

Implementation of Islamic Religious Education Values in Stunting Prevention Programs

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ABSTRACT

Stunting is a chronic nutritional problem that requires a holistic approach to its management. Kampar Regency, with 89.12% of its population being Muslim, has successfully reduced the prevalence of stunting from 1,300 children to 571 children through the integration of Islamic religious education values in its prevention programs. This study aims to describe the implementation process of Islamic religious education values in stunting prevention programs in Kampar Regency, identify inhibiting factors in implementing Islamic religious education values, and propose strategies to overcome barriers in implementing Islamic religious education values in stunting prevention programs. The research used a qualitative descriptive approach with data collection techniques through in-depth interviews with 6 key informants, observations of 5 stunting prevention programs namely Gadih Ancak, Ocu Mapan, Gemarikan, Mobile Posyandu, and BAAS, as well as documentation. Data analysis used the Miles and Huberman model with stages of data reduction, data presentation, and conclusion drawing. The implementation of Islamic religious education values was manifested through three main dimensions: aqidah values that teach that maintaining children's health is Allah's trust, sharia values that apply the concept of halal-thayyib in providing nutritious food, and akhlaq values that form social solidarity through the BAAS program. The religious approach increased community participation from 60-70% to 85-90%. Inhibiting factors include limited religious understanding among health workers, differences of opinion among religious scholars, and the absence of formal regulations. Strategies to overcome barriers include cross-sector training for human resources, strengthening cross-sector coordination, developing formal regulations, and standardizing health da'wah materials. The integration of Islamic religious education values has proven effective in increasing community motivation and participation in stunting prevention programs. The Kampar Regency model can serve as a reference for best practices with improvements in formalization and standardization aspects.

Keywords: Religious Education Values, Stunting Prevention Programs, Education Values

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INTRODUCTION

Stunting is one of the most serious chronic nutritional problems in the world, including in Indonesia. This condition is defined as linear growth failure in children under five years of age measured based on the height-for-age index (H/A) with a z-score of less than -2 standard deviations according to WHO child growth standards (Uwiringiyimana et al., 2022). Stunting

not only impacts the physical aspect in the form of short stature but also causes serious long-term consequences for cognitive development, learning capacity, economic productivity, and the quality of human resources in the future (Ponum et al., 2020). The impact of stunting on children's cognitive development has been well documented in various studies (Daracantika et al., 2021) showed that children experiencing stunting are likely to have non-verbal IQ below 89 and IQ 4.57 times lower compared to non-stunted children. This condition also causes low learning participation and academic achievement and accelerates the occurrence of recurrent infections (Musheiguza et al., 2023). In the long term, individuals experiencing stunting will have poor immunity, be easily sick, and have a high risk of premature death (Wicaksono et al., 2020).

Globally, stunting remains a major challenge for human development. WHO data shows that in 2022, approximately 148.1 million children under five worldwide experienced stunting, with most cases occurring in South Asia and Africa. In Indonesia, based on the Indonesian Nutritional Status Survey (SSGI) 2022, the prevalence of stunting still reached 21.6%, although it had decreased from 27.7% in 2019 (Badan Kebijakan Pembangunan Kesehatan, 2022). This figure is still far from the target of the National Medium-Term Development Plan (RPJMN) 2020-2024 which targets stunting prevalence to decrease to 14%. This condition becomes a serious challenge for Indonesia in realizing the vision of Golden Indonesia 2045, where a superior and competitive golden generation is expected to be created. If the stunting problem cannot be overcome effectively, this vision will be difficult to achieve because the quality of Indonesia's human resources in the future will be affected. Therefore, comprehensive and innovative efforts are needed to reduce stunting rates by involving all layers of society and various sectors.

The causes of stunting are very complex and multidimensional. (Wicaksono et al., 2021) identified that stunting can be caused by internal factors such as short birth length, inadequate caloric intake, non-exclusive breastfeeding, chronic diarrhea, and upper respiratory tract infections. Meanwhile, external factors include poor sanitation, inadequate water sources, low family income, low parental education levels, and household conditions with more than four family members. Research by (Chowdhury et al., 2022) in Bangladesh strengthened these findings by showing that after controlling for socio-economic and demographic factors, parental education and household position in the wealth index are the most important determinants of stunting. This indicates that the approach to handling stunting cannot only focus on medical or nutritional aspects alone but must involve social, cultural, economic, and spiritual dimensions that exist in society. In the midst of national efforts to reduce stunting rates, Kampar Regency in Riau Province shows encouraging achievements that deserve to be a lesson for other regions. Data from the Kampar Regency Health Office shows a very significant and consistent decrease in the number of stunted children during the 2022-2024 period. In July 2022, 1,300 children were recorded as experiencing stunting, then decreased to 850 children in December 2022, continued to 662 children in February 2023, and reached 571 children in February 2024 (mediacenter.riau.go.id, 2014).

