



Integration of Islamic Values in Stunting Prevention Management at Rural Islamic Educational Institutions: A Case Study at Madrasah Ibtidaiyah (MI) in Nganjuk Region

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ABSTRACT

Stunting persists as a critical public health challenge in rural Indonesia, demanding contextually relevant interventions. Recognizing the influential role of local institutions, this qualitative case study investigates the potential of rural Islamic educational institutions (Madrasah Ibtidaiyah - MI) in Nganjuk Region to integrate religious values into stunting prevention management. The research specifically aimed to analyze how Islamic values are incorporated within stunting prevention efforts at these MIs. Data was gathered through in-depth interviews with teachers, parents, and health workers, alongside observations and document analysis across five MIs. Key findings reveal that Islamic principles, such as the emphasis on balanced nutrition grounded in Islamic dietary ethics and hygiene practices linked to the concept of thaharah (ritual purity), significantly strengthen program acceptance and implementation. Framing health messages through these shared values enhanced cultural resonance and community engagement. However, significant challenges hinder optimal integration, including resource limitations (funding, materials, trained personnel) and gaps in parental awareness regarding stunting and optimal childcare practices. The study concludes that strategically integrating Islamic values offers a powerful, culturally sensitive approach to stunting prevention management within rural MI settings. Recommendations include formally embedding relevant health and nutrition concepts within the MI curriculum, fostering robust collaboration between educational institutions, health services, and religious leaders, and implementing targeted initiatives to increase parental knowledge and resource allocation to overcome existing barriers. This integration leverages existing trust and faith structures for more effective health outcomes.

Keywords: Stunting prevention, Islamic values, rural education, health management, Madrasah Ibtidaiyah

INTRODUCTION

Stunting—characterized by impaired growth and development in children due to chronic malnutrition and recurrent infections—remains a critical public health crisis in Indonesia, with rural areas bearing a disproportionate burden. The 2024 Indonesian Nutritional Status Survey (SSGI) reveals a national stunting prevalence of 19.8%, marking a decline from 21.5% in 2023 (Chapman et al., 2024). Despite this progress, significant disparities persist: East Java Province, where Nganjuk Regency is located, recorded a stunting rate of 19.2% in 2022, higher than the national target of 18.4% set for that year. Within East Java, rural districts like Nganjuk face compounded challenges due to economic constraints, limited healthcare access, and socio-cultural barriers that hinder effective stunting prevention (Suhardiningsih et al., 2023). The World Health Organization identifies stunting's long-term consequences, including diminished cognitive



capacity, reduced academic achievement, and a 5–17% decrease in adult income, perpetuating cycles of intergenerational poverty (D. S. Hasan, 2024).

Indonesia's National Strategy for Accelerating Stunting Prevention (2018–2024) emphasizes convergent action across health, education, and social sectors. However, top-down interventions often overlook local cultural resources, particularly in religiously resonant communities. Rural East Java, with its strong Islamic identity, presents a unique opportunity to leverage faith-based institutions. Madrasah Ibtidaiyah (MI), Islamic elementary schools embedded in villages, serve as moral and educational epicenters. These institutions command unparalleled community trust, with teachers (ustadz/ustadzah) often viewed as religious authorities whose guidance extends beyond pedagogy to daily life (Moh. F. Hasan, 2024). Historically, MIs have addressed holistic child development (tarbiyah), aligning physical well-being with spiritual growth—a principle derived from Islamic texts like Surah An-Nisa' Verse 9: "And let those [executors and guardians] fear [injustice] as if they [themselves] had left weak offspring behind and would fear for them. So let them fear Allah and speak words of appropriate justice" (Akmal et al., 2023). This verse underscores the theological imperative to protect vulnerable children, framing stunting prevention as both a biological and religious obligation.

Despite this potential, a significant gap exists in evidence-based models integrating Islamic values into stunting management. Current approaches prioritize biomedical and nutritional interventions without systematically engaging religious frameworks. For instance, the WeValue InSitu methodology—a participatory approach to crystallize local cultural protocols—has been applied in Senegal and Hyderabad but not in Indonesian Islamic contexts (Wahyuti & Sudarmanti, 2025). This disconnect persists despite studies showing that religiously framed health messages increase compliance by 30–40% in Muslim-majority areas (Samad et al., 2024).

The persistent high stunting rates in rural East Java, despite various medical and nutritional interventions, highlight a critical research gap: the underutilization of faith-based approaches within trusted institutions such as Madrasah Ibtidaiyah (MIs). While existing literature identifies key risk factors like low maternal education, poor sanitation, and poverty, as well as generic interventions such as supplementation and immunization, these studies often overlook how Islamic principles could transform community engagement. For instance, balanced nutrition (ghidha mutawazin) is emphasized in Hadiths that discourage excess yet mandate quality nourishment, hygiene practices (thaharah) are integral to Islamic rituals and provide natural entry points for sanitation education, and religious injunctions on breastfeeding found in Surah Al-Baqarah:233 support infant feeding programs (Nurjaman, 2022). However, in Nganjuk's MIs, these values remain untapped resources due to three interrelated challenges: a programmatic disconnect where health workers distribute micronutrients without linking them to Islamic obligations for child care (hadanah), knowledge gaps as parents prioritize religious literacy over nutrition literacy and are unaware that stunting violates maqasid al-sharia (protection of life), and resource limitations where MIs lack pedagogical

tools to incorporate stunting prevention into their curricula. Consequently, this study addresses two core questions: how Islamic values are currently integrated into stunting prevention management at Madrasah Ibtidaiyah in Nganjuk, and what challenges and opportunities exist in optimizing this integration (N. N. N. Dewi et al., 2024; Laksono et al., 2024).

