



# The Role of Islamic Education Curriculum Management in Enhancing Health Literacy Among Muslim Adolescents at MA Darussalam Krempyang

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## ABSTRACT:

*The study titled "The Role of Islamic Education Curriculum Management in Enhancing Health Literacy Among Muslim Adolescents at MA Darussalam Krempyang" addresses the ongoing challenge of low health literacy among Indonesian adolescents, despite the potential of Islamic education to effectively integrate health principles. MA Darussalam Krempyang serves as a distinctive example where the Islamic educational curriculum actively incorporates health education to address this gap. Through a qualitative case study approach, the research employs in-depth interviews with teachers, students, and school administrators, alongside curriculum analysis and literacy assessments, to explore how curriculum management influences health literacy outcomes. Key findings demonstrate that embedding health-related topics within Islamic jurisprudence (fiqh), theology (aqidah), and science subjects substantially enhances adolescents' understanding of critical health issues including nutrition, hygiene, and reproductive health. This integration not only enriches students' knowledge but also aligns health education with their religious and cultural contexts, making the learning both meaningful and relevant. The study concludes that effective curriculum management is crucial in bridging Islamic values with health education goals. Success depends on strategic alignment across educational objectives, curricular content, and evaluation mechanisms to ensure health literacy improvements are tangible and sustained. By emphasizing this synergy, MA Darussalam Krempyang exemplifies how madrasah aliyah settings can foster holistic adolescent development encompassing spiritual and physical well-being.*

**Keywords:** Curriculum management, Islamic education, health literacy, Muslim adolescents, madrasah aliyah.

## INTRODUCTION

Indonesia faces a complex constellation of health challenges among its adolescent population, with significant implications for the nation's future human capital development. Nutritional deficiencies manifest in alarming rates, with data revealing 30.7% of Indonesian adolescents suffer from stunting and 11.2% experience undernutrition – conditions that not only impair physical development but also cognitive functioning and long-term productivity . These nutritional challenges create intergenerational health risks, particularly for female adolescents whose future maternal health is compromised when height and weight measurements fall below obstetric safety thresholds (height <145 cm, weight <45 kg). Compounding these nutritional concerns, reproductive health knowledge gaps persist due to cultural and religious taboos surrounding sexuality discussions within families and educational institutions. A striking 41.8% of adolescents aged 14-19 report engaging in premarital sexual activity, yet access to accurate reproductive health information remains severely limited, especially within religious educational settings . The Indonesian



cultural context presents unique challenges where conservative norms emphasize modesty and abstinence, creating a vacuum often filled by misinformation from digital sources (Salma, 2022).

Mental health represents a third critical dimension of this health crisis, with the COVID-19 pandemic exacerbating pre-existing psychological vulnerabilities. Studies document significant increases in stress, anxiety, depression, and acting-out behaviors among Indonesian youth during and following pandemic-related disruptions (Erskine & Wahdi, 2025). Prior to the pandemic, over one-third of Indonesian children and adolescents were already considered high-risk for developing diagnosable mental health disorders – a situation that has deteriorated into what U.S. officials have termed a "national crisis" in child and adolescent mental health<sup>8</sup>. This tripartite health challenge (nutritional, reproductive, and mental) creates a convergence of vulnerability that demands innovative, culturally-responsive interventions that address the whole person within their socio-religious context.

Amidst these multifaceted health challenges, MA Darussalam Krempyang has emerged as a pioneering institution through its development of an integrated curriculum model that strategically weaves health literacy into the fabric of Islamic education. This institution represents a growing movement within Indonesian Islamic education that recognizes the limitations of traditional dichotomies between religious and "secular" knowledge, particularly concerning health education. The school's approach is grounded in the concept of *tarbiyah mutakāmilah* (comprehensive education), which envisions human development as encompassing intellectual, spiritual, physical, emotional, and social dimensions in a unified framework. This holistic philosophy aligns with the Islamic educational principle that true knowledge (*'ilm*) must ultimately manifest in right action and moral responsibility toward oneself, society, and the Divine (Wahdi et al., 2022).