This drastic reduction of 56% in less than two years is an extraordinary achievement, considering the complexity of stunting problems and the challenges of program implementation at the regional level. This success did not happen by chance but was the result of implementing innovative programs specifically designed according to the local characteristics of the Kampar Regency community. Kampar Regency developed five main programs in stunting prevention, namely *Gadiah Ancak* (beautiful young women), *Ocu Mapan* (food optimization), *GEMARIKAN* (fish eating movement), *Mobile Posyandu*, and *BAAS* (Foster Father for Stunted Children). These programs were designed with a holistic approach that not only focuses on medical and nutritional aspects but also integrates social, cultural, and spiritual dimensions rooted in local community life. What is interesting to study more deeply is the demographic characteristics of Kampar Regency which has 89.06% of its population being Muslim ('Kabupaten Kampar', 2025). This demographic composition provides a unique context in implementing stunting prevention programs, where Islamic religious values have the

potential to become a significant driving force in motivating communities to actively participate in health programs.

Previous research on stunting generally focuses on medical, nutritional, and socio-economic aspects. (Wicaksono et al., 2021) identified stunting risk factors from health and socio-economic condition perspectives. (Chowdhury et al., 2022) emphasized socio-economic determinants and parental education. (Musheiguza et al., 2023) analyzed the relationship between socio-economic status and stunting using a multilevel modeling approach. However, there has been no research that specifically explores the role of religious values, particularly Islamic religious education, in stunting prevention programs. Yet, research in public health shows that spiritual factors and religious values have significant influence on health behavior and community participation in health programs (Gosselin et al., 2013). Religious values can become strong intrinsic motivators for behavior change, especially in societies with high levels of religiosity like in Indonesia. In Islam, there is a strong theological foundation for maintaining health and meeting nutritional needs. The concept of *halal-thayyib* food in the Quran not only emphasizes the aspect of halal according to sharia but also the quality, cleanliness, and nutritional value of food (Nuraini, 2018). Islamic teachings also emphasize the importance of maintaining health as Allah's trust and the moral responsibility of every individual and family.

Islamic religious education values include three main dimensions that are very relevant to public health programs: *aqidah* (belief), *sharia* (law), and *akhlaq* (morals). The *aqidah* dimension can become the foundation of spiritual motivation to maintain children's health as Allah's trust. The *sharia* dimension provides practical guidance on healthy living patterns, including balanced eating and drinking rules. Meanwhile, the *akhlaq* dimension teaches social values such as mutual assistance, concern for others, and collective responsibility in overcoming common problems (Suryani, 2019). The integration of religious values in health programs is also in line with culturally responsive intervention approaches, which are increasingly recognized for their effectiveness in various contexts. (Siahaan et al., 2022) showed that the internalization of Islamic values in the learning process can increase program effectiveness and sustainability. In the context of public health, this approach can strengthen community acceptance and participation because it aligns with the believed value system.

This research fills the existing gap in literature by deeply exploring how Islamic religious education values can be integrated into stunting prevention programs. The novelty of this research lies in a holistic approach that combines health and spiritual aspects in stunting prevention, in-depth study of successful implementation models in Kampar Regency, exploration of mechanisms by which religious values can strengthen conventional health interventions, and analysis of inhibiting factors and strategies to overcome them in the context of integrating religious values with health programs. The findings of this research have high practical relevance for developing policies and stunting prevention programs in Indonesia. With the majority of Indonesia's population being Muslim (approximately 87%), the model of integrating religious values in health programs has broad implementation potential in various regions. This research also contributes to capacity building for health workers and public health study programs in designing culturally responsive interventions.

Public health students as future health workers need to understand how to integrate spiritual approaches in health services to improve program effectiveness. From a policy perspective, this research can become the basis for developing national guidelines for integrating religious values in public health programs. The Kampar Regency model can be adapted and replicated in other regions by making adjustments according to local characteristics. Based on the background and research gaps that have been identified, this research aims to describe the implementation process of Islamic religious education values in stunting prevention programs in Kampar Regency, identify inhibiting factors in implementing Islamic religious education values in stunting prevention programs in Kampar Regency, and propose strategies that can be used to overcome barriers in implementing Islamic religious education values in stunting prevention programs in Kampar Regency. This research is expected to provide theoretical contributions to the development of public health science in the

perspective of spiritual values integration, as well as provide practical recommendations for policymakers in designing more effective and sustainable stunting prevention programs.