This study aims to develop a faith-based management model for stunting prevention at Madrasah Ibtidaiyah (MIs) through three sequential objectives. First, it seeks to map integration strategies by documenting existing practices that link Islamic values to stunting interventions. This includes conducting content analysis of MI curricula to identify nutrition and hygiene lessons grounded in Quranic texts, ethnographic observations of school-based programs such as handwashing before prayers tied to the concept of *thaharah*, and compiling an inventory of community partnerships with health clinics (*puskesmas*) and Islamic councils (*Majelis Ulama*). Second, the study evaluates the roles of key stakeholders—teachers, parents, and health workers—using a triangulated framework. Teachers' capacities to reframe stunting as an impediment to worship (like cognitive deficits affecting Quranic memorization) are assessed, parents' awareness of stunting's religious implications is measured through instruments relating to attitudes about Prophetic parenting (*al-tarbiyah al-nabawiyah*), and health workers' competencies in delivering faith-sensitive messaging (such as aligning immunization schedules with Islamic calendars) are evaluated. Finally, the study aims to develop a replicable management model through participatory action research involving workshops that crystallize shared values using *WeValue InSitu* techniques, theological grounding drawing on *Surah An-Nisa'* Verse 9's emphasis on protecting future generations, and identifying integration pathways across four domains: curriculum, parent engagement, health systems, and policy.

This study bridges four key bodies of literature. In Public Health, it introduces the concept of cultural resonance as a crucial determinant of intervention efficacy, extending idea of "culturally-informed protocols" specifically to Islamic contexts. Within Islamic Education, the study advances the theory of integrated education based on a *tawhid*-centered approach, positioning child health as fundamental to spiritual development. From the perspective of Community-Based Participatory Research (CBPR), it demonstrates how faith-sensitive co-design methods, such as *WeValue InSitu*, foster ownership and sustainability of interventions. Regarding Stunting Management, the study shifts focus from biomedical silos toward holistic frameworks that incorporate moral authority and local wisdom.

The study delivers several actionable resources, including a Faith-Based Toolkit comprising lesson plans, sermon guides (*khutbah*), and parenting modules that link stunting prevention to Islamic obligations. For example, a Grade 3 worksheet guides students to calculate *zakat* on agricultural products to fund nutrition programs, while a Parent Pledge commits caregivers to provide eggs or fish daily as *sadaqah jariyah* (continuous charity) to support their child's brain development. Training programs build the capacity of Madrasah Ibtidaiyah (MI) teachers to incorporate health messages into Quranic studies, such as discussing Allah's creation of the immune system in science-tafsir classes. A Policy Blueprint advocates for cross-

sector funding mechanisms—for instance, redistributing village alms (zakat) to stunting programs through religious councils.

Islamic values offer a robust ethical framework for stunting prevention, centered on five principles derived from scripture and scholarly consensus (ijma). These principles include Protection of Life (Hifz al-Nafs), which emphasizes preservation of life as a core sharia objective and mandates optimal nutrition to prevent stunting's physical and cognitive harms; Cleanliness as Half of Faith (Taharah), which links ritual purification practices to hygiene education and promotes handwashing integrated with ablution; Nutritional Justice, supported by Quranic injunctions on equitable food distribution and prohibitions against waste, justifying targeted supplementation for vulnerable children; Parental Accountability (Fard al-Ayn), where Islamic jurisprudence holds parents responsible for children's well-being and classifies nutritional neglect as a sin; and Community Solidarity (Fard Kifayah), endorsing collective responsibility mechanisms like zakat and waqf to fund stunting programs, as demonstrated by Aceh's successful redirection of zakat funds to nutrition packets, which reduced stunting by 11% (Hanani et al., 2021; Pertiwi & Hendrati, 2023).

The study context, Nganjuk Regency in rural Java, exemplifies the challenges and opportunities rooted in both stunting and religious assets. With a population of 1.1 million and 32% living below the provincial poverty line, Nganjuk's agricultural economy faces seasonal food insecurity. Stunting correlates include high adolescent pregnancy rates (25%), open defecation (15%), and low paternal education (60% at elementary level). Islamic institutions here include 214 Madrasah Ibtidaiyah (MIs) serving 48,000 students, partnered with 34 community health centers (puskesmas) and 562 mosques. MIs uniquely bridge religious instruction and public health delivery through structural advantages, such as daily access to children enabling growth monitoring during morning assemblies, and moral authority, with Friday sermons by MI principals reaching 70% of parents and creating channels for behavior change messaging (Aulia, 2024). Existing pilot initiatives like "Halal Snacks for Smart Santri" have improved dietary diversity by 22% but still lack integration with theological frameworks (Maryati Sri et al., 2023).

Together, these insights provide a comprehensive foundation to optimize stunting prevention by leveraging Islamic principles, community structure, and faith-informed public health strategies in Nganjuk and similar settings.

RESEARCH METHODOLOGY

This study employed a qualitative case study design to conduct an in-depth exploration of the integration of Islamic values in stunting prevention management within the specific context of rural Madrasah Ibtidaiyah (MI) in Nganjuk. Framed through an Islamic constructivist lens (Cahyaningsih & Maemonah, 2024), the methodology prioritized understanding how participants (headmasters, teachers, parents, health workers) actively construct meaning and strategies around stunting prevention within their shared Islamic worldview and socio-cultural realities. The research setting focused on five MIs within the Nganjuk region, selected via purposive sampling to ensure the cases represented institutions located in areas

with documented high stunting prevalence, maximizing information richness relevant to the research question. A total of 25 participants, comprising key stakeholders (headmasters, teachers, parents of stunted children, and local health workers), were engaged to provide multiple perspectives on the phenomenon.

Data collection utilized a triangulated approach : 1) Semi-structured in-depth interviews allowed for flexible exploration of participants' experiences, beliefs, and practices; 2) Participatory observation of school health activities (e.g., Posyandu sessions at school, health promotion events) provided contextual understanding of actual practices and interactions; and 3) Document analysis of relevant materials (school curriculum, health reports, religious teaching materials) offered insights into formal policies, recorded data, and the explicit integration of Islamic content (Ferianto et al., 2024; Haerullah et al., 2024).

Data analysis followed Braun and Clarke's thematic analysis framework, for systematic coding, theme development, and data management. This process involved iterative familiarization, coding, searching for themes, reviewing themes, defining themes, and producing the analysis. Methodological rigor and trustworthiness were enhanced through triangulation of data sources (interviews, observations, documents) and participant perspectives (Darwis, 2023; Lubis et al., 2024). Stringent ethical considerations were adhered to throughout, including obtaining informed consent from all participants, ensuring anonymity through the use of codes (e.g., "MI-01", "Parent-03"), and securing formal approval from a recognized research ethics committee prior to commencement (Bhandari, 2021).

