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The Role of Islamic Religious Education in Raising Public Health Awareness in Villages

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Abstract

Objective: This study aims to explore the role of Islamic Religious Education (IRE) in raising public health awareness in rural communities. **Theoretical framework:** The study is grounded in the Health Belief Model (HBM) and Islamic educational principles. **Literature review:** Previous studies have highlighted the impact of religious education on behavior change, but less focus has been placed on the integration of health messages through Islamic teachings in rural settings. **Methods:** A qualitative approach was used, employing interviews and focus group discussions with community leaders, teachers, and local health officials in selected rural areas. **Results:** The findings indicate that IRE can be an effective tool in disseminating health information and influencing positive health behaviors, such as hygiene practices, nutrition, and disease prevention. **Implications:** This research underscores the potential of Islamic religious education as a sustainable means to improve public health outcomes in villages. **Novelty:** This study contributes to the literature by integrating Islamic teachings with modern public health strategies to enhance health awareness in rural communities.

Keywords: islamic religious education, public health awareness, rural communities, health behavior, community engagement.

INTRODUCTION

Islamic Religious Education (IRE) plays a vital role in shaping the values and behavior of individuals in Muslim-majority societies. Traditionally, it has been viewed as a system focused on nurturing spiritual and moral growth through religious teachings. However, its influence goes beyond the spiritual domain, touching on various aspects of life, including health and well-being. In many rural areas, where healthcare infrastructure is often limited or inadequate, IRE offers an alternative and potentially powerful channel for disseminating public health messages. In these settings, religious education can become an essential tool for raising awareness about health-related issues and promoting healthier behaviors [1]-[5].

Public health challenges in rural areas are multifaceted, ranging from poor sanitation and limited access to healthcare facilities to low health literacy among the population. Many rural communities face significant barriers to achieving optimal health, and addressing these challenges requires innovative approaches. In such contexts, integrating health

messages into IRE can enhance the community's understanding of health issues while leveraging established trust and social networks. By using religious platforms, which are already central to the lives of rural inhabitants, health professionals and educators can effectively communicate health messages that are culturally sensitive and contextually relevant [6]–[8].

The integration of public health education into IRE is not a new concept. Islam, as a comprehensive way of life, has long emphasized the importance of health. From hygiene practices to disease prevention, many Islamic teachings align closely with modern public health principles. For example, the concept of cleanliness is central in Islam, as demonstrated by practices such as wudu (ablution) and the emphasis on hygiene in everyday life. Similarly, the dietary laws in Islam, such as the prohibition of harmful substances and the encouragement of healthy eating, provide a framework for promoting good health. These teachings, when integrated into religious education, can serve as a foundation for raising health awareness in communities where health education is otherwise scarce [9]–[12].

In rural villages, Islamic Religious Education is typically delivered through religious leaders, schools, and community-based gatherings. These platforms provide an ideal setting for promoting health education. Religious leaders, who are often viewed as trusted figures in rural communities, are in a unique position to disseminate health information effectively. Their sermons, lectures, and community outreach activities can address a wide range of public health topics, from basic hygiene practices to the importance of vaccination and disease prevention. In doing so, they can help bridge the gap between traditional health beliefs and modern healthcare practices, making health information more accessible and culturally acceptable [13]–[16].

Moreover, IRE in rural settings often takes the form of informal, community-based education that is integrated into daily life. This is particularly important in areas where formal education systems may be less developed, and access to health services is limited. Religious gatherings, including mosque sermons, study circles, and community events, offer a natural forum for discussing health topics. These gatherings are already attended by a large portion of the community, and their regularity ensures that health messages can be reinforced over time. In this way, IRE can reach a broader audience and foster long-term changes in health behavior, especially if health education is continuously integrated into the fabric of religious teachings [17]–[21].

Another crucial aspect of IRE's role in public health awareness is its potential to foster community collaboration. Rural communities often face challenges related to social isolation, lack of resources, and limited access to information. However, religious institutions such as mosques or Islamic schools are centers of social and community life, making them key players in mobilizing collective efforts to address health issues. Through collective actions such as health awareness campaigns, community clean-ups, and vaccination drives, IRE can help create a culture of health consciousness that transcends individual efforts and leads to collective improvements in health outcomes [22]–[26].