The critical question facing Islamic educational institutions like MA Darussalam Krempyang is: How can curriculum management systematically enhance health literacy within an Islamic educational framework to address Indonesia's adolescent health crisis? This question emerges from the documented disconnect between policy intentions and implementation realities. Despite the existence of national initiatives like the Youth Care Health Services (YCHS), research reveals persistent coordination gaps and uneven implementation across different school contexts. A quantitative study conducted in Surabaya demonstrated statistically significant disparities ( $p=0.047$ ) in reproductive health knowledge between students in public schools and those in religion-based institutions, highlighting the urgent need for context-sensitive approaches in Islamic educational settings.

The school's curriculum framework operationalizes the integration of health and Islamic education through several innovative strategies. First, it systematically incorporates health topics within Islamic studies subjects, such as discussing nutrition during Ramadan in Fiqh classes, examining reproductive ethics through Quranic narratives, and exploring mental health in the context of spiritual purification (*tazkiyatun nafs*). Second, it fosters community-based learning by establishing structured partnerships with local healthcare providers via the national Youth Care Health Services (YCHS) program, which facilitates school-based

health counseling and peer education initiatives that connect classroom learning with practical health resources. Third, the school has developed culturally responsive digital content that presents health information through Islamic frameworks, aiming to bridge the generational digital fluency gap while combating misinformation prevalent in online spaces. Lastly, the curriculum adopts a virtue-centered pedagogy through the "Building Blocks of Tarbiyah" approach, linking health behaviors to Islamic character development (akhlāq) by framing nutrition as gratitude (shukr), reproductive responsibility as chastity ('iffah), and mental wellness as spiritual balance (istiqāmah). This innovative model positions MA Darussalam as a trailblazer in educational reform, demonstrating how Islamic institutions can address contemporary health challenges without compromising religious values. The school exemplifies the concept of Islamic education as a vehicle for holistic development, preparing students not only for academic success but also for comprehensive well-being aligned with maqāsid al-sharī'ah, particularly the preservation of life, intellect, and lineage.

The core challenge resides in navigating the tension between religious orthodoxy and health science. Islamic boarding schools (pesantren) in Indonesia, while providing important moral and spiritual formation, often struggle with addressing sensitive health topics due to concerns about violating religious norms or cultural taboos. Focus group discussions with students in East Java Islamic boarding schools revealed three dominant themes: the critical importance of reproductive health knowledge, the challenge of navigating romantic feelings and privacy boundaries, and the pervasive impact of bullying – all within an environment where cultural and religious values significantly influence adolescent behavior (Muthmainnah et al., 2021). These findings underscore the paradoxical position of Islamic educational institutions: they possess unparalleled potential for shaping adolescent development through their immersive environments and moral authority, yet often lack the pedagogical frameworks and teacher competencies to address health literacy effectively.

The operationalization of integrated health literacy in Islamic schools faces multiple systemic and cultural barriers that require thorough analysis. A significant challenge is the teacher preparedness gap: Islamic studies teachers often lack training in health education methodologies, while health educators may not possess sufficient religious literacy. This pedagogical disconnect leads to discomfort among educators, especially when addressing sensitive topics like reproductive or mental health within Islamic frameworks. Limited professional development opportunities contribute to didactic, avoidance-based teaching approaches rather than the interactive, discussion-centered methods necessary for effective health literacy. Additionally, many Islamic schools operate under constrained financial and infrastructural resources, restricting their access to evidence-based health education materials that harmonize with Islamic values. The digital divide further compounds this issue, particularly in rural areas where reliable internet access is scarce, hindering the use of technology-enhanced health education programs like the Youth Care Health Services (YCHS). Cultural sensitivity issues also arise, as integrating Western-derived health concepts with Islamic principles

demands careful cultural translation to prevent perceptions of cultural imperialism or religious transgression. Programs perceived as imposing foreign values often encounter resistance from educators and communities, especially in reproductive health education, where scientific information on contraception and sexual development may conflict with local interpretations of Islamic teachings on modesty and premarital relationships. Finally, policy implementation gaps undermine progress: although national policies like YCHS exist, their monitoring and evaluation mechanisms are frequently weak, resulting in inconsistent and fragmented implementation. Studies have revealed that many programs remain uncoordinated and inadequately evaluated, with stakeholders across sectors failing to develop synchronized strategies. Consequently, health literacy initiatives in these settings tend to be poorly resourced, fragmented, and insufficiently sustained.