METHOD

This research used a qualitative descriptive approach to explore the implementation of Islamic religious education values in stunting prevention programs in Kampar Regency. The selection of a qualitative approach was based on the characteristics of the phenomenon studied, namely the implementation of religious values in the socio-cultural context of society, which requires deep understanding of meanings, perspectives, and experiences of program actors (Fadli, 2021). Qualitative research allows researchers to explore the implementation process of religious values holistically and contextually, as well as understand the dynamics of interaction between various stakeholders in stunting prevention programs (Creswell & Poth, 2018). The research was conducted in Kampar Regency, Riau Province from January to December 2025. The selection of research location was based on several strategic considerations. First, Kampar Regency showed significant success in reducing stunting prevalence from 1,300 cases in July 2022 to 571 cases in February 2024. Second, demographic characteristics with 89.12% Muslim population provide the right context to study the implementation of Islamic religious education values. Third, Kampar Regency has developed five innovative programs that naturally integrate religious approaches in their implementation.

Research participants were selected using purposive sampling technique with specific criteria relevant to research objectives (Palinkas et al., 2015). Inclusion criteria included direct involvement in stunting prevention programs for at least one year, understanding of implementing religious values in programs, and willingness to provide information voluntarily. Total research participants were 6 people consisting of Head of Kampar Regency Health Office (1 person), Head of Kampar Regency Stunting Working Group (1 person), Head of Health Center in Kampar Regency (1 person), Head of Islamic Affairs Office Kampar Regency (1 person), Head of BAZNAS Kampar Regency (1 person), and families with stunted children (1 person). This participant composition allows perspective triangulation from various program implementation levels, from policy level to beneficiary level. Data collection was conducted through three main techniques that complement each other to ensure validity and reliability of research findings. The first technique was in-depth interviews using semi-structured interview guides developed based on the theoretical framework of Islamic religious education values and dimensions of public health program implementation.

The interview guide consisted of eight main questions exploring aspects of implementing *aqidah*, *sharia*, and *akhlaq* values in stunting prevention programs, supporting and inhibiting factors of implementation, and strategies developed to overcome challenges faced. Each interview session lasted 45-60 minutes and was conducted in Indonesian considering local cultural context. All interview sessions were recorded with participant consent and transcribed verbatim for analysis purposes. The second technique was participatory observation of five stunting prevention programs that were the focus of research, namely *Gadiah Ancak* (beautiful young women program), *Ocu Mapan* (food optimization), *GEMARIKAN* (fish eating movement), *Mobile Posyandu*, and *BAAS* (Foster Father for Stunted Children). Observations were conducted to identify practices of implementing Islamic religious education values in program implementation, interactions between program officers and the community, and community responses to religious approaches applied.

Researchers used structured observation guidelines that included aspects of program implementation processes, communication methods used, involvement of religious figures, and manifestations of religious values in program activities. Each observation session was documented through detailed field notes and activity photos (with participant consent). The third technique was documentation to collect secondary data supporting program implementation analysis. Documents collected included demographic and socio-economic profiles of Kampar Regency, health and stunting prevention program reports, policy documents related to stunting programs, program socialization and education materials, and statistical data on stunting case developments. Document analysis was conducted to verify information

obtained through interviews and observations, as well as provide historical and policy context for program implementation.

Data validity and reliability were ensured through four main strategies according to qualitative research standards (Lincoln & Guba, 1985). The first strategy was data triangulation conducted by combining information from various sources (source triangulation), various data collection methods (method triangulation), and various data collection times (time triangulation). Source triangulation involved verification of information from various levels of program stakeholders, from policymakers to program beneficiaries. Method triangulation combined findings from interviews, observations, and document analysis to build comprehensive understanding. Time triangulation was conducted by collecting data at various periods during program implementation to understand dynamics of changes that occurred. The second strategy was member checking, which is the process of verifying accuracy and credibility of research findings by involving research participants. After initial analysis was conducted, researchers presented findings to key participants to get confirmation, clarification, and additional input. This process ensures that researcher interpretations align with actual participant perspectives and experiences.

The third strategy was auditing, which is a systematic documentation process of all research stages to ensure transparency and accountability of the research process. Audit trail includes documentation of methodological decisions, data analysis stages, and researcher reflexivity. This documentation allows other researchers to understand and evaluate decisions made during the research process. The fourth strategy was maintaining data credibility through prolonged engagement and persistent observation. Researchers conducted continuous interaction with research context and participants to build trust and deep understanding of the phenomenon studied. Data analysis was conducted using thematic analysis framework from (Miles et al., 2014) consisting of three main stages. The first stage was data reduction, which is the process of sorting, focusing, simplifying, and transforming raw data obtained from the field. At this stage, researchers conducted open coding on interview transcripts, observation notes, and documents to identify meaning units relevant to research objectives. The coding process was conducted inductively to allow themes to be explored and emerge from data, while also deductively based on the theoretical framework of Islamic religious education values.