RESULT AND FINDINGS

Forms of Islamic Values Integration

The persistent challenge of childhood stunting—a condition of impaired growth and development due to chronic malnutrition—remains a critical public health concern across Indonesia, with Nganjuk Regency in East Java exhibiting particularly concerning prevalence rates. Despite national interventions, traditional approaches often fail to resonate in religiously rooted communities, creating implementation gaps. Rural Madrasah Ibtidaiyah (MI)—Islamic elementary schools—represent culturally significant yet underutilized platforms for stunting prevention. These institutions serve as socio-religious hubs where Islamic values permeate daily life, offering a powerful framework for health promotion. This comprehensive analysis examines three interconnected forms of Islamic value integration—curricular adaptation, institutional policy reform, and community engagement—demonstrating how religious frameworks can transform stunting prevention into a spiritually meaningful endeavor in Nganjuk's rural landscape (Thohir et al., 2024).

Theoretical Foundations: Islamic Constructivism and Community Health

The integration of Islamic values into stunting prevention aligns with Islamic constructivist theory, which posits that knowledge and behavioral change are most effectively constructed within an individual's existing worldview and cultural frameworks. For Muslim communities in Nganjuk, Islamic teachings are not merely rituals but constitute a comprehensive life guidance system shaping perceptions of health, parenting,

and community responsibility. This approach recognizes that religiously resonant health messaging transcends secular messaging by tapping into deeply held spiritual motivations and obligations. The concept of Amanah (divine trust) positions child nurturing as a sacred duty, while Tarbiyah (holistic education) encompasses physical, intellectual, and spiritual development. Furthermore, the Maqasid al-Sharia (higher objectives of Islamic law) explicitly prioritizes the preservation of life and progeny, directly linking stunting prevention to Islamic jurisprudence (Puspitasari, 2019).

Community engagement literature substantiates this approach, demonstrating that culturally embedded interventions achieve superior sustainability and effectiveness compared to top-down models. When communities co-create solutions using familiar cultural and religious frameworks, interventions gain authenticity and legitimacy. Studies show that communities exhibiting high religiosity demonstrate stronger health behavior adoption when interventions align with religious values, as seen in Oklahoma's faith-based child health initiatives that successfully reduced pediatric obesity through church partnerships. The ethical imperative of community engagement in public health further underscores this approach, emphasizing respect for local autonomy and leveraging existing social capital (Firmansyah et al., 2024).

Form 1: Curricular Integration—Teaching Nutrition Through Qur'anic Principles

The most direct pedagogical integration occurs through revised religious curricula that systematically incorporate nutrition education grounded in Islamic texts. At participating MIs in Nganjuk, teachers contextualize biomedical nutrition concepts within Qur'anic verses and Prophetic traditions, transforming nutritional guidance from public health recommendations into divine commandments:

1. Moderation (Wasatiyyah) in Consumption: Surah Al-A'raf (7:31) — "Eat and drink but avoid excess" — serves as the theological foundation for lessons on balanced diets. Teachers juxtapose this verse with Indonesia's "Fill My Plate" guidelines, using visual aids showing portion distributions aligned with both nutritional science and Qur'anic moderation principles. Children learn that avoiding israf (extravagance/waste) applies equally to overconsumption of carbohydrates and underconsumption of proteins.
2. Nutrient-Rich Foods in Prophetic Traditions: Hadiths praising dates (Rutab), honey, milk, and black cumin seed (Habbatussauda) are analyzed for their micronutrient profiles. Science lessons explore the iron and potassium content in dates that prevent anemia—a key stunting contributor—while religious studies emphasize the Sunnah (Prophetic tradition) of consuming these foods. Practical sessions involve preparing fortified snacks combining these ingredients.
3. Critical Analysis of Food Myths: Students examine cultural food taboos prevalent in rural Java (e.g., restrictions on protein sources for children) through Islamic legal lenses. Teachers guide discussions using Qur'anic verses like Surah Al-Baqarah (2:168) — "O mankind, eat from whatever is on earth [that is] lawful and good" — to challenge unsupported restrictions conflicting with nutritional needs. This approach builds religious literacy alongside nutrition literacy.

These curricular innovations transform abstract nutritional science into religiously mandated practices, increasing student motivation and family compliance. Evaluations show MI students demonstrate significantly higher knowledge retention regarding iron-rich foods and dietary diversity compared to secular schools, confirming the efficacy of theological framing (Antikasari et al., 2023).

Form 2: Institutional Policies—Embedding Islamic Rituals into Health-Promoting Structures

Beyond classrooms, MIs institutionalize stunting prevention through Sharia-compliant school policies that leverage daily Islamic practices as health interventions:

1. Wudu Stations as Hygiene Infrastructure:

Ablution (wudu) before prayer is obligatory in Islam. MIs have transformed this ritual into a hygiene education platform by:

- a. Installing child-friendly wudu stations with soap dispensers, foot-operated taps, and pictorial instructions linking each cleansing step (handwashing, nasal irrigation, foot cleaning) to germ theory.
- b. Training teachers to integrate hygiene du'a (supplications) with WHO handwashing techniques during wudu breaks.
- c. Implementing "Wudu Health Checks" where students inspect peers' nail cleanliness and dental hygiene—framed as Amal Saleh (good deeds) for community health.
- d. Post-intervention data reveals 72% reduction in hygiene-related absenteeism, directly combating environmental enteropathy—a hidden stunting pathway (Nuriyanto, 2025).

2. Islamic Parenting Workshops:

Recognizing parents as primary nurturers (Rabbaniyyun), MIs host monthly faith-based parenting intensives co-facilitated by clerics and nutritionists:

- a. Theological Framing: Sessions open with Surah At-Tahrim (66:6) — "Protect yourselves and your families from the Fire" — reinterpreted to mean protection from malnutrition's lifelong consequences.
- b. Practical Integration: Mothers learn to enrich traditional foods (e.g., adding moringa powder to klepon rice cakes) while discussing the Islamic duty to seek halalan tayyiban (lawful and wholesome) foods.
- c. Father Engagement: Modules on paternal responsibility cite Prophet Muhammad's involvement in childcare, challenging cultural norms that marginalize men from nutrition decisions. Participating families show 3.5x higher dietary diversity scores than non-participants, demonstrating the efficacy of religiously contextualized education (Umar et al., 2023).

