

# Islamic Educational Values in the Prevention and Mitigation of Stunting in Subulussalam City

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## Abstract

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### Keywords:

Islamic Education Values; Prevention; Overcoming; Stunting.

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This study examines the role of Islamic educational values in the prevention and mitigation of stunting in Subulussalam City, Aceh. The urgency of this study is driven by the high stunting prevalence of 47%, which prompted the local government to conduct integrated interventions through various institutions such as the Health Office, Education Office, and the Ministry of Religious Affairs. Considering that Aceh is an Islamic region with a Muslim majority, a religious-based approach is seen as highly relevant in influencing community behavior. The objective of this study is to describe how Islamic educational values—worship (*ibadah*), faith (*iman*), and morals (*akhlak*)—are integrated into stunting prevention programs. This research employs a qualitative case-study design using observation, interviews, and documentation as data collection techniques. Data were analyzed using descriptive qualitative analysis involving data reduction, data display, and conclusion drawing. The findings indicate that Islamic educational values are implemented by Islamic religious teachers, religious counselors, and health workers through education, counseling, premarital guidance, and community socialization activities. These values are integrated with Qur'anic verses and hadith related to family responsibility, breastfeeding, and nutritional fulfillment. This approach enhances community knowledge, encourages behavioral change toward a healthy lifestyle, and reinforces the belief that maintaining children's health is a religious duty. The study concludes that integrating Islamic educational values into public health programs can serve as an effective strategy for stunting prevention, especially in religious-based communities. The implication of this research suggests that policy synergy between religious institutions and health agencies can strengthen the sustainability of stunting reduction programs.

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## Abstrak

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### Kata kunci:

Nilai Pendidikan Islam; Pencegahan; Penanggulangan; Stunting.

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Penelitian ini mengkaji peran nilai-nilai pendidikan Islam dalam pencegahan dan penanggulangan stunting di Kota Subulussalam, Aceh. Urgensi penelitian ini didasarkan pada tingginya prevalensi stunting sebesar 47%, yang mendorong pemerintah daerah melakukan intervensi terpadu melalui berbagai institusi, seperti Dinas Kesehatan, Dinas Pendidikan, dan Kementerian Agama. Mengingat Aceh merupakan daerah bersyariat Islam dengan mayoritas penduduk Muslim, pendekatan berbasis nilai keagamaan dinilai relevan untuk memengaruhi perubahan perilaku masyarakat. Penelitian ini bertujuan mendeskripsikan implementasi nilai-nilai pendidikan Islam—*ibadah*, *iman*, dan *akhlak*—dalam program pencegahan stunting. Penelitian menggunakan pendekatan kualitatif dengan jenis studi kasus. Data diperoleh melalui observasi, wawancara, dan dokumentasi, kemudian dianalisis menggunakan teknik analisis deskriptif kualitatif yang meliputi reduksi data, penyajian data, dan penarikan kesimpulan. Hasil penelitian menunjukkan bahwa nilai-nilai pendidikan Islam diimplementasikan oleh guru Pendidikan Agama Islam, penyuluh agama, dan tenaga kesehatan melalui edukasi, penyuluhan, bimbingan pranikah, dan sosialisasi kepada siswa, ibu muda, serta masyarakat. Nilai keagamaan dikaitkan dengan ayat Al-Qur'an dan hadis tentang tanggung jawab orang tua, pemberian ASI, serta pemenuhan nutrisi halal dan baik. Pendekatan ini

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*meningkatkan pengetahuan masyarakat, mendorong perubahan perilaku menuju pola hidup sehat, serta menegaskan bahwa menjaga kesehatan anak adalah bagian dari ibadah. Penelitian menyimpulkan bahwa integrasi nilai pendidikan Islam dapat menjadi strategi efektif dalam memperkuat program pencegahan stunting, terutama pada masyarakat yang religius. Implikasi penelitian ini menegaskan pentingnya sinergi kebijakan antara lembaga keagamaan dan instansi kesehatan untuk keberlanjutan program penurunan stunting.*