The second stage was data display, which is the process of organizing reduced information in a format that allows conclusion drawing. Data was presented in the form of matrices, tables, and diagrams that illustrate relationships between identified categories and themes. This data presentation facilitates the process of identifying patterns, relationships, and propositions that emerge from data. The third stage was conclusion drawing and verification, which is the process of interpreting meaning from patterns identified in data. Conclusions drawn were then verified through triangulation with various data sources and data collection methods to ensure validity of findings.

RESULT AND DISCUSSION

Profile of Stunting Prevention Programs in Kampar Regency

Kampar Regency has developed five innovative programs in stunting prevention that naturally integrate religious approaches according to local community characteristics. Data shows consistent and significant reduction in stunting prevalence during the program implementation period. From interviews with the Head of Kampar Regency Health Office, information was obtained that "the positive and encouraging trend is seen from stunting prevalence showing a significant decrease in the number of stunted children cases in Kampar Regency in July 2022 totaling 1,300 children, December 2022 totaling 850 children, February 2023 totaling 662 children and February 2024 totaling 571 children based on our internal data." (PP, 2025). This success is inseparable from the holistic approach applied in each program. As explained by the Head of the Stunting Working Group, "we developed 5 innovative programs: Gadih Anak (beautiful young women), Ocu Mapan (food optimization), Gemarikan (fish eating movement), Mobile Posyandu, and BAAS (Foster Father for Stunted Children). What is interesting in the implementation is that implementers naturally began integrating religious

approaches because the majority of Kampar people are Muslim." (Af, 2025). These programs were designed considering the socio-cultural context of Kampar Regency community which is predominantly Muslim. Field observations show that each program has unique characteristics in integrating religious values, yet remains consistent in applying basic principles of Islamic religious education.

Implementation of Aqidah Values in Stunting Prevention Programs

The aqidah dimension is implemented through the paradigm that maintaining children's health is Allah's trust that must be accounted for. Findings show that this approach successfully changed community motivation from extrinsic to intrinsic. The Head of Health Office explained the implementation of aqidah values by stating, "we teach that maintaining children's health is Allah's trust. Every family is asked to believe that providing balanced nutrition is a form of responsibility to Allah. As a result, parents' motivation increases because they feel this is part of their obligation as Muslims that has worship value, not just a health program." (PP, 2025). This paradigm transformation is reflected in the statement of one mother who has a stunted child. Mrs. SA (initial) stated, "previously I thought religion and health were separate. It turns out Islam has regulated all aspects of life, including health. Maintaining children's health is worship, giving halal-thayyib food is a religious command, prayer and effort must go together." (SA, 2025). This statement shows successful internalization of aqidah values that successfully integrated spiritual understanding with health practices.

Field observations show that implementation of aqidah values is manifested in various program activities. Every posyandu activity always begins with prayer together, with reading special prayers for children's health (NK, 2025). The Head of Health Center explained that "every service begins with prayer together for blessing and children's health. The midwife leads the prayer: 'O Allah, bless today's service for children's health.'" (SN, 2025). This practice creates a spiritual atmosphere that strengthens community commitment to the program. The impact of implementing aqidah values is seen in changes in community perception about stunting programs. Interview data shows that the community no longer sees this program as a "government program" but as a "religious responsibility" that will be accounted for in the afterlife. This mindset transformation contributes to increased participation and consistency of community involvement in programs.

Implementation of Sharia Values through Halal-Thayyib Concept

The sharia dimension is implemented through applying the halal-thayyib concept in all aspects of nutrition and health programs. This concept not only emphasizes the halal aspect according to sharia but also quality, cleanliness, and nutritional value of food. The Head of BAZNAS explained the application of this concept: "assistance in the form of food ingredients or food determined by the Health Office and relevant for stunting prevention. All additional food in programs is ensured halal. We also apply the principle of 'not excessive' in consumption according to Islamic teachings." (PW, 2025). Implementation of the halal-thayyib concept is manifested in various concrete programs. In the Gemarikan program, it was explained that "all fish from freshwater, ensured halal and fresh. The concept of 'thayyib' or good and nutritious for children is emphasized." (NK, 2025). This program also integrates relevant Quranic verses, as explained that "officers quote QS. Fathir: 12 'He brings forth pearls from the sea', besides that officers also refer to QS. Al-Maidah: 96 about halal food from the sea." The Head of Islamic Affairs explained the theological foundation of applying the halal-thayyib concept: "halal = permitted according to sharia, thayyib = nutritious and beneficial. Implementation: (1) All program food must be halal, (2) Nutritional composition must meet thayyib (quality) standards, (3) Clean production process (thayyib), (4) Fair distribution (thayyib). Our innovation is the concept of 'Halal Nutrition' as a standard for nutritious food in Islamic perspective." (ZP, 2025).