Despite its potential, the integration of public health education into IRE in rural villages has been underexplored in academic literature. While there have been studies on health education in Islamic contexts, there remains a gap in understanding how religious education can specifically be leveraged to address health issues in rural areas. This research aims to fill that gap by investigating the role of IRE in raising public health awareness in rural villages, focusing on how religious teachings can be integrated into health education initiatives [27]–[30].

This study explores how Islamic Religious Education can raise awareness about essential public health issues such as sanitation, nutrition, hygiene, and disease prevention. By

examining the experiences of religious leaders, teachers, and community members, this research seeks to understand the ways in which IRE contributes to health behavior change in rural settings. Furthermore, it aims to identify the barriers and opportunities associated with integrating health messages into IRE and provides recommendations for improving public health outcomes through this integration [31]–[34].

The objective of this research is to assess the effectiveness of IRE as a tool for public health education, particularly in rural communities where other forms of health education may not be as easily accessible. By understanding how religious leaders and educators in rural villages can use Islamic teachings to promote health awareness, this study will contribute to the growing body of knowledge on the role of religion in health education. Additionally, it will provide practical insights for policymakers, health professionals, and religious institutions looking to collaborate in promoting better health practices in rural communities.

Islamic Religious Education holds immense potential in raising public health awareness in rural areas, where traditional healthcare systems may struggle to reach. By integrating health education into religious teachings, IRE can provide a culturally appropriate, accessible, and sustainable approach to improving public health outcomes. As this research will demonstrate, the role of religious education extends beyond the spiritual domain and can be a critical factor in the overall well-being of rural communities [35]–[37].

LITERATURE REVIEW

Islamic Religious Education (IRE) has long been a tool for moral, spiritual, and social development within Muslim communities. Its potential to influence public health awareness and behavior, especially in rural settings, has been increasingly recognized in recent studies. IRE not only imparts knowledge about spiritual practices but also integrates various aspects of daily life, including health and hygiene, which are vital to the well-being of individuals and communities. Numerous studies have examined the intersection of IRE and public health, showing the promising role that religious education can play in raising health awareness in rural villages, where formal health education may be lacking.

The literature reveals that IRE in Muslim-majority regions provides an accessible and culturally appropriate platform for promoting health behaviors, such as improved hygiene, disease prevention, and healthy lifestyles. Health education through Islamic teachings, like the emphasis on cleanliness in both the Qur'an and the Hadith, is often seen as more acceptable and impactful because it resonates with the local religious and cultural norms. Islamic leaders, such as imams and teachers in religious schools, are often well-trusted figures, making them effective messengers for health information.

To better understand the current state of research on the role of IRE in promoting public health, it is important to review several key studies. Below is a table summarizing key research on the intersection of IRE and health promotion, which highlights how religious education has been employed in various contexts to improve health behaviors in rural and Islamic settings.

Table 1. Summary of Reviewed Studies on Islamic Religious Education and Health Awareness

Author(s) & Year	Context	Focus Area	Key Findings
Crawford, 2020 [38]	Coastal Muslim Communities, West Java, Indonesia	Islamic education and health behaviour	Found that IRE, through mosque study circles, improved hygiene practices, reducing skin diseases like scabies among villagers.

Zulkarnain & Rukmana, 2021 [39]	Pesantren (Islamic boarding schools), Indonesia	Health and hygiene education in Islamic schools	Students in pesantren with integrated hygiene education had better health outcomes (e.g., fewer skin diseases), showing a positive correlation with IRE.
Mahmood MA, 2023 et al., [40]	Islamic Schools (Pesantren) in Indonesia	Mental health awareness in IRE	Identified the role of IRE in raising mental health awareness through Islamic values like sabr (patience) and tawakkul (trust in God).
Wahiba Abu-Ras et al., 2024 [40]	Rural Indonesian Villages	Public health education via mosques	Religious leaders serve as the primary health information source in rural areas, successfully promoting sanitation and vaccination practices through IRE.
Ratna Dwi Wulandar et al., 2023 [41]	Rural Health Clinics, West Java	Religion-based health promotion	Demonstrated that Islamic teachings on cleanliness, dietary laws, and hygiene could be integrated into health promotion programs to improve public health.
Jumana Saleh, et al., 2020 [41]	Jakarta, Indonesia	Islamic religious education in rural health	Explored the connection between IRE and rural health practices, showing that villagers adopt healthier behaviors (e.g., sanitation, vaccination) through IRE.
Ismail Ibrahim Ismailet al., 2021 [42]	Malaysia and Indonesia	Islamic health education and behavior change	Examined how IRE contributed to promoting health in rural populations, concluding that religiously framed health messages were well received and adopted.
Indah Sari Zendrato et Al., 2020 [43]	Pesantren (Islamic boarding schools), Indonesia	Public health behavior through IRE	Integrated health education into religious curricula, fostering a positive influence on students' hygiene and nutrition habits.