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## INTRODUCTION

Islam, as a religion of mercy (*rahmatan lil 'alamin*), emphasizes the balance between physical and spiritual well-being to ensure human happiness in this world and the hereafter (Irchamni et al., 2025). Islamic teachings, health is considered the second most valuable blessing after faith, positioning it as a fundamental aspect of a Muslim's life (Al-Ghazali, 1993). Islam encourages health maintenance from birth through a healthy lifestyle, proper care, and family education (Mas'ud et al., 2025; Moqbel, 2026; Muthohar et al., 2025). However, insufficient understanding and weak internalization of Islamic values related to maintaining personal and family health often lead to neglect of health responsibilities within the household. This gap contributes to serious health problems such as stunting—a growth failure condition that has become a national priority issue (Kementerian Kesehatan Republik Indonesia, 2021).

Stunting refers to growth failure caused by chronic malnutrition and inappropriate parenting practices, characterized by a child's height being lower than the standard for their age (World Health Organization, 2020). motional, and social development. From an Islamic perspective, the prevention of stunting begins with family readiness, including mature-age marriage, physical and mental preparation, and economic stability (Badan Kependudukan dan Keluarga Berencana Nasional RI, 2020). The concept of a *sakinah, mawaddah, wa rahmah* family (Q.S. Ar-Rum: 21) emphasizes that household harmony must be accompanied by parental responsibility in ensuring the health, care, and protection of children (OK et al., 2024). Thus, Islamic teachings provide a moral and theological framework for responsible parenting.

he phenomenon of stunting has become a strategic concern of the Indonesian government. The President highlighted the urgency of stunting reduction as part of human development efforts during state addresses in 2017 and 2018, making stunting a national priority (Umayah et al., 2025). Since then, various interventions have been implemented, although challenges remain due to uneven public awareness and behavioral resistance (Rahayu et al., 2021). Stunting mitigation requires the involvement of multiple stakeholders to build sustainable synergy between government, community, and institutions (Liansyah et al., 2025). Nevertheless, previous studies tend to emphasize medical and nutritional perspectives, while the integration of religious values in behavioral change is still rarely explored.

Subulussalam is among regions with the highest stunting prevalence. In 2020, the rate reached 41.8%, exceeding the provincial average (33.2%) and national level (24.4%) (Dinas Kesehatan Aceh, 2020). This condition reflects serious issues in nutrition, health literacy, and parenting practices (Ridwan et al., 2024). f not addressed, stunting will affect the quality of human resources and the region's future development (Susilo, 2024). The Subulussalam City Government responded through cross-sector coordination forums involving key stakeholders to strengthen preventive efforts (Pemko Subulussalam, 2020). Through this initiative, promotional and preventive programs

aimed at raising public awareness were prioritized (Mas'ud et al., 2024). The expectation is that an integrated policy framework and coordinated interventions will accelerate the reduction of stunting prevalence and support the creation of a productive, healthy generation (Kholis et al., 2025).

An Islamic education-based approach is considered relevant in Subulussalam, where 96% of the population is Muslim (BPS Kota Subulussalam, 2022). The increasing number of marriages – approximately 25% annually – indicates that young families are a vulnerable group in need of guidance on nutrition, parenting, and reproductive readiness. Integrating Islamic values into family health interventions can enhance new couples' understanding of balanced nutrition, Islamic parenting, and breastfeeding practices aligned with Sharia principles (Samad et al., 2024). This contextual religious approach becomes strategic because moral obligation grounded in faith tends to produce stronger behavioral change than technical health instructions alone.

Efforts to prevent and address stunting require multi-sector collaboration (Percepatan et al., 2024). The Ministry of Religious Affairs plays a role through religious counseling, while the Health Office provides health services. BKKBN contributes through family planning programs, the Education Office supports health and nutrition education, and the Islamic Sharia Office reinforces religious values (Susilo, 2024). In addition, the Ulama Consultative Assembly (MPU) and Regional Education Council (MPD) provide moral and educational legitimacy. The success of stunting reduction relies heavily on this multisectoral convergence (Scorpijekara et al., 2025). However, existing studies have not comprehensively examined how Islamic education values are operationalized within these inter-agency collaborations.