Manifestation of Akhlaq Values in Social Solidarity

The akhlaq dimension is implemented through forming social solidarity and collective responsibility in overcoming stunting problems. The BAAS (Foster Father for Stunted Children)

program becomes the main manifestation of akhlaq values in stunting prevention programs. The Head of Stunting Working Group explained the concept of this program: "The BAAS program teaches social responsibility based on the concept of mutual assistance in Islam. The 'foster fathers' from BAZNAS and CSR are motivated to become companions not only for their own children but also for neighbors' stunted children. This creates solidarity based on Islamic goodness values." (Af, 2025). The BAAS program successfully revived social care values in Islam. The Head of BAZNAS explained the program philosophy: "the BAAS program launched in February 2024 revives the concept of social care in Islam. The 'foster fathers' are educated that helping stunted children is a form of charity with high reward value in Allah's sight." (PW, 2025). This approach successfully creates sustainable intrinsic motivation because it is based on spiritual values believed by the community.

Field observations show implementation of akhlaq values in various forms of social activities. Data shows the emergence of "positive religious-based competition among RT to become the best in health programs as a form of competing in goodness." (NK, 2025). This phenomenon reflects successful internalization of akhlaq values that successfully creates positive social dynamics in society. Akhlaq values are also manifested in sharing practices and silaturahmi among residents. In the Ocu Mapan program, it was found that "Mrs. S routinely shares vegetables to neighbors, 'this is charity from Allah's blessing results.'" (NK, 2025). The practice of sharing harvest with neighbors as a form of silaturahmi shows that the program successfully integrates Islamic social values in daily life in society.

Communication and Socialization Strategies Based on Religious Values

Implementation of Islamic religious education values in stunting prevention programs is supported by effective communication strategies. The Head of Health Center explained the communication approach used: "after consulting with local religious scholars, we use relevant verses such as QS. Al-Baqarah: 168 about halal and good food, and hadith about the importance of maintaining health. Health workers deliver medical materials, then religious figures provide religious perspectives that support." (SN, 2025). This communication strategy proved effective in increasing community understanding and acceptance. One of the assisted families explained the impact of religious communication approach: "the midwife didn't directly deliver technically, but started by telling about the virtue of mothers in Islam. Then it was linked to the responsibility of giving the best for children. She quoted the hadith 'Paradise is under mother's feet', then explained that giving the best nutrition for children is one way to paradise." (SA, 2025). The use of religious arguments in health communication does not replace medical explanations but strengthens credibility and relevance of messages. The Head of Islamic Affairs explained the compilation of arguments used: "QS. Al-Baqarah: 233 - breastfeeding for 2 full years, QS. Luqman: 14 - doing good to pregnant mothers, Hadith: 'A healthy child is charity', QS. An-Nisa: 9 - paying attention to weak generations, Hadith about 7 dates - balanced nutrition. Every aspect of stunting prevention already has its foundation in Islam from 1400 years ago." (ZP, 2025).

Involvement of Religious Figures and Cross-Sector Coordination

The success of implementing religious values in stunting programs is supported by active involvement of religious figures and effective cross-sector coordination. The Head of Health Office explained the coordination model developed: "we involve MUI, Islamic Affairs Office, and other religious figures in Kampar Regency. They help in program socialization through religious gatherings and Friday sermons, although not yet formally structured. Coordination is done through coordination meetings of the Stunting Reduction Acceleration Team according to the Regent's Decree." (PP, 2025). The Head of Islamic Affairs explained the role of religious institutions in the program: "Islamic Affairs Office plays a role in stunting prevention from upstream through pre-marital guidance programs. In pre-marital guidance, we involve health workers and integrate religious teachings so that prospective bride and groom couples have knowledge to form families free from stunting." (ZP, 2025). This preventive approach shows comprehensive integration between health and religious sectors. Cross-sector

coordination also involves community religious organizations. The Head of BAZNAS explained the cooperation network developed: "cooperation with NU and Muhammadiyah in the form of: (1) sharing resources - information and programs, (2) fundraising together for stunting programs, (3) division of assisted areas for effectiveness, (4) joint training for cadres, (5) joint advocacy for policy support." (PW, 2025). This cooperation network expands reach and strengthens program sustainability.