The studies summarized in the table demonstrate the multifaceted ways in which Islamic Religious Education has been used to promote public health awareness in rural communities. These studies highlight the central role of religious institutions and leaders in disseminating health messages, particularly in communities where formal healthcare infrastructure may be lacking. Furthermore, these studies reinforce the idea that integrating health education within religious education programs can lead to positive behavior changes in rural settings.

In the following sections, this paper will further explore the potential benefits and challenges of using IRE for health education in rural villages, specifically focusing on sanitation, disease prevention, and overall public health awareness.

METHODOLOGY

This study employs a community-based participatory approach to explore the role of Islamic Religious Education (IRE) in raising public health awareness in rural villages in West Java, Indonesia. The research is designed to engage community members directly in the planning, implementation, and evaluation of health education activities delivered through religious platforms. The methodology centers on collaborative health education

workshops, where religious leaders, teachers, and health workers work together to integrate health messages into religious teachings. Using a train-the-trainer model, local leaders were empowered to continue disseminating health information to their communities. The study also employed an action research approach, where interventions were continuously refined based on community feedback. Data were collected through pre- and post-intervention surveys to measure changes in health awareness and behavior, focus group discussions for qualitative insights, and community health indicators to assess tangible impacts, such as hygiene practices and vaccination rates. The study also placed strong emphasis on capacity building, training local leaders to ensure the sustainability of the health education program beyond the research period. Ethical considerations were followed, ensuring informed consent and cultural sensitivity throughout the process. The main limitations of the study were the confinement to three rural villages and the potential bias in self-reported data [44]–[47].

Table 2. Research Methodology Overview

Method	Description	Key Components
Community-Based Participatory Approach	Focuses on engaging community members directly in research and health education activities.	Active collaboration with religious leaders, teachers, and health workers.
Collaborative Health Education Workshops	Workshops are designed to integrate health messages into religious teachings, using the train-the-trainer model.	Training local leaders, health education topics, and culturally appropriate content.
Action Research Approach	Intervention is designed and refined based on community feedback, aiming for real-world impact.	Continuous feedback from participants, real-time adjustment of interventions.
Data Collection Methods	A combination of qualitative and quantitative methods to assess health behaviors and community engagement.	Pre- and post-surveys, focus group discussions, participant observation.
Ethical Considerations	Ensuring informed consent, confidentiality, and cultural sensitivity in all research activities.	Informed consent, cultural respect, voluntary participation.
Sustainability & Capacity Building	Focus on empowering local leaders to continue health education after the research ends.	Training, providing educational materials to local institutions.
Limitations	The study is limited to three rural villages in West Java, and results may not be generalizable to other regions.	Small sample size, potential bias in self-reporting.

RESULTS AND DISCUSSION

The results of this study provide valuable insights into how Islamic Religious Education (IRE) contributes to raising public health awareness in rural villages. The findings indicate that IRE plays a central role in shaping health behaviors, influencing community engagement with public health initiatives, and promoting healthier lifestyles in rural areas where formal health education may be lacking. This section discusses the key findings from the interviews, focus group discussions (FGDs), and participant observation, along with a discussion of the broader implications of these results.



Figure 1. Presentation at the International Seminar on the Theme: The Role of Islamic Education in Enhancing Public Health Awareness in Rural Communities

One of the most significant findings of this study is that IRE serves as an effective platform for disseminating health messages. Participants consistently reported that religious leaders and teachers are viewed as trusted figures, and their endorsement of health behaviors increases the likelihood that community members will adopt these practices. In particular, health topics such as hygiene, sanitation, and disease prevention were frequently addressed during mosque sermons, Islamic study circles, and religious school curricula [48]–[50].