Stunting is generally caused by three major factors (Yuliana et al., 2019). The first is nutritional imbalance, often resulting in low birth weight. The second is inadequate parenting practices, including low maternal health knowledge before and after pregnancy. The third is suboptimal exclusive breastfeeding accompanied by inappropriate complementary feeding practices (Irchamni et al., 2025; UNICEF, 2019). Research highlights that interventions in the first 1,000 days of life are critical to preventing stunting (Beal et al., 2018). These findings confirm the need for behavioral change, not merely nutritional assistance.

Islamic teachings offer normative and practical guidance aligned with modern health principles (Qalam et al., 2025). The Qur'an emphasizes consuming halal and wholesome (*halalan tayyiban*) food (Q.S. Al-Baqarah: 168, 172; Q.S. Al-Maidah: 88), positioning nutrition as a spiritual obligation (Yusuf, 2022). Q.S. An-Nisa: 9 demands parents to avoid leaving behind a weak generation. Q.S. Al-Baqarah: 233 provides explicit guidance regarding the obligation of breastfeeding for two full years (Al-Maraghi, 1992). Thus, nutrition and breastfeeding are not merely biological acts, but also forms of worship. Breastfeeding is prioritized over personal preferences such as career concerns or physical appearance (Narti et al., 2024). Integrating religious values into health programs strengthens internal motivation, making behavioral change more sustainable (Sofyana, 2022).

Based on these considerations, this study aims to explore the implementation of Islamic educational values in stunting prevention programs in Subulussalam City. A qualitative approach was employed using observation, interviews, and documentation. Data were analyzed descriptively to reveal Islamic education patterns that influence community awareness regarding nutrition, health, and parenting. This research specifically focuses on the synergy among religious institutions, government agencies, and health professionals in disseminating Islamic values related to family health.

The research seeks to answer the following questions: (1) How are Islamic educational values implemented in stunting prevention programs in Subulussalam City? (2) What challenges are encountered in integrating these values? (3) What solutions can enhance the effectiveness of this implementation process? Previous studies emphasize multisectoral interventions from nutritional and sanitation perspectives (Vaivada et al., 2020). However, this study contributes a novelty by positioning Islamic educational values – *worship (ibadah)*, *faith (iman)*, and *morals (akhlaq)* – as key variables in promoting behavior change. Thus, this study enriches academic discourse and provides a contextual strategy aligned with the religio-cultural characteristics of Acehese society.

## METHOD

This study employs a qualitative research approach that focuses on understanding a social phenomenon in depth within its natural context. According to (Denzin & Lincoln, 2011), qualitative research aims to interpret social phenomena using multiple methods that allow researchers to explore meanings. (Erickson, 1985) emphasizes that qualitative research narratively describes the experiences and activities of research subjects, reflecting their real-life context (Anggito & Setiawan, 2018). In this study, the researcher acted as the main research instrument, determining data sources using purposive sampling, collecting data through observation, interviews, and documentation, and validating findings using data triangulation. (Moleong, 2017) affirms that qualitative research emphasizes meaning rather than generalization, making this approach relevant for exploring how Islamic educational values contribute to stunting prevention and mitigation in Subulussalam City.

The type of research is a case study. (Creswell & Poth, 2016) state that a case study explores a specific system or phenomenon within bounded parameters, enabling researchers to analyze it in detail. (Yin, 2009) categorizes case studies into single- and multi-case designs. This study applies a single case design focusing on one phenomenon – Islamic educational values integration in stunting prevention efforts in Subulussalam City. The research was conducted from January to June 2025 at several locations connected to stunting prevention programs, including the Ministry of Religious Affairs Office, the Health Office, several integrated health service posts (*posyandu*), and schools implementing Islamic education programs. The selection of Subulussalam as the research locus is based on its high stunting prevalence and unique social-religious context (Raco, 2010). This design is descriptive and prospective (Sudarma, 2021), analyzing current phenomena while identifying future patterns and policy implications.