Impact on Community Participation and Motivation

Implementation of Islamic religious education values in stunting prevention programs shows significant impact on community participation and motivation. Data shows substantial participation increase after implementing religious approaches. The Head of Stunting Working Group reported: "community participation in stunting prevention programs shows quite significant increase in the last four years. If previously the level of community involvement was still moderate (60-70%), now the majority of residents are actively participating (85-90%) in various activities." (Af, 2025). This participation increase is accompanied by fundamental motivation transformation. One of the assisted mothers explained her motivation change: "if only explained medically, I often forget or am lazy. But if linked to religion, it feels obligatory to do. Regular health programs make me half-hearted, but health programs linked to Islam make me very enthusiastic because I feel there is spiritual responsibility, fear of sin if not implemented, hope for reward from Allah, feel this is part of daily worship." (SA, 2025). Field observations confirm these findings by showing high community enthusiasm when programs are delivered with religious approaches. Observation data shows that "when the religious teacher explains, the level of understanding and community acceptance rises 30-40% compared to regular health workers. Very enthusiastic, attention level increases when programs are delivered by religious teachers or at mosques." (NK, 2025).

Behavior Change and Family Consumption Patterns

Program implementation with religious approaches also impacts comprehensive behavior change and family consumption patterns. One of the assisted families reported comprehensive life transformation: "eating patterns: Family menu became more nutritious and varied, spiritual: Diligent in praying before eating and reading basmalah, economic: Started small business selling healthy snacks with capital from BAAS program, social: Became more active at posyandu to help other mothers, mental: More confident as a mother and not easily stressed." (SA, 2025). This behavior change reflects holistic impact from approaches that integrate religious values. The Head of Health Center reported impact on health behavior change: "compliance with nutritional advice, breastfeeding rates, and consumption of nutritious food shows good improvement. When healthy behavior is considered part of worship and religious responsibility, community motivation becomes stronger and sustainable." (SN, 2025). Observation data shows ritualization practices that strengthen value internalization. It was found that "all participants unitedly read basmalah and prayer before consuming additional food. Mothers are taught to read basmalah and prayer before eating." (NK, 2025). This practice creates positive associations between health activities and religious rituals familiar to the community.

Implementation Challenges and Barriers

Despite showing positive results, implementing religious values in stunting programs also faces various challenges and barriers. The Head of Health Office identified main challenges: "some health workers lack understanding of how to integrate religious messages with health materials, need more intensive coordination with religious figures, community understanding about the relationship between religion and health still needs improvement, sometimes differences of opinion among religious scholars occur that need harmonization." (PP, 2025). The Head of Islamic Affairs explained constraints faced in implementation: "wrong assumptions - there are still those who think religion and science cannot be united, competency gaps - preachers lack health understanding, health workers lack religious understanding,

regulatory limitations - no clear legal framework yet, resource limitations - need HR who understand both fields (religion + health) which are still limited." (ZP, 2025). Another challenge identified is the need for balance between evidence-based medical approaches with belief-based approaches. The Head of Health Center explained: "initially there were concerns, but it turns out both approaches strengthen each other. Medical science strengthens belief, belief motivates application of health science. There is no contradiction, they actually complement each other." (SN, 2025).

Strategies to Overcome Barriers

To overcome various challenges faced, program stakeholders developed comprehensive strategies. The Head of Health Office explained coordinative strategies applied: "training for health workers on religious-based communication approaches, strengthening coordination with MUI and Islamic Affairs Office, recruiting cadres from local religious figures, regular consultation with religious scholars to ensure messages delivered are in accordance with Islamic teachings." (PP, 2025). The Head of Islamic Affairs outlined strategies to overcome misunderstanding about integration of religion and health: "theological clarification 'Fate vs Effort': (1) Quoting hadith 'Tie your camel and trust in Allah' (strive and trust), (2) Explaining the concept of sunnatullah in health, (3) Sharing stories of companions who strived in health, (4) Emphasizing that maintaining health is Allah's command, not opposing fate." (ZP, 2025). This approach helps overcome theological resistance that might arise. Capacity building strategies were also developed to improve HR competency. Although there are no formal programs yet, the Head of Islamic Affairs explained: "there is no special training for preachers in health field yet. However, implicitly, preachers are directed to discuss health and stunting in their sermons and religious teachings. Formal training in cooperation with Health Office is being considered." (ZP, 2025).

DISCUSSION

The findings of this research confirm that implementation of Islamic religious education values in stunting prevention programs is not only practically effective but also provides significant theoretical contributions to developing culturally responsive public health intervention models. The success of Kampar Regency in reducing stunting prevalence from 1,300 cases to 571 cases in less than two years shows great potential for holistic approaches that integrate spiritual dimensions in health programs.