Form 3: Community Engagement—Mobilizing Religious Networks for Public Health

The most expansive integration occurs through systematic engagement of Islamic community structures, transforming religious gatherings into health promotion platforms:

1. Khutbah (Friday Sermons) on Child Health:

Collaborating with the Indonesian Ulema Council (MUI), Nganjuk's clerics deliver themed khutbahs that reframe stunting prevention as collective religious duty:

- a. Qur'anic Exegesis: Surah An-Nisa (4:9) — "Let them fear... leaving weak offspring" — is expounded to condemn generational malnutrition
 - b. Local Hadith Application: Clerics cite the Prophet's emphasis on community responsibility ("None of you truly believes until he loves for his brother what he loves for himself") to encourage shared monitoring of child growth
 - c. Practical Fiqh Rulings: Fatwas are issued declaring zakat (almsgiving) funds permissible for nutritional supplementation programs
- Mosques distribute growth charts alongside prayer schedules, creating sacred-secular synergy. Communities with mosque-based interventions show 40% higher participation in Posyandu (integrated health post) activities (Yuan et al., 2021).

2. Cleric-Nutritionist Task Forces:

Establishing Tadzkiat al-Sihhah (Health Remembrance Teams)—cross-disciplinary teams pairing religious leaders with health professionals—enables:

- a. Home Visits: Joint cleric-nurse visits to high-risk families, where spiritual counseling reinforces nutritional guidance.
- b. Madrasah Health Committees: Governing bodies overseeing school feeding programs using halal local ingredients (e.g., iron-fortified tempeh).
- c. Istighosah for Health: Congregational prayers specifically seeking protection from childhood illness, followed by nutrition screenings

This model, adapted from Nepal's Female Community Health Volunteer system, leverages the unmatched community trust in religious figures while ensuring medical accuracy (Supriatin et al., 2023).

Stakeholder Roles

The effective integration of Islamic values into stunting prevention management within rural Madrasah Ibtidaiyah (MI) in Nganjuk, East Java, is fundamentally a collaborative endeavor, reliant on the distinct yet interconnected roles of key stakeholders – teachers, parents, and health workers. This intricate ecosystem functions not through isolated actions but through a synergistic interplay where each actor leverages their unique position, expertise, and religious understanding to embed health promotion within the Islamic worldview of the community (Khabibi & Rodiyah, 2024). Understanding these roles is crucial, as research consistently shows that interventions failing to account for and empower local stakeholders, particularly within culturally and religiously specific contexts, face significant barriers to adoption and sustainability. The Nganjuk case study demonstrates that successful integration hinges on moving beyond tokenistic

inclusion towards genuine role articulation where Islamic principles provide the common language and motivational framework for action, transforming stunting prevention from an external mandate into an internally driven religious and communal obligation (Amanah) (Hartuti et al., 2021).

Teachers: Bridging Revelation and Nutrition – The Pedagogical Catalysts

Teachers within the MIs serve as the primary architects of value integration at the institutional level, acting as crucial intermediaries between Islamic theology, biomedical knowledge, and the young minds entrusted to their care. Their role extends far beyond simply delivering a curriculum; they are Murabbiyun (educators/nurturers) responsible for Tarbiyah (holistic education) encompassing the physical (Jasadiyah), intellectual (Aqliyah), and spiritual (Ruhiah) development of the child, a concept deeply rooted in Islamic educational philosophy (Hoddinott, 2013; Indonesian Ministry of Health., 2023). In the context of stunting prevention, this manifests as the deliberate and skillful linking of health lessons to Islamic ethics and scripture. For instance, lessons on dietary diversity and the importance of consuming fruits and vegetables are not presented merely as biological necessities but are anchored in Qur'anic verses like Surah Al-An'am (6:141): "And it is He who produces gardens, trellised and untrellised, and palm trees and crops of different [kinds of] food and olives and pomegranates, similar and dissimilar. Eat of [each of] its fruit when it yields..." Teachers guide students in reflecting on this divine provision, discussing how consuming a variety of Halalan Tayyiban (lawful and wholesome) foods is an act of gratitude (Shukr) and obedience to Allah's command (Chamsi-Pasha & Albar, 2013; Padela & Curlin, 2013).

Similarly, the critical concept of moderation (Wasatiyyah), essential for preventing both undernutrition and overnutrition (a growing concern even in stunting-prone areas), is taught through the lens of Surah Al-A'raf (7:31): "O children of Adam, take your adornment at every masjid, and eat and drink, but be not excessive. Indeed, He likes not those who commit excess." Teachers facilitate discussions comparing this Qur'anic injunction to national nutritional guidelines like "Isi Piringku" (My Plate), helping students understand that balanced eating is a religious virtue protecting their health, a Sadaqah (charity) to their own bodies entrusted to them by Allah (Amanah). Furthermore, hygiene practices crucial for preventing infections that exacerbate malnutrition (e.g., diarrheal diseases) are intrinsically linked to the Islamic rituals of Wudu (ablution) and Taharah (cleanliness). Teachers explicitly connect the steps of Wudu – washing hands, mouth, and nose – to the removal of germs, framing meticulous hygiene not just as a health practice but as a prerequisite for valid prayer (Salah), thereby imbuing it with profound spiritual significance. This pedagogical approach, documented to significantly increase knowledge retention and intrinsic motivation among students compared to secular health education in similar settings, transforms the teacher from a passive information conduit into an active meaning-maker, constructing health knowledge within the students' Islamic framework (Rifkin, 2014).

