS IN FEELING AT HOME IN YOUR COUNTRY OF RESIDENCE AMONG DIFFERENT MUSLIM GROUPS IN EUROPE AND THE IMPACT OF THE TERRORIST INCIDENTS OF SEPTEMBER 2001 AND MARCH 2004 Source: 'Muslims in Europe' study

Turkish Muslims without German citizenship reported feeling at home in Germany less frequently that those who did. And those with temporary residency reported feeling at home less frequently than those with permanent residency. There was evidence of a gradient in feeling at home in your country of residence according to reports of experience or perceptions of racist victimisation: those reporting no victimisation more frequently, and those reporting racist personal attacks in the past year less frequently reporting feeling at home. Those agreeing that their identity as a Muslim was important to them reported feeling at home in their country of residence less frequently than those who disagreed, while this pattern was reversed when respondents were asked about their Bengali/Moroccan/Turkish identity. The effect of the importance of religion on feeling at home in your country of residence varied by location.

Two-fifths of Bangladeshi, 35% of Moroccan and 15% of Turkish Muslims reported feeling less at home in their country of residence since the terrorist incidents of September 2001, with smaller numbers affected by the events in Spain in 2004, with the exception of Moroccan Muslims in Madrid. Those, particularly among Bangladeshi and Turkish Muslims, who had been victimised, or felt that they lived in a racist society, were more likely to feel less at home following September 2001. Surprisingly, perhaps, Bangladeshi Muslims who did not feel their Muslim identity was important were twice as likely to feel less at home since this time compared with those who did. This pattern was not apparent in Germany or Spain. Similarly, those reporting their religion to be unimportant to the way they lived their life, in Britain and Spain, reported feeling less at home since this time more frequently, but this situation was reversed in Germany.

Policy implications and impacts

This research suggests that there are commonalities in sociodemographic, socioeconomic and health circumstances by religion (across ethnicity) and also differences within religion (by ethnicity).

In general, Muslim groups experience considerable disadvantage compared with Christians and Hindus, but Indian Muslims frequently fare better than other Muslim groups, reflecting the generally advantaged position associated with Indian ethnicity relative to other ethnic minority groups. This suggests that while work focusing on ethnic differences maintains its importance, valuable additional insight is gained by exploring the role of religion. But the impact of this work is also more direct. In providing a profile of different ethnic/religious groups in England, it offers insight into the relative position of these groups not before achieved in any detail.

Of particular importance is further exploration of the existence of and inter-relationships between different ethnic identities, the extent of a sense of 'Britishness' and the role of feeling at home in your country of residence among minority and migrant groups and factors encouraging or discouraging this. This finding makes an important comment on the inter-relationships and potential lack of conflict between forms of religious, cultural and ethnic group membership among Muslim and other groups in England. Victimisation appears to have far reaching consequences for the lives of minority groups and work to minimise this is crucial.

This investigation has established that there are variations in health experience that are patterned by ethnicity within religious group and by religion within ethnic group. It has also highlighted the role of socioeconomic position in this patterning for some conditions and certain ethnic/religious groups. Establishing in more detail the extent to which the health disadvantage faced by Muslim groups could be explained by their social and economic disadvantage should be a priority for future research.

This work also presents evidence of the similarities and differences in the attitudes and experiences of different Muslim groups in Europe. In general, Bangladeshi Muslims in England appear more positive about their lives in Britain than Turkish Muslims in Germany and Moroccan Muslims in Spain, even if their socioeconomic and health profiles do not support such optimism. We argue that many of these differences are likely to be driven by the differences in social and economic rights that citizenship confers and the implications of this, along with a sense of persecution, for feelings of social support and inclusion.

The terrorist incidents of 2001 and 2004, and responses to them, have had an important impact on the lives of Muslims in different metropolitan centres in Europe. But while these events have affected a sense of being 'at home', we have also found factors which might mediate this disruption. A prior sense of social inclusion may be critical. The full implications of these events have yet to be fully acknowledged. But it could be argued that these incidents mean that social divisions are now being drawn along 'religious' more than 'ethnic' lines, and exploration of the position of different religious communities has perhaps never been of more relevance and importance.

References

- Erens, B., Primatesta, P. and Prior, G. (eds.) (2001) *Health Survey for England 1999: The Health of Minority Ethnic Groups*, The Stationery Office, London.
- Sproston, K. and Nazroo, J. (eds.) (2002) *Ethnic Minority Psychiatric Illness Rates in the Community (EMPIRIC)*, The Stationery Office, London.
- Sproston, K. and Mindell, J. (2006) *Health Survey for England 2004: The Health of Minority Ethnic Groups,* National Centre for Social Research, London.

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