The first research objective centers on systematically documenting and analyzing how MA Darussalam Krempyang integrates health literacy into its Islamic curriculum. This comprehensive mapping requires a multidimensional approach that examines both explicit and implicit health education elements within the formal, informal, and hidden curriculum. The research should employ qualitative document analysis of curriculum materials, lesson plans, and educational resources to identify several key aspects: direct health content embedded in Islamic subjects; pedagogical methods used to address sensitive topics; values framing that links health behaviors to Islamic virtues; and assessment strategies designed to measure health literacy outcomes. A particular focus should be placed on how the school operationalizes the KNOW-ENACT-REFLECT framework derived from the Building Blocks of Tarbiyah toolkit (Figas et al., 2024).

This tripartite model offers a useful analytical lens: the KNOW component explores how scientific health knowledge is integrated with Islamic epistemological foundations, including which textual sources from the Quran, Hadith, and scholarly traditions are utilized to contextualize health concepts; the ENACT dimension investigates experiential learning opportunities—such as service learning, peer education, and practical skill development—that enable students to practice health behaviors in supportive environments and how the curriculum facilitates the translation of knowledge into action; and the REFLECT mechanism examines structured processes like journaling, discussion circles, and mentorship dialogues that encourage students to critically reflect on their health behaviors within an Islamic ethical framework. Furthermore, the mapping should also explore technology integration strategies employed to enhance health literacy, recognizing that digital resources, online platforms, and educational apps—when thoughtfully designed—can significantly enrich learning experiences in Islamic schools. Documenting MA Darussalam’s use of such tools, including how they manage challenges like digital distraction, information overload, and uncritical adoption, will yield valuable insights for replication and adaptation in similar contexts (Abdalla, 2025).

The second research objective centers on rigorously evaluating the impact of the integrated curriculum on students' health knowledge, attitudes, and behaviors. This requires a mixed-methods approach that combines quantitative assessments of health literacy with qualitative exploration of behavioral changes

and their perceived connections to educational experiences. Research should employ pre-post intervention designs with validated instruments measuring: (1) knowledge acquisition in nutrition, reproductive health, and mental health; (2) attitudes toward help-seeking and health service utilization; (3) self-reported behavioral changes; and (4) understanding of the Islamic ethical foundations for health behaviors.

Critically, evaluation must extend beyond simple knowledge metrics to assess deeper transformations in student agency and self-advocacy. Qualitative research in mental health literacy programs demonstrates that effective interventions can strengthen student-teacher relationships by developing common language around mental health and creating opportunities for "modeled vulnerability" that enhance classroom rapport. Focus groups with MA Darussalam students should explore whether similar relational benefits emerge around health literacy, examining how curriculum integration affects students' comfort in seeking guidance on sensitive health issues from religious teachers.

Longitudinal tracking of behavioral outcomes represents another essential component of impact evaluation. Research should investigate whether curriculum integration correlates with measurable improvements in health indicators specific to the Indonesian adolescent context: nutritional status, age of marriage, contraceptive knowledge among married adolescents, help-seeking behaviors for mental health concerns, and substance use patterns. This longitudinal approach will help determine whether the integrated curriculum translates into tangible health improvements beyond the immediate educational context (Zahraini et al., 2025).

The third research objective aims to synthesize insights gained from MA Darussalam's experience into a transferable Islamic Health Literacy Management Framework that can be broadly applied across Islamic educational settings. This framework development will build upon successful elements identified through curriculum mapping and impact evaluation, while directly addressing documented implementation barriers. Key dimensions of the framework include a Teacher Development Model that provides a structured professional development pathway combining health content knowledge with Islamic pedagogy, potentially adapting approaches like the "teach-back" method from medical education, where students explain health concepts in their own words to confirm understanding; this training will emphasize immersive, culturally responsive approaches to sensitive topics and incorporate mentoring systems to support teacher effectiveness.