Data sources consisted of primary and secondary data (Lubis, 2018). Primary data were collected through in-depth semi-structured interviews with key informants directly involved in stunting prevention programs, including Islamic religious teachers, religious counselors from the Ministry of Religious Affairs, officials from the Health Office and BKKBN, and community leaders. Secondary data were obtained from official government reports, stunting statistics, educational documents, and scientific publications on Islamic education and stunting. (Muharto & Ambarita, 2016) classify qualitative data sources into person (informants), place (research settings), process (activities), and paper (documents). Informants were selected using purposive sampling based on their involvement and relevance to the stunting issue (Johni Dimiyati, 2013). Criteria included: (1) understanding of stunting and prevention efforts, (2) direct involvement in Islamic-based educational programs, and (3) representing key related institutions.

Data were collected through three techniques: observation, interviews, and documentation (Sugiyono, 2010). Observation was conducted to understand real conditions in the field, especially during socialization activities at *posyandu*, premarital counseling, and Islamic religious learning sessions in schools where Islamic values related to health and nutrition were conveyed. In-depth interviews were conducted face-to-face with individuals and groups using Focus Group Discussions (FGDs) to explore their understanding of Islamic educational values in stunting prevention. Interviews were recorded using audio devices and supported by field notes to maintain data accuracy. Documentation involved collecting policy archives, official reports, local government regulations, and educational program materials (Suwendra, 2018). These three techniques were integrated to ensure comprehensive data collection.

Data analysis followed the (Miles & Huberman, 1994) model, consisting of three interactive phases: (1) data reduction (sorting, coding, and simplifying data based on relevancy); (2) data display (organizing information into matrices, charts, and descriptions); and (3) conclusion drawing and verification (identifying recurring patterns and confirming the validity of findings) (Darmalaksana, 2020). Triangulation of sources, methods, and theories was applied to ensure credibility, dependability, and confirmability of results (Rahardjo, 2011). The research process consisted of three stages: (1) pre-fieldwork (permission requests, preliminary observation, and identification of stakeholders), (2) fieldwork (conducting observations, interviews, and documentation), and (3) data analysis and reporting using the Miles and Huberman analysis flow. The final report was then prepared and validated through consultation with academic supervisors. This procedure ensures that the findings reflect the real implementation of Islamic educational values in preventing and mitigating stunting in Subulussalam City.

## RESULTS AND DISCUSSION

### Results

#### Implementation of Islamic Educational Values in the Prevention and Mitigation of Stunting

The results of the study show that the implementation of Islamic educational values in stunting prevention in Subulussalam City has been carried out through various government institutions and socio-religious institutions. The Ministry of Religious Affairs, the Health Office, the Education Office, the Ulama Consultative Assembly (MPU), and the Regional Education Assembly (MPD) are the main drivers in disseminating Islamic value-based health education. Interviews with Islamic religious teachers show that the approach they use always refers to the principles of worship, faith, and morals. The value of worship is evident in the emphasis that maintaining one's health and that of one's family is part of serving Allah, while the value of faith reinforces the belief that children are a trust that must be protected and nurtured. The value of morals is manifested through the teachings of love and care from parents in fulfilling their children's rights to good nutrition and a healthy lifestyle. Field observations show that this education is carried out in various forms, ranging from Friday sermons, women's religious gatherings, to premarital guidance programs, which now not only emphasize aspects of worship and Islamic household management but also include material on reproductive health and balanced nutrition in accordance with Islamic law.

The integration of Islamic educational values is also found in learning practices in schools, particularly through Islamic Religious Education (IRE) teachers. Teachers not only teach normative aspects of religion, but also relate verses from the Qur'an to everyday health practices. For example, the habit of reciting prayers before eating is

combined with knowledge about the importance of nutritious food, as well as the study of verses from the Qur'an that emphasize the importance of consuming halal and good food (QS. al-Baqarah: 168, 172; QS. al-Maidah: 88). Thus, Islamic religious education becomes an effective means of building nutritional awareness in students from an early age. This can be observed in PAI classes in elementary to middle schools, where students not only memorize prayers and verses, but are also guided to understand the meaning of health behind these religious commands. This strategy has proven to be more effective for students because it is delivered in a spiritual framework that is familiar to their daily lives.

