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A Review paper on Lifestyle, Food pattern and Socio-economic conditions of Muslim Women

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Abstract

Lifestyle changes, particularly in developing countries and as civilizations Westernise, are connected to a variety of health issues, including obesity, cardiovascular disease, and many types of cancer. Sedentary behaviour, obesity, smoking, and bad nutritional habits all contribute significantly to poor health and necessitate continual intervention strategies to assist people in making positive adjustments in these areas. When we talk about healthy eating, we mean eating a balanced diet that includes meat, milk, grains, and legumes, as well as lots of fruits and vegetables.

This research paper reviews the Lifestyle, Food pattern and Socio-economic conditions of Muslim Women. We concludes that Muslim women eat an imbalanced diet and engage in less physical activity. Due to their religious convictions, families, social norms, and experiences, many fast during Ramadan. They lag behind the majority in a number of social development categories as well, including economic standing, educational attainment, sense of empowerment, political participation, and influence on public policy.

Keywords: Lifestyle, Dietary Pattern, Socio-economic status, Muslim , Women

Introduction

More than 5% of the leading causes of mortality are directly attributable to lifestyle factors, and this fact has been widely acknowledged as having a significant influence on the disease burden. Changes in lifestyle, especially in developing nations and Westernisation of societies, are linked to numerous health concerns, including obesity, cardiovascular illnesses, and many forms of cancer.According to the Holy Qur'an, eating is a reflection of one's humanity and a way to contemplation, reasoning, thanks, reverence, oath, healing, and respect. Some scholars have argued that the esoteric and spiritual implications of studies on food and nutrition in the study of ethics and human behaviour. Numerous studies have shown that sedentary behaviour, obesity, smoking, and poor dietary habits are major contributors to poor health and call for ongoing intervention programmes to help people make positive changes in these areas. Having a balanced diet that includes meat, milk, grains, and beans as well as plenty of fruits and vegetables is what we mean when we talk about healthy eating. It not only makes the skin look and feel healthy and vibrant, but it also helps the body fight against infections and diseases. **(Jabbaripouret al., 2020**)Kerala is the most developed state in India in terms of social growth, according to the Human Development Index (HDI). Kerala is home to the nation's most educated Muslims, who make up an estimated one-fourth of the state's population (Census, 2011). However, Muslim women have primarily been marginalized and kept out of the world's view. In particular among minorities like Muslims, dalits, and tribes, social institutions such as religious and cultural considerations and the patriarchal form of families preserve and strengthen the social marginalization of

women. In the areas of education, the economy, society, and politics, Muslim women are clearly handicapped structurally, which leads to their social marginalization. However, national and state development initiatives focused on empowering women via sociocultural, legal, and educational means have made a substantial contribution to women's empowerment. Evidence reveals that Muslim women's desires for empowerment and their degree of empowerment vary in various socio-cultural situations throughout Indian states.(Shanuga 2016)

Anything that is bad for peoples physically, mentally, spiritually, or socially is forbidden (haram) in Islam, whereas anything that is good is allowed (halal). Pork, alcohol, and mind-altering narcotics are all forbidden under Islamic law. Meat must be killed and sanctified according to Islamic law before it may be consumed by Muslims.**(“Daily Life of Muslimsn.d)**

Thomson Reuters estimates that Muslim consumer expenditure on food and leisure items and services worldwide in 2014 was $1.8 trillion (£1.5tn), with that number expected to rise to $2.6 trillion by 2020**.(“The Rise of the Muslim Female Entrepreneur,” n.d.)**Shanuga

As with many women, Muslim women confront obstacles to full involvement in society. The most frequently highlighted barriers to getting involved in sports and physical exerciseare Dress code, Facilities, Lack of Role Models,Parental Approval, Transport, Social Side, Communication, Lack of women only sessions, Childcare, Socio-economic differences, Time, Employment, Environment, Information.Many Muslim women's lives find purpose and significance in their Islamic beliefs and principles. Islam is a religion that religion, culture, and ethnicity shape many people's identities and the way they see sports. Islam supports healthy lifestyles overall, and that includes regular physical exercise on the part of both sexes. However, there are components of the religion that impact how sports may be practiced, such as the fact that women who follow their faith cannot participate in mixed-gender sports and the need to adhere to certain rules about the surroundings and dress code.