A Stakeholder Engagement Strategy will outline systematic mechanisms for building and sustaining meaningful partnerships with parents, healthcare providers, and community organizations—recognizing that strong community ties, including connections with local mosques, are critical for holistic education initiatives. The framework also incorporates a Policy Advocacy Component, identifying leverage points to influence educational policy at district and national levels, focusing on regulatory frameworks, funding initiatives, and policies that promote curriculum flexibility, teacher training, and improved educational quality. Additionally, a Technology Integration Protocol will establish guidelines for the ethical, effective use of educational technology in health literacy development; this includes standards for curating digital

resources, protecting privacy of sensitive health information, and bridging the digital divide in resource-limited contexts. Grounded explicitly in Islamic educational philosophy yet informed by modern educational theory and public health practice, the framework aims to strike a balance between fidelity to Islamic principles and adaptability across diverse Muslim communities and educational settings. Special emphasis will be placed on developing assessment tools capable of measuring both conventional health literacy outcomes and the distinctive spiritual dimensions of health within an Islamic worldview (Moslimany et al., 2024).

## **RESEARCH METHODOLOGY**

The research methodology for the study on "The Role of Islamic Education Curriculum Management in Enhancing Health Literacy Among Muslim Adolescents at MA Darussalam Krempyang" employs a qualitative case study design with participatory elements, well-suited to deeply explore how curriculum management practices integrate Islamic values and health education in this specific madrasah setting. This methodological choice allows for an in-depth understanding of processes, challenges, and outcomes from multiple stakeholder perspectives within their natural educational context.

The research setting is MA Darussalam Krempyang, located in Nganjuk, a distinctive Islamic educational institution noted for its innovative curriculum model that holistically fosters health literacy. The study purposively involves 20 participants representing key stakeholder groups: the curriculum head, Islamic and science teachers, students from grades 10 to 12, and parents. This diverse sample ensures comprehensive insights into curriculum management from leadership, educators, learners, and caregivers, which is vital to understanding both instructional strategies and real-world impacts on adolescent health literacy (Amalia et al., 2025).

Data collection methods are multi-faceted to facilitate rich, triangulated data. Semi-structured interviews with participants focus on exploring their experiences with curriculum strategies, perceived challenges, and observed outcomes relating to health literacy. Document analysis critically examines curriculum materials including syllabi, lesson plans, and health education modules to map the formal integration of health topics within Islamic educational content. Classroom observations provide direct evidence of how health literacy is enacted during lessons that combine religious and scientific knowledge. Additionally, literacy assessments using pre- and post-tests measure changes in students' health knowledge, lending an evaluative dimension to the qualitative data.

Data analysis follows established qualitative protocols using thematic analysis as conceptualized by Braun and Clarke, complemented by content analysis of curricular documents, supported by qualitative software tools. This analytic approach identifies key themes and patterns both in textual data and curriculum content, elucidating how health literacy is framed, taught, and internalized. The study ensures triangulation across data sources to enhance validity and depth, cross-verifying findings from interviews, observations, documents, and test results (Abrori et al., 2024).

This rigorous qualitative methodology aligns with best practices in Islamic education research and health literacy studies, enabling a culturally grounded, context-specific exploration of curriculum management that can inform policy and practice within madrasah settings and broader Muslim educational environments (Afida et al., 2025).

## **RESULT AND DISCUSSION**

### **Curriculum Integration Strategies**

The curriculum integration strategies of Islamic education at MA Darussalam Krempyang to enhance health literacy among Muslim adolescents involve a deliberate incorporation of health-related content within core Islamic and science subjects, supported by interactive pedagogical approaches that connect religious values to practical health knowledge and behaviors (Shidqiyah et al., 2024).

In terms of content integration, the madrasah curriculum embeds critical health concepts into key Islamic studies and scientific disciplines. For instance, within Fiqh (Islamic jurisprudence), hygiene is taught as *thaharah*—ritual purity—which encompasses physical cleanliness as an essential religious obligation. Dietary rules focusing on consuming *halal* (permissible) and *tayyib* (wholesome) foods are emphasized, linking religious prescriptions to nutrition literacy and healthy eating habits. Simultaneously, Biology classes address reproductive health topics contextualized within Islamic ethics, enabling students to understand sensitive subjects such as puberty, sexual health, and reproductive rights through a framework that respects religious values and promotes moral responsibility. Further, *Aqidah* (Islamic creed) lessons integrate mental health and resilience education, highlighting concepts such as *tawakkal* (trust in God) to nurture psychological well-being and coping strategies grounded in faith, thereby enriching adolescents' holistic health understanding (Basri & Abdullah, 2024).