Integration of Aqidah Values as Foundation of Intrinsic Motivation

Implementation of aqidah values that teach children's health as Allah's trust has successfully created fundamental motivation transformation in society. This finding aligns with self-determination theory developed by (Deci & Ryan, 2000), which emphasizes that intrinsic motivation tends to be more stable and sustainable compared to extrinsic motivation. In the context of this research, the concept of "Allah's trust" successfully changed community perception from seeing stunting programs as external obligations to deep spiritual responsibilities. This motivation transformation has significant practical implications. As found in research, spiritually motivated communities show higher participation consistency and resilience to program implementation challenges. This differs from conventional health program approaches that generally rely on material incentives or administrative sanctions. Research by (Castro et al., 2010) on culturally adapted intervention shows that programs aligned with community value systems tend to have better effectiveness and sustainability. However, implementation of aqidah values also faces complex challenges. Findings show initial resistance from some community members who consider that religion and science cannot be integrated. This challenge requires careful approaches to avoid dichotomy between evidence-based and faith-based approaches. Research by (Sue et al., 2022) on cultural competence in health services emphasizes the importance of understanding community perspectives without sacrificing scientific standards of health programs.

Application of Halal-Thayyib Concept in Modern Nutrition Context

Integration of halal-thayyib concept in nutrition programs shows how classical religious values can be combined with modern nutrition principles without losing their essence. The thayyib concept that emphasizes food quality, cleanliness, and benefits is very compatible with balanced nutrition standards recommended by WHO. This finding strengthens (Nuraini, 2018) argument that the halal-thayyib concept in the Quran is not only related to religious ritual aspects but also contains universal health principles. Implementation of halal-thayyib concept also successfully overcame community resistance to additional food in stunting programs. Previous research shows that one of the main challenges of nutrition programs is community acceptance of unfamiliar food or considered inconsistent with cultural preferences (Chowdhury et al., 2022). In the context of Kampar Regency, the halal-thayyib approach successfully created familiar reference frameworks for Muslim communities, thus significantly increasing program acceptance. The innovation of "Halal Nutrition" concept developed in this research provides practical contributions that can be replicated in other regions with similar demographic characteristics. This concept shows that health program standardization does not have to be uniform but can be adapted according to local context without sacrificing intervention quality. This aligns with precision public health approach developed by (Khoury et al., 2016), which emphasizes the importance of personalizing health interventions based on target population characteristics.

Formation of Social Solidarity through Akhlaq Values

The BAAS (Foster Father for Stunted Children) program that integrates akhlaq values has successfully created a unique social innovation model in the context of stunting prevention. The concept of "foster father" understood as a manifestation of mutual assistance values in Islam successfully activated existing social capital in society. This finding supports social network theory developed by (Coleman, 1988), which shows that strong social networks can be important resources in implementing development programs. What is interesting about the BAAS program is its ability to change the paradigm of social assistance from charity model to solidarity model. In charity model, assistance is provided vertically from those who have to those who need. Conversely, in solidarity model developed through Islamic akhlaq values, assistance is understood as collective responsibility and spiritual investment that benefits all parties. This paradigm transformation creates dignity for assistance recipients and sustainable motivation for assistance providers. Social solidarity built through this program also creates natural monitoring and support systems at community level. The phenomenon of "positive religious-based competition" among RT found in research shows how religious values can become catalysts for constructive social change. This aligns with (Putnam, 2000) research on social capital, which shows that communities with high levels of trust and cooperation tend to be more successful in implementing development programs.

Effectiveness of Communication Strategies Based on Religious Arguments

The use of Quranic verses and hadith in health communication has proven to increase message credibility and relevance. Findings show a 30-40% increase in understanding and acceptance levels when materials are delivered by religious figures compared to regular health workers. This confirms source credibility theory developed by (Hovland et al., 1953), which states that message source credibility has significant influence on communication effectiveness. Communication strategies based on religious arguments also successfully build cultural bridges between modern knowledge and local traditions. Integration of QS. Al-Baqarah: 233 about two-year breastfeeding with WHO recommendations on exclusive breastfeeding and complementary feeding shows that classical religious texts can become media to introduce modern health practices. This approach not only increases community acceptance but also strengthens religious legitimacy of recommended health practices. However, using religious arguments in health communication also requires caution to avoid over-interpretation and

selective use of quotations that can cause controversy. Research findings show the importance of consultation with competent religious scholars to ensure accuracy and contextualization of arguments used. This aligns with hermeneutic principles in religious studies that emphasize the importance of holistic and contextual understanding of religious texts (Gadamer, 2004).

Cross-Sector Cooperation Model in Governance Perspective

The success of stunting prevention programs in Kampar Regency is inseparable from innovative cross-sector cooperation models. Involvement of MUI, Islamic Affairs Office, BAZNAS, and other religious organizations in formal structure of Stunting Reduction Acceleration Team shows evolution in public health program governance models. This model transcends traditional government-led approaches by adopting collaborative governance that involves non-government actors as strategic partners. This cross-sector cooperation also shows how complementary attitudes between institutions can strengthen program effectiveness. Health sector with medical technical expertise collaborates with religious sector that has spiritual legitimacy and access to mass base. This synergy creates comprehensive approaches capable of reaching various dimensions of stunting problems, from biomedical to socio-cultural aspects. Research on collaborative governance by (Ansell & Gash, 2008) shows that success of cross-sector cooperation depends heavily on trust building, shared understanding, and adequate institutionalization. In Kampar Regency, trust building process is facilitated by shared values rooted in Islamic teachings as the religion of majority stakeholders. However, institutionalization challenges still need to be overcome through developing formal regulations governing this cross-sector cooperation.