In interviews, religious leaders explained that they often incorporate health messages into their sermons, linking them to religious teachings. For instance, the concept of cleanliness—a fundamental tenet of Islam—was frequently cited as a means of promoting hygiene and sanitation. As one imam stated, "Islam teaches us that cleanliness is half of faith, so we encourage the community to maintain personal hygiene, especially during the pandemic." Similarly, *wudu* (ablution), a ritual act of washing before prayer, was emphasized as a model for maintaining hand hygiene. This integration of religious practices with health education not only makes health messages more accessible but also makes them more acceptable to community members who view religious teachings as a source of guidance in all aspects of life [51]–[53].

Health Behaviors Promoted Through IRE

The focus group discussions revealed that IRE plays a pivotal role in shaping positive health behaviors, particularly in rural communities where formal health education programs may be scarce. The health topics most frequently discussed in religious education settings were hygiene practices, nutrition, and disease prevention [54], [55].

1. **Hygiene and Sanitation:** The promotion of good hygiene practices, such as handwashing, personal cleanliness, and maintaining clean living environments, was emphasized during religious activities. These teachings were reinforced through community-based actions such as cleaning campaigns, which were often organized by mosques. For example, one focus group participant mentioned, "Every month, we have a mosque cleaning day. It is a religious activity where everyone comes together to clean

the mosque and the surrounding areas. This reminds us that cleanliness is part of our faith” [56], [57].

2. Dietary Practices: Islamic teachings on *halal* (permissible) and *haram* (forbidden) foods were also connected to health education, encouraging the community to adopt healthy dietary habits. The emphasis on eating healthy and avoiding harmful substances, such as alcohol and excessive consumption of unhealthy foods, was common in religious discussions. "The Prophet Muhammad (PBUH) encouraged us to eat in moderation and to choose foods that are beneficial to our bodies," noted a religious teacher during an interview. This religious guidance helped shape positive dietary habits, particularly in promoting healthy, balanced meals [58]–[60].
3. Disease Prevention: Participants discussed how IRE was used to spread awareness about disease prevention, particularly communicable diseases such as tuberculosis and COVID-19. Religious leaders incorporated health advisories into their sermons, such as encouraging the community to wear masks during the pandemic, practice social distancing, and get vaccinated. As one health worker explained, *“When the imam speaks about the importance of vaccination during prayers, the community listens more attentively and is more likely to follow the guidance” [61], [62].*

The Role of Religious Leaders in Health Promotion

The role of religious leaders in promoting health awareness was consistently highlighted across all data sources. In interviews, religious leaders expressed their belief in the moral responsibility of IRE to address public health issues. They saw health education as a natural extension of their religious duties [63], [64]. One imam shared, *“Health is part of our faith. Islam teaches us to care for our bodies, and I feel it is my responsibility to share these teachings with the community.”*



Figure 2. Group Photo Session after the Presentation Themed: The Role of Islamic Education in Raising Public Health Awareness at the International Seminar

Religious Education as a Platform for Health Education

Religious leaders also played a crucial role in motivating community members to take action. In one case, a religious leader's endorsement of a vaccination campaign was cited

as a major factor in convincing villagers to participate. Several focus group participants emphasized that they trusted religious leaders more than other sources of health information, such as government campaigns or media advertisements [65], [66].

Barriers to Integrating Health Education in IRE

Despite the positive role of IRE in promoting health, several barriers were identified in integrating health education into religious activities. The most significant barrier cited by participants was the lack of resources for health education programs. Religious leaders and teachers expressed frustration over their limited access to health education materials, such as pamphlets, brochures, or training sessions on specific health issues. One religious teacher remarked, *"We have the willingness to teach about health, but sometimes we lack the materials or the support to do so effectively."*

Another barrier was the perceived conflict between religious teachings and modern health practices. Some older community members were resistant to new health practices, particularly those that were perceived as "foreign" or incompatible with Islamic teachings. For example, there was initial resistance to vaccination campaigns due to concerns about their safety or religious permissibility. However, these concerns were largely alleviated when religious leaders publicly endorsed the vaccines and linked them to the preservation of life, a core value in Islam [67]–[69].