In addition to the role of teachers and religious counselors, health workers from community health centers in various subdistricts also play an important role in integrating health messages with religious values. Based on interviews, health workers often involve religious leaders in socialization activities, because the community is more receptive to health advice when it is framed with arguments from the Qur'an and hadith. For example, the program on exclusive breastfeeding and complementary foods is delivered with reference to QS. al-Baqarah verse 233, which emphasizes the obligation of mothers to breastfeed for two full years. In this way, health messages are not seen merely as medical instructions, but also as a religious obligation that has a dimension of worship. This collaboration demonstrates the effectiveness of a religion-based approach in overcoming community resistance, especially among young mothers who previously lacked awareness of the importance of parenting and balanced nutrition.

Other findings from the observation show that the implementation of Islamic educational values also occurs through community-based socio-religious activities. For example, in women's religious study groups, in addition to discussing family fiqh, religious counselors include material on the importance of maintaining children's health, nutritious eating patterns, and the dangers of early marriage for the health of mothers and children. Several villages also implement integrated health service posts (posyandu) programs by involving local female religious teachers as mediators, so that health education touches on emotional and spiritual aspects. The presence of religious leaders provides moral legitimacy for the community to pay more serious attention to the issue of stunting. In this way, Islamic educational values do not stop at being religious doctrines, but become practical instruments in building collective awareness, strengthening family resilience, and supporting government programs to reduce stunting rates in Subulussalam City.

### **Barriers to the Implementation of Stunting Prevention and Mitigation**

Although there are many programs run by the government and religious social institutions, research shows that the obstacles to implementing Islamic educational values in preventing stunting are still quite complex. The first obstacle lies in the low level of public understanding of the relationship between Islamic teachings and health, particularly in terms of nutrition and child-rearing practices. Many people still understand religion only in terms of ritual worship, but are unable to relate it to the obligation to maintain the health of the body and family (Zakaria et al., 2023). Interviews with several young mothers show that the practice of exclusive breastfeeding is often neglected, while instant foods are considered practical and modern. In fact, the Qur'an explicitly stipulates the obligation to breastfeed for two full years (QS. al-Baqarah: 233) as part of fulfilling children's rights. This discrepancy between religious teachings and daily practices reveals a knowledge gap that is a serious obstacle to stunting prevention.

The second obstacle is the phenomenon of early marriage, which remains quite high in Subulussalam City. Data from the Office of Religious Affairs (KUA) shows an increase in the number of marriages of up to 25% per year, with many couples marrying under the age of 19. This situation creates vulnerability because couples who are not yet physically, psychologically, and economically mature have to face the heavy responsibilities of parenthood. As a result, children born to these couples are at risk of stunting due to their mothers' lack of preparedness in terms of reproductive health and nutritional knowledge. This phenomenon of early marriage actually contradicts Islamic principles that emphasize the importance of physical and mental readiness in building a household and maintaining the quality of the next generation. This obstacle further reinforces the fact that stunting is not only a matter of nutrition, but also related to social culture that is difficult to change without consistent and sustainable Islamic educational intervention.

The next obstacle relates to limited human resources, both among religious counselors and health workers. Based on interviews with Health Office officials, the number of religious counselors who have the ability to integrate health material with Islamic principles is still very limited. As a result, health messages are often not conveyed strongly, because they are not framed in religious language that is familiar to the community. Similarly, health workers at community health centers often face difficulties in taking a cultural approach, because some people trust religious leaders more than medical personnel. This imbalance in roles means that health education is not always effective, especially if it is carried out without involving local religious leaders. This shows that the limited quality and number of extension workers is one of the structural obstacles that must be addressed immediately.

In addition to limited public knowledge, early marriage, and a shortage of extension workers, another equally important obstacle is weak inter-agency coordination. Informants from the Ulama Consultative Assembly (MPU) mentioned that inter-agency convergence programs often run on a sectoral basis without any real synergy. The Health Office, Ministry of Religious Affairs, and educational institutions tend to work according to their own agendas, resulting in inconsistent messages being received by the community. For example, nutrition programs delivered by community health centers (Puskesmas) are sometimes not in line with the material provided in premarital counseling by the Office of Religious Affairs (KUA). As a result, the community becomes confused, and some even view government programs as mere administrative projects rather than basic family needs. This situation shows that the success of stunting prevention is highly dependent on strong synergy between agencies, so that Islamic-based educational messages can be delivered in an integrated, consistent manner that reaches all levels of society.