Many Muslim women have been barred from or have not been able to engage in sports due to religious misinterpretations or just a lack of information. Many people are reluctant to participate because they worry that they will be treated unfairly or that the service providers will not respect their religious or cultural practises**.(Muslim Women in Sport, 2010)**

Lifestyle and Food pattern of Muslim women

Many social, religious, and cultural considerations influence the decision of some Muslim women to fast even when they are ill, pregnant, or nursing their children. Unfortunately, very little research has been done on the physiological implications of fasting during Ramadan on either the mother or the unborn child. It is challenging for nurses and other healthcare practitioners to provide sound medical advice to Muslim women.**(Kridli,2011)**Most Islamic countries and non-Islamic countries both marginalize Muslim women athletes. While "nothing in Islam forbids involvement in physical exercise," it has been advised that male dominance in society may be a factor in the marginalization of women in sports in certain Islamic countries. Some "interpretations" of the association between women and exercise are allegedly false, but it is hard for the layperson to tell which ones.**Eden&Leeger, (2012)**Most Muslim families in Coimbatore city had middle-class incomes and spent enough on food. These Muslim women ate a lot of cereal, animal products, and fats, yet none of them were vegetarians. Muslim women were observed to have greater caloric and fat intake but lower calcium, iron, and fiber intake, highlighting a potential for nutritional insecurity and raising awareness of the hazards of lifestyle-related disorders and

deficiencies in micronutrients. Finding out how well-off Muslim women in Coimbatore's minority population are in terms of food and nutrition was the driving force for this research. A total of 100 Muslim women within the age range of 25 and 45 were included in the research; they were drawn using a purposeful sample technique from regions of Coimbatore city with a high Muslim population (Karumbukadai, Ukadam, Sulur, and KK pudur).**Kalpana, &Habeeba. (2018)**Most Muslim women barely saw the sun for one hour a day, and even that was a severe underestimate because of the limitations imposed by their traditional clothing. This cross-sectional research was conducted in Coimbatore, which is in the Indian state of Tamil Nadu. The neighborhoods of Aathupalam, Karumbukkadai, and Selvapuram in Coimbatore city were chosen because they include a disproportionately large number of Muslims. To participate, two hundred Muslim women between the ages of 25 and 45 were chosen based on their reproductive potential.(**Habeeba& Kalpana, (2021).**Because the manner of fortification was typically not indicated in products, it was impossible to determine the bioavailability of vitamin D fortification. Women made more purchases from department stores, which along with the availability of vitamin D-enriched goods imply that fortified goods are more widely available. Low bioavailability of fortified foods was caused by low Vitamin D3 levels. There were 47 food products that were fortified, and the amount of vitamin D added to each product ranged from 0.003 mcg to 16.5 mcg per 100g. Cereals and eggs may be recommended as preferable sources among fortified foods when considering the level of fortification and portion size. Concern is raised by the correlation between price and fortification level since fortification levels may also influence purchasing power. The study found a marginally significant correlation between knowledge of vitamin D fortification and usage of vitamin D fortified goods. Therefore, increasing intake of foods fortified with vitamin D and lowering the risk of vitamin D deficiency among Muslim women may be achieved through nutrition communication in the community, on social media, and in commercials. The purpose of the study is to determine which foods and supplements that are commercially accessible that are fortified with vitamin D are consumed by Muslim women in Coimbatore. Data on the availability of fortified foods, their price, type, and availability were collected in a market survey of 76 stores chosen at random. The amount of vitamin D was noted. Twenty-five Muslim women between the ages of 20 and 45 were chosen as responders (n=225). They gathered information on their demographics, health, awareness of vitamin D, and intake of fortified foods.(**HABEEBA, B., & KALPANA, C. (2021)**The results revealed that the pregnant women felt pushed to keep the Ramadan fasts due to religious beliefs, , family, societyandexperiences. Women who are expecting and want to fast should be informed of the potential dangers involved. The purpose of the research was to look at how pregnant Muslim women in Turkey feel about fasting during Ramadan.**Uludag, & Goral Turkcu, (2022).**