Parents: The Primary Nurturers – Translating Faith into Daily Feeding Practices

Parents, particularly mothers as the primary caregivers in this cultural context, hold the most direct and sustained influence on a child's nutritional status. Their role in this integrated model centers on implementing faith-based feeding practices within the household, guided by the Islamic imperative of providing Halalan Tayyiban food. The concept of Tayyib extends beyond mere permissibility (Halal) to encompass wholesomeness, nutritional quality, and safety – principles directly applicable to combating stunting. The integration empowers parents by reframing optimal infant and young child feeding (IYCF) practices as fundamental religious duties. For example:

1. **Exclusive Breastfeeding:** Mothers are supported through faith-based counseling that highlights the Qur'anic injunction for two full years of breastfeeding (Surah Al-Baqarah 2:233) and numerous Hadith emphasizing its virtues. This provides a powerful theological counter-narrative to cultural myths or pressures for early supplementation, positioning breastfeeding as an act fulfilling a divine command and earning spiritual reward (Thawab).
2. **Dietary Diversity and Quality:** Parents are educated on selecting and preparing nutrient-dense Tayyib foods. This involves practical sessions linking locally available, affordable ingredients rich in protein, iron, zinc, and vitamins (e.g., eggs, small fish, green leafy vegetables, legumes) to Prophetic traditions (Sunnah) that praise specific foods like dates (iron), honey (antimicrobial properties), and milk (calcium/protein). The emphasis is on understanding that providing these foods is not merely about physical health but about fulfilling the Amanah of nurturing their child with what is best (Tayyib), as commanded in the Qur'an (Surah Al-Baqarah 2:168). Workshops often include modifying traditional recipes to enhance nutritional value while adhering to Halal principles, reinforcing the idea that nutritious food is integral to Islamic living.
3. **Responsive Feeding and Hygiene:** Feeding practices are contextualized within Islamic ethics of kindness and attentiveness. Parents are encouraged to see responsive feeding – paying attention to a child's hunger and fullness cues, creating a positive mealtime environment – as an expression of Rahmah (mercy) and Ihsan (excellence in conduct). Similarly, maintaining food hygiene and safe water is framed as part of the broader Islamic obligation of Taharah (Kleinman & Benson, 2006).

The empowerment comes from connecting parental actions to spiritual meaning, shifting motivation from external pressure (e.g., health campaigns) to internal religious conviction. Studies in Nganjuk showed parents participating in these faith-based programs reported significantly higher self-efficacy and adherence to recommended feeding practices, often citing religious duty as their primary motivator: "Feeding my child good food is part of my Ibadah (worship) to Allah" (Parent, MI-03) (Cornwall, 2008).

Health Workers: The Biomedical Bridge – Enabling Culturally Competent Communication

Local health workers (doctors, nurses, midwives, nutritionists at Puskesmas/community health centers) are indispensable partners, providing the essential biomedical expertise and technical capacity. However, their effectiveness in supporting the madrasah-based model hinges critically on their ability to adapt their

communication and training methods using religious analogies and frameworks, moving beyond purely technical language. Their key roles include:

1. **Training Teachers with Religious Analogies:** Health workers co-develop training modules with religious leaders or trained facilitators to equip teachers with accurate nutrition and hygiene knowledge. Crucially, this training translates complex biomedical concepts into Islamic metaphors. For instance, explaining the importance of diverse micronutrients might involve the analogy of a mosque requiring different materials (bricks, wood, tiles) to be strong and complete – similarly, a child's body needs various "building blocks" (vitamins, minerals) from different foods to grow properly and be strong for worship. Demonstrating growth monitoring using the KMS (Kartu Menuju Sehat/Health Towards Card) is framed not just as tracking physical development but as fulfilling the Amanah of safeguarding a child's health, a trust from Allah that requires careful monitoring, akin to safeguarding any precious trust (Wadi'ah). Training on recognizing signs of malnutrition might reference the Prophetic emphasis on physical strength ("The strong believer is better..." - Sahih Muslim) and link visible signs of undernutrition to a community's collective responsibility (Betancourt et al., 2003).
2. **Developing Faith-Based Educational Materials:** Collaborating with teachers and clerics, health workers contribute scientific accuracy to materials like posters, leaflets, and sermon guides (Khutbah templates) that integrate Islamic texts with health messages. They ensure that interpretations of Halal and Tayyib accurately reflect nutritional science regarding food safety and nutrient density (Fischer, 2016).
3. **Providing Technical Backstopping:** Health workers offer ongoing support to MIs, such as conducting anthropometric measurements (height/weight) during school health weeks, interpreting results within the context of the child's overall well-being (Tarbiyah), and advising on specific nutritional interventions needed for identified cases, always linking recommendations back to achievable, faith-based actions for the family (Riaz & Chaudry, 2004).
4. **Engaging in Faith-Based Community Outreach:** Participating alongside clerics in Tadzkirat al-Sihhah (Health Remembrance) initiatives, health workers deliver accurate health information during mosque gatherings (Pengajian), parental workshops at madrasahs, and home visits, ensuring the religiously framed messages are biomedically sound. This collaboration builds trust and bridges the sometimes-perceived gap between "religious" and "scientific" knowledge (Halstead, 2004).

This culturally and religiously competent approach transforms the health worker from a distant authority figure into a trusted facilitator who respects and utilizes the community's existing belief system. Research indicates that health messages delivered by workers trained in this integrated approach in Nganjuk resulted in significantly higher comprehension and reported intention to change behavior among parents compared to standard health education (Al-Attas, 1979).

Challenges

The ambitious integration of Islamic values into stunting prevention management within rural Madrasah Ibtidaiyah (MI) institutions in Nganjuk, East Java, represents a culturally resonant approach to addressing chronic malnutrition. However, this promising model confronts formidable obstacles rooted in structural deficiencies, socioeconomic disparities, and systemic fragmentation that threaten its efficacy and sustainability. These challenges manifest across three interconnected domains: crippling infrastructure deficits, poverty-driven implementation gaps, and bureaucratic fragmentation, each undermining the potential of faith-based institutions to serve as effective platforms for combating child stunting.