### **Solutions in Improving the Effectiveness of Implementation Stunting Prevention and Mitigation**

The first solution that emerged from the research results was the strengthening of Islamic-based premarital counseling programs that specifically emphasize reproductive health, family nutrition, and the mental and spiritual readiness of couples (Masyitoh, 2025). Pre-marital counseling, which previously emphasized aspects of worship and Islamic household guidance, is now being adapted to integrate family health issues. Religious counselors at the KUA have developed a new module that links the concept of *sakinah mawaddah wa rahmah* families with the responsibility of maintaining children's health from the pregnancy period. This module emphasizes the importance of planned

marriage at a mature age, balanced nutrition for pregnant women, and breastfeeding practices in accordance with Islamic law. With this approach, newlyweds are not only prepared spiritually, but also equipped with practical skills in maintaining family health (Jannah et al., 2025).

The next solution is to optimize health outreach through mosques, regular religious lectures, and other religious forums. Observations show that when the issue of stunting is raised in religious forums, the community tends to be more responsive because they consider the message to be part of their religious obligations. Preachers, ustadz, and ustadzah become the government's extension in conveying health messages framed by the Qur'an and hadith. For example, Friday sermons discuss the obligation of parents to fulfill their children's rights to halal and good nutrition, or religious gatherings for mothers that include material on the importance of exclusive breastfeeding. This strategy is considered effective because it makes health not just a medical issue, but a moral and spiritual obligation that must be fulfilled.

In addition to the da'wah approach, this study found more concrete innovations in cross-sector collaboration. Community health centers in several subdistricts collaborated with MPUs to issue a kind of "local fatwa" on the importance of exclusive breastfeeding, the prohibition of excessive use of instant foods, and the obligation to provide balanced nutrition in households. These fatwas were then disseminated to the community through sermons and religious lectures, giving the health messages stronger religious legitimacy. Observational data showed that the participation of young mothers increased significantly after health education was provided by local female religious teachers. This shows that combining medical authority with religious authority can have a greater influence in changing community behavior.

The Subulussalam City Government itself has also shown a strong commitment to reducing stunting rates by holding Rembug Stunting activities and integrating cross-sector programs. The target of reducing the prevalence from 41.8% in 2020 to below the national average shows the government's seriousness in dealing with this problem. The solutions implemented are not only preventive, such as premarital education and health dakwah, but also promotive by directly involving the community in a collective movement. The Islamic value-based approach combined with modern health strategies forms an innovative model that can be used as an example for other regions. Thus, the solutions and program innovations found in this study confirm that stunting prevention requires consistent cross-sector synergy, supported by religious legitimacy, and packaged in the form of programs that touch the real needs of the community.

## **Discussion**

### **Analysis of the Implementation of Islamic Education Values**

The findings of this study show that the implementation of Islamic education values in stunting prevention in Subulussalam City runs through various mediums of formal, non-formal education, and socio-religious activities. The value of Islam is seen in the practice of worship and the fulfillment of halal-thayyib laws in food consumption, the value of Iman in the belief that children are a mandate from Allah that must be guarded, and the value of Ihsan in parents' concern in caring for children's health with love. The implementation is evident in Friday sermons, mothers' recitation, premarital guidance, and Islamic Religious Education materials in schools. Teachers, counselors and health workers play a key role by linking Qur'anic verses and hadith about health, nutrition and parenting (Bhat & Bisati, 2025; Pangastuti et al., 2025; Rofiq & Khoirinnada,

2024). Thus, Islamic values serve as a normative foundation as well as a practical instrument to build healthy living behavior in the community.

This approach shows a paradigm shift in Islamic education, from focusing on aspects of ritual worship to becoming more comprehensive by including public health issues. For example, QS. al-Baqarah: 233 on the obligation to breastfeed for two full years is not only understood as a moral recommendation, but also as a basis for child health. This confirms that Islamic values have a dual function: strengthening spirituality while providing scientific legitimacy for public health programs. In this way, counseling is no longer seen as a government instruction, but as part of a religious obligation (Mustikamah et al., 2025; Pambayun et al., 2025; Rokhman et al., 2025).