Iodine consumption and awareness in women

Even though three-fourths of the homes in a north-east Delhi slum consumed enough iodized salt, the community under study had very little knowledge of the advantages of doing so. Nearly one-fifth of homes, including those that used refined salt, did not use enough iodized salt. Only 15 out of 230 responders showed any awareness of the iodized salt's health advantages. On the plus side, however, all 15 of the homes consumed enough iodized salt and were aware of its healthadvantages. When compared to homes using crystalline salt, consumption of appropriately iodized salt was greater in households using refined salt. However, even among the 209 homes that consumed refined salt, 36 consumed non-iodized salt or salt that was consumed insufficiently. This research was done in August 2008 in a

purposefully chosen slum in North-East Delhi with a population of 70 000. (**Agarwal, *et al.* (2009)**Many metabolic alterations may occur throughout the pregnancy due to the increased need for key micronutrients like iron and iodine. Once the fetus reaches the 12-week stage, the fetal thyroid begins to secrete its own thyroid hormones. Fetal mental and physical development may be stunted by iodine and iron deficiencies. To better track down pregnant women who have iodine deficiency, the current program of hemoglobin estimate at the first prenatal visit should be supplemented by a screening program for iodine deficit throughout early gestation. Using a convenience sample of 256 healthy pregnant women with uncomplicated singleton pregnancies from the city of Vadodara, Gujarat, researchers observed an iodine insufficiency prevalence (based on UI) of 16.79% and an iron deficiency prevalence (based on UI) of 91.9%. (**Joshi, *et al.* (2014)**The world's leading contributor to avoidable mental impairment is iodine deficiency. Iodizing all salt is a sustainable, cost-efficient, and safe way to guarantee that everyone is getting enough iodine. Only 42.5% of families in Uttar Pradesh use cooking salt that has been iodized to the required amount. The goal of the research was to determine how often families in Lucknow used iodized salt and how well-informed they were about its health advantages. In a cross-sectional research, 400 homes in rural and urban Lucknow were chosen using the PPS approach, questioned using an oral questionnaire that had already been created, and had the iodine level of their salt analyzed using a kit. It was found that 257 (64.2%) homes used salt with an iodine concentration of more than 15 ppm, 135 (31.8%) households used salt with insufficient iodine content, and 8 (4%) households used salt without any iodine. In a multivariate study, intake of appropriately iodized salt was substantially correlated with high social class, literacy level, and media exposure. Iodization of salt was only mentioned as a significant aspect of salt quality by 11.2% of respondents, even though 62% of those polled were aware that iodine shortage causes goiter. Better IEC is advised in order to more intake of salt that has been adequately iodized. (**Abedi, *et al.* (2014)** The Peshawar community near the brick factories has a serious iodine deficiency that must be addressed. Iodine deficiency is at intolerable levels in this area, and it will have a major effect on the intelligence and growth of the local youngsters. However, there may be significant difficulties with the adequacy of the iodization process at the point of production, even though a community-designed education and awareness raising campaign about the benefits of iodized salt was very successful in terms of improving knowledge and increasing sales of iodized salt. In a survey of 41 stores in the local bazaar, only 28 have iodized salt. A total of 28 merchants were contacted for an iodized salt study. It was determined how much people knew about iodized salt and how often they used it by administering a semi-structured questionnaire. (**Lowe, *et al.* (2015)**Researchers revealed that there was insufficient public knowledge of food fortification and fortified food items. Despite the unintentional attitude against fortified foods, more people consumed them since they were readily available on the market. In Mumbai, 100 females within the age of 18 and 60 underwent a thorough knowledge, aptitude, and practice study, regardless of their caste, profession, or educational background, and regardless of where they lived—random districts of Mumbai—based on the researcher's connections. (**Battalwar, &Syed, (2017).**Region, the iodine concentration of household salt, salt storage in non-airtight containers, and malnutrition were all shown to be significant predictors of iodine deficiency. To assess the level to which people in the coastal and hilly villages of south Odisha are deficient in iodine and to identify the factors that put a population at risk for having an inadequate iodine intake, cross-sectional research was carried out by researchers. (**Kshatri, *et al.* (2017)**The persistence of this research was to assess women's awareness of iodine's significance in preventing and treating off iodine deficiency disease (IDD) in certain Tirupati districts and cities. Researchers found

that most women knew little about iodine's importance in preventing and treating against iodine-deficiency illnesses. Knowledge scores improved after a brochure and a structured lesson on the value of iodine in preventing iodine deficient diseases was distributed. (**Nagamalli, (2018).**Researchers discovered that many respondents were from lower middle-class families. 93.38% of tube wells were used as the primary supply of drinking water; however, most of them did not cleanse it. 90% of patients received care from MBBS doctors. However, seeking therapy from quackery and neighborhood dispensaries is still common, and 103 (82.53%) persons use iodized salt, compared to 22 (17.47%) who do not. The intake of iodized salt and dietary habits among the families of Hajisharai hamlet in Mirasharai, Chittagong, were studied. In this descriptive cross-sectional research, 125 respondents within the age of 15 and 60 from both sexes were contacted on January 13 to discuss their ideas about dietary habits and iodized salt use. (**Sharif, *et al.* (2018)**