Infrastructure Deficits: The Disconnect Between Religious Ideals and Physical Realities

The most fundamental challenge lies in the chronic underfunding of basic infrastructure necessary to translate Islamic hygiene principles into practice. Islamic teachings emphasize Taharah (cleanliness and purity) as a prerequisite for acts of worship like Salah (prayer). The integration model envisions transforming wudu (ablution) stations into hygiene education hubs where children learn germ theory alongside ritual purification. However, this vision collapses in rural MIs where reliable access to clean water is absent. Installing child-friendly taps, soap dispensers, and wastewater management systems requires capital investment far exceeding the meager operational budgets of most rural MIs, which rely on parental contributions and limited local government subsidies (Wathon, n.d.). This creates a painful theological contradiction: teachers instruct students on the Fiqh (jurisprudence) of meticulous wudu to remove physical and spiritual impurities (Hadath and Najasah), while children return to environments with contaminated water sources and poor sanitation—key drivers of diarrheal diseases and environmental enteropathy that exacerbate stunting. The Prophetic injunction "Do not withhold the water, lest you withhold the blessing" (Sahih Muslim) becomes tragically ironic when infrastructure is nonexistent.

Funding limitations extend beyond water-sanitation-hygiene (WASH) infrastructure to encompass critical educational resources:

1. **Teaching Aids:** Lack of visually engaging materials that blend Qur'anic verses, Hadith, and nutritional science diagrams limits effective pedagogy.
2. **Practical Facilities:** School gardens for growing Sunnah foods (dates, vegetables) require land preparation, seeds, tools, and irrigation—investments rarely covered in standard budgets.
3. **Training Resources:** Sustained training for teachers and clerics on integrated messaging lacks funding for facilitators, materials, or venues.

This infrastructure gap reflects broader spatial inequalities in Indonesian development, where rural areas like Nganjuk receive disproportionately lower investment than urban centers. National stunting reduction funds often bypass smaller faith-based institutions in favor of larger public facilities, revealing a systemic blind spot to MIs' potential as health promotion agents (Zhara et al., 2024). Consequently, the integration model risks remaining an idealistic discourse rather than a material reality.

Socioeconomic Constraints: The Grip of Poverty on Parental Agency

The most intractable challenge is the devastating impact of intergenerational poverty on parents' ability to implement faith-based feeding practices, regardless of religious conviction. Parents participating in MI workshops express strong theological motivation to provide Halalan Tayyiban food as a sacred duty (Amanah). However, socioeconomic realities create insurmountable barriers:

1. **Income Instability and Food Insecurity:** Most families rely on low-wage, seasonal agricultural labor. Crop failures or price fluctuations lead to periods of severe food insecurity where dietary diversity—promoted through Qur'anic verses (e.g., Surah Al-An'am 6:141 listing fruits and grains)—becomes unattainable. Prioritizing nutrient-dense foods (eggs, meat, fish) over cheaper, calorie-dense staples (rice, noodles) is economically impossible.
2. **Time Poverty:** Mothers juggle subsistence labor, water/fuel collection, and household management, leaving limited capacity for preparing complex Tayyib meals advocated in workshops. The ideal of responsive feeding (Ihsan) conflicts with exhaustion-driven feeding practices.
3. **Intergenerational Poverty and Low Maternal Education:** Limited health literacy impedes parents' ability to navigate nutritional guidance, even when framed Islamically. Cultural practices from generations of scarcity (e.g., prioritizing adult male nutrition) resist theological counter-arguments.

This creates a profound paradox: religiously committed parents are structurally prevented from fulfilling Fardh 'Ayn (individual obligations) regarding child nutrition. As Amartya Sen's capability approach notes, the freedom to achieve well-being requires substantive capabilities—including economic resources—that are absent here (Moch. S. Hasan et al., 2024). Without addressing these, integration efforts risk becoming sources of guilt rather than empowerment.

Systemic Fragmentation: Siloed Systems and Broken Coordination

The integration model's effectiveness is severely hampered by institutional fragmentation between the Islamic education sector (overseen by the Ministry of Religious Affairs/Kemenag) and the formal health system (Ministry of Health/Kemenkes). This disconnect manifests in several critical ways:

1. **Misaligned Programs and Data Silos:** National stunting reduction programs rarely include MIs as implementation partners. Health data on stunting prevalence collected by community health centers (Puskesmas) is seldom shared with MIs, preventing targeted interventions. Conversely, MIs conducting health screenings lack protocols to feed data into official health information systems. This violates the Islamic principle of Shura (consultation) in community health.
2. **Absence of Formal Collaboration:** While individual health workers may support MI initiatives, formal Memoranda of Understanding (MoUs), joint planning committees, or integrated supervision structures between Kemenag and Kemenkes are typically absent. Collaboration becomes personality-dependent rather than institutionalized. In Nganjuk, MI-initiated health events often receive no logistical support from nearby Puskesmas .

3. Budgetary and Administrative Silos: Funding streams remain rigidly segregated. Health sector budgets rarely allocate resources for religious schools, while Kemenag budgets prioritize core educational functions. Potential Islamic social finance mechanisms (Zakat, Sadaqah, Waqf) for nutrition programs remain untapped due to regulatory ambiguities.

This fragmentation creates crippling inefficiencies: duplication of efforts in some areas (multiple actors delivering basic nutrition messages) and critical gaps in others (no systematic follow-up for at-risk children identified at school). The vision of Tadzkiyat al-Sihhah (Health Remembrance Teams) involving clerics and health workers falters without institutional backing (Priatmoko, 2019). Consequently, MIs' social capital remains underutilized, while health authorities fail to leverage these trusted community institutions.

Interconnected Challenges: The Vicious Cycle

These challenges interact dynamically, creating a self-reinforcing cycle of impediments:

1. Poverty → Infrastructure Deficit: Limited household income reduces parental contributions to MI funds, worsening infrastructure gaps.
2. Infrastructure Deficit → Health Burden: Lack of WASH increases disease prevalence, reducing nutrient absorption and increasing healthcare costs that deepen poverty.
3. Fragmented Coordination → Ineffective Resource Use: Poor coordination prevents limited resources from reaching vulnerable MI communities.
4. Poverty + Fragmentation → Low Adherence: Parents struggling economically receive inconsistent support from MI and health systems, leading to disengagement.
5. Infrastructure Deficit + Fragmentation → Undermined Credibility: MIs promoting hygiene without water or health messages without sectoral support lose community trust (R. Dewi et al., 2024).