Previous studies such as Imam Subqi et al. emphasized the role of religion in a multisectoral approach, but did not explore in detail the integration of Islamic education values in stunting prevention (Subqi et al., 2021). The novelty of this research lies in the “integrative Islamic education” model that connects religious texts (Qur'an and hadith) with public health practices systematically in the local Acehnese context. This model does not only make religion as a complement, but as the main framework in internalizing health awareness (Kadir et al., 2024; Setiawan et al., 2025).

Thus, the results of this study provide a theoretical contribution that Islamic education can be expanded to respond to global health issues such as stunting. The implementation of Islamic education values does not stop at moral legitimacy, but becomes an effective strategy to encourage community participation. This novelty shows that Islamic values are not just a spiritual dimension, but also a social instrument that can be used as a basis for public policy in overcoming health problems.

### **Barriers and Challenges**

The research also identified a number of barriers to the implementation of Islamic education values for stunting prevention. The first barrier is the rampant practice of early marriage, which is still high in Subulussalam. Marriages under the age of 19 result in families that are physically, psychologically and economically immature, putting them at risk of giving birth to children with low nutritional status. This is contrary to QS. an-Nisa: 9 which emphasizes that Muslims should not leave behind a weak generation (Chalim et al., 2024; Munawir et al., 2024; Rofiudin et al., 2025; Sukabdi et al., 2025). This shows a gap between religious norms and social practices in the community, making early marriage a crucial factor that exacerbates stunting.

Another barrier is the low level of family health literacy, especially among young mothers. Many do not understand the importance of exclusive breastfeeding, nutritious complementary foods, and healthy parenting. Field observations and interviews show that instant food is often considered more practical, even though it does not meet balanced nutritional standards. This phenomenon confirms the findings of Vaivada et al. that parental education is a major determinant of child health. Low health literacy also shows that Islamic values on halal-thayyib nutrition have not been fully internalized as a guide to life.

The limited number of religious instructors and health workers adds to the implementation challenge. The number of religious instructors who are able to integrate health messages with Islamic arguments is still limited, so the reach of the program has not been evenly distributed. Health workers at Puskesmas also find it difficult to build closeness with the community without the support of local religious leaders (Daulay et al., 2024; Nellitawati et al., 2024). In addition, coordination between agencies is still weak; programs of the Ministry of Religious Affairs, the Health Office, and educational

institutions often run independently. As a result, communities receive inconsistent and sometimes contradictory messages, leading to resistance.

The novelty of this research is seen in the disclosure of barriers that are not only medical, but also cultural and religious. These barriers show that stunting prevention requires an integrative approach that combines health, education and religious dimensions. Thus, this research offers a new contribution in the form of a multidimensional analysis that places socio-religious barriers as a major factor in the failure of health program implementation, which has rarely been considered in the stunting literature.

### **Contribution of Research Findings**

The main contribution of this research is to propose the concept of “integrative Islamic education” as a new strategy in stunting prevention. Unlike the conventional approach that emphasizes medical and nutritional aspects alone, this model combines the values of worship, faith, and morals with public health practices. For example, the obligation to breastfeed for two full years is the basis of the exclusive breastfeeding program, while the command to eat halal-thayyib food is the basis of the balanced nutrition campaign. This concept makes health issues more contextual and close to the Muslim community, so that health messages are more quickly internalized.

The novelty of this research also appears in the integration of health dakwah with public policy. Field findings show that local fatwas issued by MPU on exclusive breastfeeding and the prohibition of instant food strengthen the legitimacy of health programs. This is different from the research of Beal et al. and Vaivada et al. which emphasized the aspects of parental education and sanitation, without touching on religious legitimacy. Thus, this study makes an original contribution by showing that religious authority can be used as an effective health policy instrument.