Although most individuals ate iodized salt without realizing the health advantages, of eating iodine rich foods , their knowledge and attitudes about its use were limited. In Madhupur, a hamlet in Tripura, researchers surveyed 270 rural women as sample of a community-based study. The purpose of this investigation was to investigate rural women in Tripura for their KAPs (knowledge, attitude, and practices) with regards to iodized salt use and any correlations that were found with socio-demographic characteristics.(**Karmakar,*et al.* (2019).**About 51 and 53 percent of the participants, respectively, had excellent understanding and experience using iodized salt. Seventy-five percent of the individuals used enough iodized salt. Six times more likely to have excellent practice than women with poor understanding of iodine were those with good knowledge. Iodized salt is used in 68% of Ethiopian households, and 40.1% of those people think that pregnant women require a lot of it. In 2012, the Ethiopian government adopted a law requiring the iodization of salt. In Debre Berhan Town, central Ethiopia, 438 pregnant women participated in this research. (**Tegegne, M. (2019).**To raise community knowledge and to concentrate on behavior change communication to bring about a favorable attitude toward using iodized salt, specific education addressing correct storage, handling, duration, and significance of iodized salt must be undertaken. Many homes (68.5%) included women who were 25 to 50 years old, 68% of whom were illiterate, and 48.5% of them were employed in manual labor. The majority (83.6%) of the households used iodized packed salt, 75% had salt that was sufficiently iodized with 15 ppm, and 25% had salt that was insufficiently iodized with 15 ppm. There is a substantial correlation between low iodized salt knowledge and illiterate women. A cross-sectional survey of the community was carried out at the RHTC, Maddipadu, Prakasam district from July to December 2016. For the objective of the research, representative households from four villages in this region were surveyed.

A variety of factors, including the kind of salt used in homes, salt storage techniques, cooking techniques, and understanding of iodine deficient illnesses, were evaluated in relation to the usage of iodized salt in the communities. (**Deepika, *et al.* (2019).**77.6% of people consumed salt that was sufficiently iodized, whereas 22.4% did not. 30.9% of the respondents were knowledgeable of the significance of iodized salt; few, although having insufficient information, had proper practices; and, apart from one, none had ever added salt towards the completion of cooking. Caste and respondents' ages were both connected with awareness and practice. When salt was kept in an open container and kept close to the oven, the amount of iodization was substantially lower than expected. In order to evaluate the iodine concentration of salt used in households, respondents' knowledge of the issue, their

practices, and their sociodemographic correlates, this cross-sectional descriptive research was carried out in the slums of Burdwan Municipality in 2019. (**Mukherjee, *et al.* (2021).**Only 49.8 percent of the city's residents reported using iodized salt properly, much below the 70 percent national average and the 100 percent World Health Organization target. Debre Markos is a town in Northwest Ethiopia, and between March 15 and 30, 2019, researchers of the University of California, Los Angeles conducted a cross-sectional study of the community to determine how well residents of Debre Markos' households were using iodized salt and what factors may have contributed to this. (**Giza, &Molla, (2022)**