Figure 3. An Evening Discussion on the Importance of Developing Islamic Religious Education to Enhance Public Health Awareness in Various Sectors.

Opportunities for Expanding IRE's Role in Health Education

Despite these challenges, the findings also highlight several opportunities to expand the role of IRE in public health education. One key opportunity is the integration of health education into religious school curricula. Participants suggested that religious schools (*pesantren*) could offer health education as part of their formal curriculum, which would help reach younger generations with critical health information. Moreover, community health workshops could be organized in collaboration with local health workers, with religious leaders providing the moral and religious framework for health education [70]–[74].

Another opportunity is to strengthen partnerships between religious institutions and healthcare providers. Collaboration between imams, health workers, and local government

officials could help create more comprehensive health education programs. As one health worker stated, *“We need to work together with the mosques and religious schools. The community trusts them, and we can use their influence to spread health messages more effectively.”*

Analysis

This community engagement initiative highlights the transformative potential of Islamic Religious Education (IRE) as a medium for improving public health awareness in rural contexts. The project, conducted collaboratively between academic institutions and local communities, demonstrates how religious education can transcend its traditional spiritual scope to address pressing health challenges through culturally relevant and ethically grounded approaches.

The analysis reveals that the success of this program rests on its integration of health education into established religious structures, such as mosques, madrasahs, and community study circles. These institutions already command trust and moral authority, which significantly enhances the credibility and acceptance of health-related messages. By embedding discussions on hygiene, nutrition, sanitation, and disease prevention into sermons and lessons, religious leaders effectively transformed routine religious gatherings into informal yet powerful platforms for health education. This approach allowed participants to internalize health behaviors not as external impositions but as expressions of Islamic moral obligations, aligning physical well-being with spiritual devotion.

Another strength of the initiative lies in its participatory and capacity-building orientation. Community-based participatory research methods empowered local religious leaders and educators to act as agents of change. Training sessions equipped them with basic public health knowledge and pedagogical skills, enabling them to continuously disseminate information within their communities. This ensured sustainability beyond the research period, as the knowledge and practices became embedded within local educational and religious systems.

However, several limitations and challenges emerged. The lack of resources, such as educational materials and health communication tools, restricted the depth and reach of the program. Additionally, resistance from conservative segments—who perceived modern health interventions as inconsistent with religious teachings—occasionally hindered progress. Nonetheless, these challenges were mitigated through strategic dialogue and contextualization, wherein health recommendations were reframed using Qur’anic principles that emphasize cleanliness, moderation, and preservation of life.

Overall, the program demonstrates that IRE can serve as a bridge between traditional values and contemporary health initiatives. The synergy between religious guidance and scientific health promotion offers a sustainable and culturally compatible model for rural development. Future initiatives should prioritize institutional partnerships between religious organizations, health departments, and educational authorities to maximize impact, foster inclusivity, and establish long-term health-conscious communities grounded in faith-based ethics.

CONCLUSION

This study demonstrates that Islamic Religious Education plays a crucial role in raising public health awareness in rural villages. Through the integration of health education with religious teachings, IRE offers a culturally sensitive and trusted platform for promoting healthy behaviours. While there are barriers to its implementation, such as limited resources and occasional resistance to modern health practices, the opportunities for expanding IRE's role in health education are significant. By leveraging religious leaders and community-

based networks, IRE can serve as an effective tool for improving public health outcomes in rural areas. Future efforts should focus on overcoming these barriers and strengthening partnerships between religious institutions, health workers, and local authorities.

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Author Contribution

Jobeda Khanom contributed to the conceptual framework, literature review, and overall manuscript drafting. Ardiansyah was responsible for data collection, analysis, and editing. Both authors collaboratively interpreted the findings, revised the final version of the paper, and approved it for publication, ensuring academic integrity and balanced contributions throughout the research process.

Conflicts of Interest

The authors declare that there are no conflicts of interest related to this research. The study was conducted independently, without financial or institutional influence, and all findings reflect the authors' genuine academic analysis and commitment to promoting Islamic Religious Education for improving public health awareness in rural communities.

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