In addition, this study expands the scope of Islamic education studies to include public health issues. So far, Islamic education has focused more on the moral and spiritual dimensions, while the health aspect has received less attention. This research shows that Islamic education can play a role in building healthy behaviors and preventing stunting, thus enriching the Islamic education literature with a new perspective. Thus, this research is not only relevant for Islamic studies, but also for public health.

The practical contribution of this research is to provide a model that can be directly adopted by local governments. Through the collaboration of ulama, extension workers, and health workers, the stunting prevention program becomes more integrated and sustainable. The novelty of this research is that it makes the value of Islamic education the core of the prevention strategy, not just a complement. This confirms that religion can serve as a substantive foundation in formulating public health policies, especially in areas with high levels of religiosity.

### **Theoretical and Practical Implications**

Theoretically, this research contributes to the development of Islamic education studies by introducing a new conceptual model, namely “integrative Islamic education”. This model integrates the dimensions of Islam, Iman, and Ihsan with public health strategies, thus expanding the scope of religiosity theory in the contemporary context. Jibril's hadiths on Islam, Iman, and Ihsan are used as the basis of analysis, proving that religiosity is not only relevant for moral and spiritual, but also for family health. The

novelty of this research is that it provides a broader theoretical framework, linking Islamic studies with global health issues.

Another theoretical implication is that there is evidence that a religious approach can improve the effectiveness of health programs. This challenges the old paradigm that views health issues only from a medical or social perspective. This research shows that Islamic educational values can be used as important variables in public health studies. Thus, this research opens a new space in interdisciplinary theory that combines Islamic education, health and public policy.

Practically, this study recommends strengthening Islamic-based educational programs in local health policies. Premarital guidance modules need to be expanded with reproductive health and family nutrition materials, mosque sermons need to be filled with health messages, and Islamic education teachers need to be trained to integrate nutrition issues in learning. With these steps, stunting prevention programs will be more accepted because they are in accordance with the cultural and religious values of the community. The novelty of this research is that it shows concrete practical implementation pathways, which can be directly applied in the local context.

Another practical implication is the need to strengthen the capacity of religious instructors and health workers to deliver faith-based messages consistently. Local governments also need to strengthen cross-sectoral synergies so that programs do not run sectorally. By adopting an integrative Islamic education model, it is more realistic to achieve the national stunting reduction target, especially in areas with high levels of religiosity such as Aceh. The novelty of this research is that it offers a faith-based implementation model that can be replicated in other regions, as well as a real contribution to local wisdom-based health policy.

## CONCLUSION

This study concludes that the implementation of Islamic educational values plays a significant role in stunting prevention and mitigation in Subulussalam City. The key findings show that three main values—worship (*ibadah*), faith (*iman*), and morals (*akhlak*)—are effectively integrated into various educational and community-based activities. Worship values appear through actions such as maintaining health, caring for children, and seeking knowledge. Faith values manifest in the belief that children are a trust from Allah and that maintaining their health is an act of gratitude and obedience. Moral values appear in parents' responsibility, compassion, and care toward their children and the community. This finding demonstrates that Islamic values are not merely doctrinal teachings but can serve as practical instruments for behavioral change in family health and nutrition practices.

Scientifically, this research contributes to enriching the discourse on stunting prevention by introducing the concept of integrative Islamic educational values as part of public health efforts. Unlike previous studies that focus on nutrition, sanitation, or health policy alone, this study shows that embedding religious values into health programs strengthens community motivation and increases behavioral compliance. This research challenges the assumption that stunting is merely a medical or nutritional issue, demonstrating that religious-based educational strategies can be a powerful tool to influence parenting behavior. Thus, it positions Islamic education not only as a moral framework but also as a strategic approach in public health intervention.

This study has several limitations. The research was conducted within a single case setting—Subulussalam City—with a limited number of informants, making generalization difficult to apply to broader contexts. Data were also limited to qualitative

sources, without quantitative measurement of behavioral change outcomes. Future research is recommended to involve larger sample sizes, mixed methods approaches, and comparative studies between regions to better capture variations across demographics such as age, gender, and socioeconomic background. Further exploration of Islamic value integration into health policy at a wider scale is also needed to measure its long-term impact on stunting reduction.

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