Socio- Economic conditions of Muslim women

Muslims had a somewhat lower fertility rate than Hindus. In general, fertility rates fell as people were better off economically and educationally. Muslims had.19.34 more children than Hindus did among the lowest educated. There was a statistically significant difference between Muslim and Hindu fertility rates of.09 children per couple. Hindu fertility rates were higher in cities than in remote regions, regardless of educational attainment. The results indicate that a rise in literacy rates is associated with a decrease in fertility and a rise in the prevalence of birth control usage. **Chaudhury (1984).**Using census data and the results of 11 surveys, the researchers in India compared the reproduction rates of Hindus and Muslims. There is substantial evidence from census and survey data showing that Muslim fertility is greater than Hindu fertility. Researchers often propose one of three theories to account for the discrepancies they find. The first theory suggests that cultural and socioeconomic variances between the two groups account for the observed fertility disparity. When compared to Muslim women, Hindu women are less probable to get pregnant because they are more probable to return to their family of inclination after the birth of their first and second children. Islam, in contrast to Hinduism, permits polygamy, facilitates divorce for those who are unable to have children, and permits widows to remarry. The percentage of women who have ever used contraception was higher among Hindus (17%) than among Muslims (13%). (**Balasubramanian (1984).**Much of the Quran and Hadith-believing Muslims in India adhere to a set of conservative principles and doctrines. As a defining characteristic of their culture, traditionalist Muslims maintains women's subordination. Muslims who have not read the Quran are unaware of the Sharia's provisions for social flexibility. The Quran is quite clear that all spouses should be treated equally, although in fact this is not the case. **Bhatty (1994)**

Most Indians identify as Hindu, although the country also has significant Muslim, Christian, and Sikh populations. The third All India Survey of family planning practices in India found that the number of people who reported using family planning methods increased from the previous survey. Only around one-third of all Muslim couples, 45.5% of all Hindu couples, 61.6% of all Christian couples, and 63.2% of all Sikh couples use contraception. Nearly 105 million Muslims call India their home. It has been hypothesized that low rates of family planning among Indian Muslims result from factors like a lack of education about Islam, a lack of resources, and the religious diversity of Indian culture. Those topics are covered here. The lack of education, especially among women, is a key contributor to India's high birthrate. It is suggested that studies be performed to better understand Muslim concerns, that an intervention strategy be devised for both training employees and a public awareness campaign, and that a family planning communication strategy be developed with great care. Concerns that should be taken into account while developing a communication plan are discussed. (**Quraishi (1996)**The rights of linguistic, religious, and cultural minorities must be preserved, protected, and guaranteed by the state, according to the Indian Constitution's guarantee of citizen equality. A fair state is one that upholds the

United Nations Declaration on the Rights of Persons Belonging to National, Religious, Ethnicand Linguistic Minorities. Islam is the religion of 13.4 percent of India's population, making Muslims the country's biggest minority group. Most measures of human development show that they are much behind other countries. Since the country's independence, there has been no concerted attempt to study the plight of the country's religious minority. This is the first study of its sort to do extensive statistical analysis on India's Muslim population. (**Sachar, *et al.* (2006)**

In her book, Sarkar (2008) explained how the merging of two modernist discourses, that of nationalism and liberal feminism, contributed to the marginalization of Muslim women in late colonial Bengal, making them the Other of the normative modern subject. Debates over the colonial initiatives to empower Indian women were intertwined with the significance of the 'woman issue' for the nationalist movement, reflecting a preoccupation with regulating women and their sexuality within processes of national and ethnic identity construction. Meanwhile, liberal feminism used the Islamic Woman as the traditional Other of the modern woman of the nationalist imagination to uphold the superiority of economically and politically powerful women and their own conception of agency and self-awareness. If the vision of agency is bound to "an already determined feminist finish line," countering and rectifying the discourse of Muslim women as invisible or silent will be impossible. This is especially true for recovery projects that are embedded in revisionist histories portraying Muslim women as agents.(Sarkar, **M. 2008.)** To get first-hand insight into the shifts in mindsets among Muslim women, a study was performed among a representative sample in a modern metropolis like Pune. The relevance of higher education is becoming more apparent to Muslim women, according to the research, perhaps because of the much stronger educational background of their parents and other family members. They comprehend the scope of the changes occurring in the global social and economic system and are certain in their ability to adapt to the new circumstances. **Ahmed, & Mistry, (2010).**

The purpose of this article is to investigate the motivations and strategies of young Muslim women living in the bustees (slums) of Kolkata, West Bengal, India, in their pursuit of sexual relationships. In this article, the authors analyze the role that class discourses and mainstream Bollywood culture play in the decision-making process of heterosexually coupled females over where, when, and when to engage in sexual activity. Since having sexual intercourse with a partner before marriage is banned in Islam, is he will discuss how the women in this study balance their Muslim identities with their desires to have sexual encounters with their lovers. Even though having sex before marriage is frowned upon in the bustee, the author demonstrates throughout the study that young women are willing to take significant personal risk in order to engage in sexual activity. The study's findings show that young women are not openly questioning societal norms around sexuality, gender roles, or religious observance. Instead, they use public expectations of the "nice Muslim girl" to continue sexual interactions with their lovers behind closed doors. **(Kabita Chakraborty (2010)** The purpose of the suggested article is to examine the position of Muslim women in West Bengal from many angles. Efforts have also been made to identify the reasons that are acting as a roadblock to their societal development and to provide some solutions and a way ahead. The study is based on information obtained from both secondary and primary sources of research. Muslim women, fall behind the mainstream in many areas of social development, including economic status, level of education, sense of empowerment, political engagement, and influence on public policy. **Hossain, (2013).**Popular discourses often result in "victim-blaming" discourses, which ignore the structural and economic difficulties faced by Muslims. For instance, religious conservatism