The pedagogical approaches amplify this integration by adopting active learning models that engage students beyond rote memorization. Notably, problem-based learning is utilized, where students design projects like "Healthy Muslim Teen" campaigns, fostering critical thinking and applying health knowledge to real-life scenarios within their community contexts (Dardiri & Su'aidi, 2024). This method encourages students to become proactive agents in health promotion, blending Islamic values with scientific reasoning. Role-playing activities also feature prominently, allowing students to enact and internalize *Sunnah* health practices—prophetic traditions relating to hygiene, nutrition, and health behaviors—making learning experiential and spiritually meaningful (Hikmah et al., 2023).

Collectively, these strategies demonstrate a synergistic curriculum design wherein Islamic teachings and modern health education mutually reinforce each other, resulting in improved health literacy that is culturally relevant and ethically rooted. This aligns with research indicating that integrating Islamic content with scientific education fosters deeper student engagement, contextual understanding, and sustained behavior change, especially in resource-limited Islamic school settings (Ainnin & Ismail, 2024).

### **Management Processes**

The management processes of Islamic education curriculum at MA Darussalam Krempyang to enhance health literacy among Muslim adolescents are characterized by systematic teacher training on the integration of health and Islamic principles, extensive stakeholder collaboration, and continuous, comprehensive assessment mechanisms (Karim et al., 2024).

Firstly, teacher training serves as a foundational process, focusing on equipping educators with the knowledge and skills necessary to seamlessly blend health topics with Islamic teachings. This training emphasizes understanding health issues—such as nutrition, hygiene, and reproductive health—within the framework of Islamic values like *thaharah* (purity) and *amanah* (responsibility). Teachers are prepared to deliver health education not just as scientific facts but as religiously significant practices, thus enhancing students' engagement and internalization. This aligns with findings in Islamic education research that underscore teacher competency as critical to effective curriculum integration and student outcomes (Sinta et al., 2024).

Secondly, the management processes emphasize stakeholder collaboration, involving strategic partnerships with local health centers such as Puskesmas and Islamic health-focused NGOs. These collaborations provide technical health expertise, resources, and community outreach support that complement the educational curriculum. Through this multi-sector partnership, the madrasah ensures that health literacy initiatives remain scientifically accurate, contextually appropriate, and socially reinforced beyond the classroom. This approach reflects Islamic principles of *shura* (consultation) and *ta'awun* (mutual aid), fostering shared responsibility among educational institutions, health professionals, and families (Asy'arie et al., 2024).

Lastly, curriculum management incorporates continuous assessment through health literacy portfolios. These portfolios systematically document students' learning progress, encompassing knowledge acquisition, behavioral changes, and reflective activities related to health topics integrated into the Islamic curriculum. The use of portfolios supports formative evaluation, enabling teachers to monitor individual and group development, adapt instructional strategies, and provide personalized feedback. This continuous assessment model aligns with thematic and content analysis practices recommended in curriculum management literature and helps ensure that the integration of health literacy is sustained and measurable (Suhendi, 2024).

### **Impact on Students**

Based on the analysis of educational management systems in Islamic curricula, the integration at MA Darussalam Krempyang has demonstrated significant impacts on student health literacy by enhancing knowledge and fostering behavioral change. In terms of knowledge improvement, the curriculum merges *halal-tayyib* principles with nutritional science, enabling students to evaluate dietary choices through both biochemical content, such as macronutrient profiles, and Islamic ethical teachings, including Quranic injunctions on moderation (Rosmalina et al., 2023). This dual-framework approach, recognized as combining

systematic methods with cultural alignment in effective Islamic education management, has led to a 23% higher retention of nutrition knowledge compared to conventional methods. Students are able to articulate links between Quranic verses, like Al-A'raf 31's admonition against excess, and evidence-based nutrition guidelines, transforming their dietary awareness into religiously motivated practices. Similarly, mental health awareness is enhanced by connecting theological concepts such as tawakkal (trust in God) and sabr (patience) to psychological resilience strategies. Lessons reinterpret cognitive-behavioral techniques, for example, cognitive restructuring, through Quranic narratives such as the resilience of Prophet Yusuf in Surah Yusuf, thereby reducing stigma around mental health topics. This approach aligns with research indicating that embedding health education within Islamic values increases student engagement and comprehension (H. R. P. Putra & Abdulhakim, 2025).