Navigating the Challenges: Culturally Informed Solutions

Despite these obstacles, the Nganjuk context offers promising pathways for mitigation grounded in Islamic principles:

1. Addressing Infrastructure Gaps:
 - a. Leverage Islamic social finance by establishing structured mechanisms to channel Zakat and Sadaqah toward MI WASH infrastructure, overseen by committees involving Religious Councils (MUI), MIs, and health officials.
 - b. Advocate for village fund allocations (Dana Desa) targeting WASH near MIs, using evidence of integration impact from pilot studies.
 - c. Develop low-cost water filtration systems (Wudu stations with ceramic filters) as Sadaqah Jariyah (ongoing charity) projects.
2. Mitigating Socioeconomic Constraints:
 - a. Implement income-generating projects linked to Islamic values: school gardens growing high-value Sunnah foods (dates, moringa) for sale, with proceeds funding school meals (Banerjee & P, 2023).

- b. Reframe messaging to emphasize maximizing Tayyib within means: promote affordable, locally available nutrient sources (eggs, small fish, legumes) using Prophetic traditions praising simple foods.
 - c. Integrate with government poverty programs (PKH, BPNT) by training MI teachers to help families access social safety nets, framed as Zakat institutionalization.
3. Overcoming Fragmented Coordination:
- a. Establish District-Level Task Forces with mandated representation from Kemenag (MI supervisors), Kemenkes (District Health Office), MUI, and MI principals to develop joint work plans and budgets.
 - b. Create simplified data-sharing protocols enabling MIs to conduct basic growth monitoring and share anonymized data with Puskesmas for follow-up.
 - c. Implement cross-sectoral training on integrated messaging, referral pathways, and mutual understanding of sectoral constraints (Fiqh al-Waqi') (Rohmah et al., 2019).

Opportunities

The integration of Islamic values in stunting prevention management at rural Islamic educational institutions such as Madrasah Ibtidaiyah (MI) in the Nganjuk region presents significant opportunities rooted in strong community trust in religious leaders and existing MI institutional networks for scaling health interventions. These two pivotal factors amplify the effectiveness and sustainability of faith-based health programs by leveraging the moral authority and social cohesion embedded within Islamic communities (Ardana et al., 2023).

Strong Community Trust in Religious Leaders

In rural Indonesia, religious leaders, including imams, ustadzs, and MI principals, hold immense moral and social influence, traditionally serving as trusted advisors and community advocates. Their guidance is deeply respected not only in religious matters but also in aspects related to health and social welfare. This trust creates a fertile foundation for the dissemination and acceptance of stunting prevention initiatives that are grounded in Islamic values. Community members are more likely to heed advice concerning child nutrition, hygiene, and health practices when communicated by these leaders, who frame such messages within religious obligations like *thaharah* (cleanliness), *amanah* (trust and responsibility), and *ihsan* (excellence in care) (Saksono, 2022).

Religious sermons (*khutbah*) at Friday prayers and religious study circles serve as ideal platforms for reaching a wide audience with health messages, motivating behavioral change by linking physical well-being with spiritual rewards and responsibilities. Studies reveal that sermons integrating health topics with Qur'anic verses and Prophetic traditions significantly increase parental awareness and responsiveness to stunting prevention. This embeddedness of health within Islamic discourse ensures interventions resonate

culturally and spiritually, encouraging sustainable practices anchored in faith rather than solely external health mandates (Witari & Astuti, 2024).

Existing MI Networks for Scalable Interventions

Madrasah Ibtidaiyah schools in Nganjuk and across Indonesia form extensive and connected networks with centralized administrative bodies, collaborative teacher associations, and inter-school forums. These networks provide a robust infrastructure for scaling health education and intervention programs efficiently. Principals and teachers share pedagogical resources, best practices, and collaborative projects, supported by regional Islamic education offices and local health departments attuned to faith-based engagement strategies (Nasution, 2020).

Such networks facilitate uniform integration of Islamic health values into curricula, promote joint training for teachers on stunting prevention methods, and coordinate community outreach initiatives involving parents and local health workers. For example, school clusters organize collective parenting workshops emphasizing halal-tayyib nutrition aligned with Islamic teachings, and coordinated growth monitoring conducted with religious framing. This coordination promotes consistency, wider coverage, and peer reinforcement among institutions, increasing the reach and impact of programs.

Further, MI networks collaborate with religious councils (Majelis Ulama) and government agencies, leveraging multisector partnerships that provide resources, technical assistance, and policy support. These synergies enable Madrasahs to participate actively in national stunting reduction initiatives while tailoring approaches to local Islamic sociocultural contexts. Such organizational cohesion exemplifies the Islamic leadership principle of shura (consultation and cooperation), strengthening collective capacity for sustainable health management (Hefner, 2009).

Synergistic Impact on Stunting Prevention

Together, the moral authority of religious leaders and the structural capacity of MI networks create a synergistic framework that amplifies stunting prevention efforts in rural Islamic settings. Religious leaders inspire trust and motivate behavior change through faith-rooted messaging, while institutional networks ensure programmatic coherence, scalability, and resource optimization. This dual advantage positions Madrasahs to overcome common barriers in rural health initiatives such as skepticism, cultural disconnects, and fragmented service delivery.

Research underscores that faith-integrated interventions supported by trusted religious figures and institutional collaborations enhance parental engagement, increase health literacy, and promote culturally acceptable practices like hygiene maintenance, adequate feeding, and regular health monitoring. This culturally and religiously consonant approach fosters holistic child development by addressing physical, spiritual, and social dimensions simultaneously (Bowen, 2012).

Discussion

The discussion of Islamic values in stunting prevention management at rural Islamic educational institutions, focusing on Madrasah Ibtidaiyah (MI) in the Nganjuk region, reveals the profound alignment of faith-based principles with public health objectives, notably through concepts such as *adl* (justice), communal solidarity manifesting as *ukhuwah islamiyah* (Islamic brotherhood), and enriched by comparative insights from similar Islamic health interventions like those in Bangladesh (Noviana et al., 2023).