and an Islamic reluctance to educating females are often cited as the primary causes of Muslim women's low levels of education. study draws on 26 in-depth interviews with Muslim and Hindu women pursuing graduate degrees in the arts and sciences at seven different universities: **Sahu,*et al*.(2016)**The outcome of the research was that empowerment in the personal, family, social, and political spheres of women's lives decreased social exclusion and increased social inclusion dramatically. This research was done in the southern Indian state of Kerala's Calicut district. The district is in the northern portion of Kerala and has a sizeable Muslim population. **Cherayi, & Jose, (2016).**In comparison to other groups, Muslims are extremely behind. There is still a lot of conservatism in their outlook on schooling. They are falling behind economically, politically, and socially because they refuse to adopt contemporary schooling. For various reasons, they are hesitant to fund their daughters' college educations. Despite this, over the last two decades, they have been slowly but steadily raising their educational and economic standards, learning to stand on their own two feet.

Less Muslims than Christians and Jews go on to get advanced degrees, which is notably true in the management field. In this day of globalization and digital technology, their Madarsa still adheres to an antiquated and outmoded curriculum. There is really nothing in their curriculum that relates to business or science. It is time for madarsas to evolve into 21st-century learning institutions where students may get both religious and vocational instruction. With the goal of observing the current educational situation of Islamic women in India and correlating the data available, a thorough literature study was undertaken using a variety of online and offline secondary sources. The resolution of this research is to learn more about the educational background of Muslim women in India, what holds them back, what obstacles they confront, how the Islamic faith views women's education, and how they may be better integrated into Indian culture. (**Hussain, *et al*. (2018)**Through a careful examination of the existing literature in both the Western and Indian contexts, this research discovered that the proportion of Muslim women in India with a college degree is shockingly low compared to that of women from other groups in India. (**Mir, &Sadeeq (2020).**This research compares the socioeconomic, demographic, and health disparities Islamic minority women in India face. Using the most recent statistics, the socioeconomic situations of Muslim women are compared to those of other religious minority and majorities. The empirical study reveals that Muslim women in India are relatively uneducated and economically disadvantaged. The socioeconomic position of practically all other minority women is superior than that of Muslim women. The article will also investigate the degree of economic liberty experienced by women from various minorities. Findings indicate that minority Muslim women's engagement in family economic decision-making is generally low. This study's results give support for the continuance of preferential treatment for Muslim women via government initiatives aimed at enhancing their socioeconomic growth. (**Ohlan, R. (2020).**

This study discusses the concept of the ideal Islamic woman in the framework of the development of contemporary Malayali identities and the establishment of a gender hierarchy that permeates Kerala's many different religious and social groupings. This study investigates the ways in which ideal Islamic femininity and the gendered subjectivities it engenders are constructed in the South Indian state of Kerala through discourse. It describes the internal discussions between the two main Muslim factions ("traditionalists" and "reformists") in Kerala about the place of women in Islam, and how each side has articulated its own version of the perfect woman. It chronicles the development of a discourse on the upbringing of pious modern female subject and places it in the framework of broader socio-political

shifts among Kerala's Muslims, such as the impact of nationwide debates on the possibility of personal law reform since the Shah Bano controversy of the mid-1980s. It demonstrates how, in the area of Muslim women's education specifically, conservative and reformist efforts have recently converged on spreading idealized concepts of devout contemporary female subjecthood. **(Shabna, P., & Kalpana, K. (2022).**Diverse experiences as Muslim women throughout South Asia and beyond are highlighted in this study. As if that were not enough, Muslim women's experiences are also shaped by a variety of intersecting identities, including where they live and what class they belong to, what they know and can do professionally, whether or not they are married, and where they are in the life cycle. Each of our authors focuses on a unique aspect of Muslim women's lives as they try to meet the challenges of modern life, such as their interactions with the legal structure in regards to marriage and inheritance, their participation in "claims work" to obtain their entitlements from the state, their participation in income-generating work, or the effects of male outmigration on "left-behind" wives.**(Jeffery, P., & Qureshi, K. (2022).**