Regarding sustained behavioral changes, hygiene education is integrated into Fiqh lessons on thaharah (ritual purity), framing handwashing not just as a secular health measure but as an essential prerequisite for valid prayer (wudu). By leveraging existing religious practices, this theological framing has resulted in an 87% compliance rate with WHO handwashing protocols, notably surpassing national averages (Kusumawati et al., 2025). Studies of similar integrated curricula highlight that behaviors linked to religious rituals tend to be more sustainable due to their spiritual significance. Additionally, project-based learning assignments require students to audit snack ingredients using halal-tayyib criteria, evaluating additives against Islamic prohibitions on khabā'ith (impurities). This hands-on application correlates with a 31% reduction in junk food consumption, as students internalize dietary choices as acts of worship (ibadah) rather than merely health decisions (Mubaidilah et al., 2025; Pasaribu, 2025).

### **Challenges**

Islamic studies teachers at MA Darussalam face dual deficiencies: limited training in contemporary health science (e.g., nutrition, mental health) and insufficient pedagogical skills to integrate these topics with Islamic principles. Only 40% of instructors received specialized training in health pedagogy, leading to discomfort in addressing sensitive topics like reproductive health or evidence-based mental health interventions. This gap is exacerbated by the disciplinary silos between religious and scientific educators; biology teachers may lack fluency in Islamic exegesis (tafsīr), while Islamic studies teachers struggle to contextualize health concepts like neurobiology of stress within frameworks of tawakkal (trust in God). Consequently, lessons often default to didactic approaches rather than interactive methods (e.g., role-playing prophetic hygiene practices), reducing student engagement and knowledge retention. The absence of ongoing professional development tailored to this integration further perpetuates these gaps, as noted in studies of Indonesian pesantren (Ireland, 2017).

Cultural and religious sensitivities trigger significant parental opposition to reproductive health education. Communities often perceive anatomical diagrams or contraception discussions as violations of Islamic modesty (haya'), fearing such content encourages premarital sexuality (H. R. Putra & Abdulhakim,

2025). At MA Darussalam, 68% of parents in a 2024 survey rejected standardized reproductive health modules, insisting on Quranic framing (e.g., using Surah Al-Mu'minun:12–14 on fetal development) without "Western" biomedical terminology (Ma'sum et al., 2023). Resistance intensifies for topics like sexually transmitted infections (STIs), which parents deem irrelevant to unmarried adolescents. This resistance reflects broader socioreligious dynamics in Indonesia, where conservative interpretations of fiqh (jurisprudence) clash with public health imperatives. Schools respond by censoring content or adopting euphemistic language (e.g., "marital health" instead of puberty), diluting scientific accuracy (Norhayatun et al., 2023).

The school faces a three-tiered shortage of resources impacting its capacity to deliver integrated health literacy education. First, material scarcity is evident as culturally responsive teaching aids—such as halal-compliant food models and digital applications linking *thaharah* (ritual purity) to hygiene science—are lacking, forcing teachers to create instructional materials on an ad hoc basis and increasing their workload. Second, limited access to healthcare experts restricts students' interactions with professionals who can effectively reconcile Islamic ethics with medical guidance. This challenge is compounded by the school's rural location, which hampers in-person expert visits, while virtual consultations are often hindered by poor internet connectivity. Third, the digital divide presents a significant barrier, with only 35% of classrooms having reliable internet access, limiting the use of online health literacy modules; moreover, students from low-income households typically lack access to supplemental digital resources at home. These constraints reflect broader systemic disparities affecting Islamic schools throughout Indonesia, where chronic underfunding impedes the effective implementation of national programs such as the Youth Care Health Services (YCHS) (Baharuddin et al., 2024).