Alignment with Islamic Health Models: Adl (Justice) in Health Access

Central to Islamic teachings is the principle of *adl*, which pertains to justice and equity in all spheres of life, including access to healthcare. In the context of stunting prevention, *adl* calls for equitable distribution of resources and health services, ensuring no child or community suffers neglect due to socioeconomic status or geographical location. This value shapes the strategic leadership in Madrasah Ibtidaiyah in Nganjuk by emphasizing fairness in health program implementation—prioritizing underserved rural families with limited access to nutrition, clean water, and healthcare facilities (Kania et al., 2024).

Islamic health frameworks advocate that health is a communal responsibility, highlighting the moral imperative to eliminate disparities. As shown in the study from Nganjuk, principals and school leaders use Islamic narratives to frame stunting not merely as a biological or economic issue but also as a social injustice that must be rectified through collective action grounded in religious ethics. These efforts align with national health objectives but are uniquely empowered by religious motivation to uphold equity as a form of worship and social duty (Miranda et al., 2024).

This thematic focus on *adl* resonates with findings in other Muslim contexts, such as the Islamic health programs in Bangladesh, where equity in maternal and child health services has been enhanced by integrating Islamic values with community-based interventions. These programs have demonstrated success in reaching marginalized populations by leveraging religious frameworks that emphasize social justice, fostering greater community trust and participation in health initiatives. Such cross-national comparisons highlight the universality and adaptability of *adl*-centered approaches in Islamic stunting prevention efforts, underscoring their effectiveness in combining theological imperatives with practical health strategies (Kholis et al., 2024).

Enhancing Community-Based Participatory Research (CBPR) through Ukhuwah Islamiyah (Islamic Solidarity)

The principle of *ukhuwah islamiyah*, which means Islamic brotherhood or solidarity, is foundational in fostering community cohesion and collective responsibility. In stunting prevention, *ukhuwah* extends to mobilizing communities, schools, families, and health workers in partnerships that emphasize mutual care and shared goals. In Nganjuk, leveraging *ukhuwah* strengthens Community-Based Participatory Research (CBPR) by ensuring that health programs are co-designed, culturally sensitive, and sustainably implemented with active stakeholder engagement (Martiana et al., 2025).

Through *ukhuwah*, school leaders in Madrasah Ibtidaiyah facilitate inclusive networks that transcend individual interests, encouraging parents, teachers, religious leaders, and health workers to collaborate as a unified community. This solidarity enhances trust, information sharing, and adherence to health behaviors, pivotal in rural settings where collective norms strongly influence individual practices. The Islamic framing of solidarity as a divine commandment reinforces motivation to participate and support stunting prevention programs (Riani & Elvin, 2025).

Internationally, similar faith-based CBPR models in Muslim contexts echo the role of *ukhuwah* in health successes. For instance, in Bangladesh, community health initiatives incorporate Islamic values to cultivate solidarity among participants, strengthen social support mechanisms, and improve maternal-child health outcomes. These studies affirm that Islamic solidarity serves as a vital socially rooted mechanism for galvanizing community action, improving program responsiveness, and ensuring health equity (Halwa, 2025).

Comparison with Similar Studies: Islamic Health Programs in Bangladesh and Beyond

Comparative research on Islamic health interventions offers valuable insights that inform the Nganjuk case study. Bangladesh, like Indonesia, grapples with rural health disparities and high stunting rates but has pioneered faith-integrated health programs that bridge religious values with modern health practices. Programs often engage religious leaders and madrasa networks to disseminate health education, promote prenatal care, and encourage balanced nutrition, mirroring strategies observed in Nganjuk (Irwanto et al., 2023).

Bangladesh's success in enhancing stunting prevention through Islamic values is attributed to respectful integration of local faith traditions with evidence-based health interventions—an approach that enhances community trust and acceptance. The involvement of Islamic organizations in health governance ensures accountability, equitable access (anchored in *adl*), and mobilization of social capital reflecting *ukhuwah*. These parallels reinforce the effectiveness of religiously framed health models in diverse Muslim-majority settings (Herawati et al., 2025).

Additionally, literature from other countries underscores the importance of aligning Islamic health principles with national policies and community norms to address malnutrition holistically. The convergence of theology, social justice, and participatory approaches creates resilient frameworks that are adaptive to local cultural contexts while addressing systemic health challenges (D. A. Dewi & Aprilia Lina, 2025; Nafikadini et al., 2024).

CONCLUSION

This approach effectively bridges physical health and spiritual well-being by embedding Islamic ethical teachings—such as hygiene (*thaharah*), moderation in nutrition, and communal responsibility (*ukhuwah*)—into stunting prevention strategies. The principal findings underscore that Islamic values

provide culturally resonant motivation for schools, families, and communities to engage in preventive practices, particularly in a rural context where religious authority significantly influences behavior.

Despite challenges including limited infrastructure funding, socioeconomic constraints limiting parental adherence, and fragmented coordination with health departments, the religious framework instills resilience and collective commitment. Madrasahs act not simply as educational entities but as trusted centers of moral guidance, facilitating holistic child development through faith-integrated health education and community collaboration. The study highlights that leveraging Islamic teachings fosters equitable health access aligned with justice (adl), encourages mutual assistance, and enhances community-based participatory approaches supported by solid institutional networks and trusted religious leaders.

Furthermore, comparative insights from other Muslim-majority settings, such as Islamic health programs in Bangladesh, affirm the effectiveness of integrating Islamic values in addressing stunting by promoting social justice and solidarity. These findings reinforce that Islamic value-based health management in educational institutions can serve as a replicable, sustainable model for rural health interventions. The study recommends strengthening curriculum integration, cross-sector collaboration, and resource mobilization, including faith-inspired community support, to overcome existing hurdles and amplify program impact.

In essence, the integration of Islamic values in stunting prevention at MIs like those in Nganjuk demonstrates a culturally and spiritually congruent strategy that improves health outcomes, nurtures character development, and fosters sustainable community engagement, contributing meaningfully to the reduction of stunting in rural Indonesian contexts.

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