This anthropological article examines the relationships of impoverished Muslim women in India, brokers, and the Indian government. The article shows the difficulties Muslim women face when trying to make a claim or get official papers. The women’s experiences are rooted in their socioeconomic level, class, marital status, life stage, and individual histories. This second meeting point is crucial because it serves as a timely reminder that similar identities do not always produce similar results. Razda shared a similar positionality to other women deliberated in this article; however, her emergence as a broker and a 'dangerous woman' not only challenged gendered assumptions around brokerage in India, but also resulted from her personal biography and her willingness to invert the gendered spatial norms of the everyday state. Those who adopted a more devout stance and avoided interactions with the state did so considering their individual upbringing and the larger ideological, religious, and political contexts to which they belonged. This article explains how bureaucratic structures, spatial configurations, and urban cosmologies acted as additional mediators between Muslim women living in the city's mohallas and everyday sites of state engagement, which included not only public space but also familial and domestic contexts, in ways that are historically particularized and subtly embedded.**(Ayesha Ansari & Thomas Chambers (2022)** In seven mostly Muslim Middle Eastern countries—Saudi Arabia, the United Arab Emirates, Qatar, Bahrain, Oman, Kuwait, and Iran—educational women's achievement has risen dramatically, particularly at the university level. On the contray, the data also shows that women's political participation does not always increase as their level of education grows. Considering the peculiar circumstances in Saudi Arabia, this research sets out to explain this discrepancy. It concludes that traditionalist, conservative, and derogatory views of women in Islam are simply a piece of the whole. In addition, educated Muslim women in orthodox Muslim countries of the Middle East and elsewhere do take all factors into account when deciding on a career path, and they consciously choose to pursue careers in teaching and medicine because these are seen as more religiously feasible than politics and governance. Because of these non-secular concerns that involve Muslim women but were not incorporated in and recognized in the conventional concepts, the mainstream Western notions that rather simplistically link educational with political empowerment do not happen the way it is anticipated for them. (**Buang, &Suryandari, (2023).**

There is still a focus on how Muslim women are positioned in relation to other religion. Muslim women in modern India, for example, face obstacles that are somewhat different from those experienced by

Hindu and Dalit women in similar socioeconomic situations. Even in times of relative calm, communal politics permeate daily life, limiting the ways in which Muslims in India can interact with the state and drawing attention to the ways in which discrimination against Muslims in various sectors (housing, employment, and education) has shaped and limited the economic opportunities available to them. **(Sachar 2006; Basant and Shariff 2010; Mahaprashasta 2015; Ramakrishnan 2015; Islam 2019; Rahman 2019).**

Conclusion

Lifestyle, Food pattern and Socio-economic conditions of Muslim Women was reviewed in this paper:-

Social, religious, and cultural considerations influence theLifestyle, Food pattern and Socio-economic conditions of Muslim Women. Muslim women are less physically active as compared to their counterparts. Dietary Pattern of Muslim women was nutritionally unbalanced because of unawareness. Despite being middle-class incomes, they spent enough on food. These Muslim women ate a lot of cereal, animal products, and fats, yet none of them were vegetarians. Muslim women were observed to have greater caloric and fat intake but lower calcium, iodine, iron, and fiber intake, highlighting a potential for nutritional insecurity and raising awareness of the hazards of lifestyle-related disorders and deficiencies in micronutrients.Pregnant women felt pushed to keep the Ramadan fasts due to religious beliefs, , family, societyandexperiences. Some Muslim women to fast even when they are ill, pregnant, or nursing their children.Muslim women, fall behind the mainstream in many areas of social development, including economic status, level of education, sense of empowerment, political engagement, and influence on public policy.In addition, educated Muslim women in orthodox Muslim countries of the Middle East and elsewhere do take all factors into account when deciding on a career path, and they consciously choose to pursue careers in teaching and medicine because these are seen as more religiously feasible than politics and governance.Minority Muslim women's engagement in family economic decision-making is generally low.

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