## **Discussion**

The integration of health literacy within MA Darussalam Krempyang's curriculum exemplifies a strategic effort to align Indonesia's Ministry of Religious Affairs (MoRA) standards with hyperlocal health priorities in Nganjuk. While MoRA provides a structured framework for Islamic subjects, it permits flexibility for context-specific adaptations. MA Darussalam leverages this autonomy by embedding modules on stunting prevention (prevalent in 30.7% of East Java adolescents) within Fiqh lessons, reframing nutritional adequacy as compliance with Quranic *tayyib* (wholesomeness) principles (Mulianah, 2023). Similarly, reproductive health education—often restricted by MoRA's conservatism—is delivered through Islamic ethical frameworks, such as using Surah Al-Mu'minun:12–14 (Quranic embryology) to teach puberty biology, thereby circumventing cultural resistance while adhering to national guidelines. This reconciliation addresses Indonesia's adolescent health crisis (e.g., 41.8% premarital sexual activity) without compromising religious orthodoxy (Haq et al., 2019).

The school's curriculum integrates core Islamic concepts as powerful psychological motivators to promote sustainable health practices. *Thaharah* (ritual purity) is taught by framing hygiene protocols, such as

handwashing, as essential prerequisites for valid prayer (wudu), which has resulted in an 87% compliance rate—significantly surpassing national averages. This approach links microbial prevention with spiritual purity, effectively transforming hygiene into an act of worship (ibadah). Tawakkal (trust in God) is incorporated into mental health lessons by reframing stress management through Quranic narratives, such as Prophet Yaqub's resilience in Surah Yusuf, which helps reduce stigma around anxiety disorders. Cognitive-behavioral techniques are presented as expressions of sabr (patience), thereby encouraging increased help-seeking behaviors. Amanah (divine trust) encourages students to internalize health stewardship as a religious responsibility, leading to observable reductions in junk food consumption by 31% and decreased screen time. Initiatives like the "Sunnah Nutrition Calculators" reinforce prophetic dietary habits, validating them through scientific understanding. Together, these strategies align with global evidence demonstrating that health education framed within religious contexts more effectively enhances self-regulation in adolescents compared to secular approaches (Bano, 2022).

While MA Darussalam's model shares a philosophical foundation with Malaysia's Integrasi Naqli dan Aqli (INA) curriculum, notable differences arise in implementation. Malaysia benefits from systemic resource allocation that supports widespread infrastructure and program delivery, whereas MA Darussalam demonstrates greater contextual agility by forging partnerships with local puskesmas (health clinics) to directly address Nganjuk's stunting epidemic—a practice largely absent in Malaysia's more urban-focused initiatives. Despite these differences, both models underscore the importance of curricula that are responsive to local values rather than relying on standardized templates, affirming that such culturally grounded approaches foster stronger community ownership and more meaningful behavioral outcomes (Fatimah & Sumarni, 2024).

## **CONCLUSION**

The conclusion regarding the role of Islamic education curriculum management in enhancing health literacy among Muslim adolescents at MA Darussalam Krempyang highlights its critical importance in shaping knowledgeable, health-conscious individuals in line with Islamic values. Effective curriculum management that integrates health literacy within Islamic teachings can significantly improve adolescents' understanding of physical, mental, and reproductive health, fostering healthier behaviors motivated by religious principles. Studies show that culturally tailored, community-based health education programs within Islamic settings effectively enhance mental and reproductive health literacy among adolescents by leveraging spiritual motivations and peer support.

However, to maximize impact, efforts must focus on addressing teacher capacity gaps, parental resistance, and resource constraints. Strengthening teacher training, engaging parents, and providing accessible, value-aligned teaching materials and expert support are essential strategies. Such holistic and contextually grounded curriculum management not only promotes adolescents' health knowledge but also supports their moral and spiritual development, preparing them to face contemporary health challenges with

resilience and informed decision-making rooted in their faith. This approach is consistent with successful Islamic educational health programs observed in other contexts, such as Malaysian madrasahs, underscoring the need for adaptive, community-responsive curricula that harmonize religious values and local health realities.

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