Motivation Transformation and Sustainable Behavior Change

Research findings show fundamental motivation transformation from extrinsic to intrinsic in communities involved in programs. This change not only impacts participation in stunting programs but also creates spillover effects on various other life aspects. Data shows that assisted families experience holistic changes in lifestyle, including spiritual, economic, social, and psychological aspects. This holistic transformation can be explained through behavior change theory developed by (Michie et al., 2011), which emphasizes that behavior change sustainability requires interventions that simultaneously target capability, opportunity, and motivation aspects. In this research, Islamic religious values successfully create strong motivation, while concrete programs play roles in providing capability and opportunity to implement healthy behaviors. What is interesting is the emergence of ritualization phenomena in daily health practices. Reading basmalah before eating, prayers for children's health, and using religious terms in health contexts show deep internalization of program values. This ritualization is important because it creates new habitus which according to (Bourdieu, 1977) is key to sustainability of social behavior change.

Implementation Challenges and Adaptive Strategies

Despite showing positive results, implementing religious values in health programs also faces complex challenges requiring adaptive strategies. Main challenges identified include HR competency gaps, cross-sector coordination, regulatory limitations, and potential interpretation differences among religious scholars. These challenges reflect inherent complexity in efforts to integrate different domains (religion and health) in one program. HR competency gaps become the most fundamental challenge. Health workers who do not have adequate religious understanding risk miscommunication or even offensive behavior toward community religious values. Conversely, religious figures who do not understand modern health principles risk providing advice that is not evidence-based or even counterproductive. This shows the need for developing hybrid competency that combines technical expertise with cultural sensitivity. Capacity building strategies developed in this research show pragmatic approaches. Cross-sectoral training involving health workers and religious figures together can build mutual understanding and respect. This approach aligns with collaborative learning

model developed by (Wenger, 1998), which emphasizes the importance of learning community in facing complex challenges.

Implications for Public Health Policy and Practice

Findings of this research have significant implications for developing public health policies in Indonesia. The Kampar Regency model shows that cultural adaptation is not merely a strategy to improve program acceptability but can also become sources of innovation that strengthen intervention effectiveness. This challenges one-size-fits-all approaches often used in national health programs. From policy perspective, this research recommends developing national frameworks for integrating religious values in public health programs. Such frameworks need to include operational guidelines, HR competency standards, monitoring and evaluation mechanisms, and safeguard mechanisms to prevent potential conflicts or exclusion of minority groups. Developing such frameworks requires intensive dialogue between health, religious, and academic sectors to ensure balance between effectiveness and inclusivity. Practical implications of this research also include the need for reorienting public health education. Public health study program curricula need to integrate cultural competence and interfaith literacy competencies to prepare health workers capable of working in multicultural and multireligious contexts. This aligns with WHO recommendations on health equity that emphasize the importance of culturally responsive health services.

Research Limitations and Future Research Agenda

This research has several limitations that need to be acknowledged. First, focus on one regency with certain demographic characteristics limits generalization of findings. Variations in geographical, socio-economic contexts, and religious configurations in other areas potentially produce different dynamics. Second, relatively short observation periods have not allowed assessment of long-term sustainability of developed models. Third, this research has not used comparison groups so causal testing cannot be conducted rigorously. Future research needs to include several important aspects. First, replication in various geographical and demographic contexts to test external validity of models. Second, longitudinal studies to evaluate sustainability and long-term impact of this approach. Third, application of experimental or quasi-experimental design to test causal relationships between religious value integration and health program outcomes. Fourth, comparative studies with areas still using conventional approaches to identify added value of religious value integration. In addition, future research needs to explore unexplored dimensions, such as cost-effectiveness analysis, impact on health equity, and potential unintended consequences of using religious approaches in health programs. Furthermore, development of more sophisticated measurement instruments is needed to assess spiritual dimensions in public health programs.

Theoretical Contributions to Public Health Science

This research provides significant theoretical contributions to public health science development, particularly in domains of culturally responsive intervention and community-based participatory approach. Findings show that integration of religious values not only functions as cultural wrapper that packages medical interventions but can become core components that strengthen behavior change mechanisms. The concept of "spiritual motivation" emerging from this research enriches understanding about health behavior determinants. So far, public health literature generally focuses on material factors (access, economy) and psychosocial factors (knowledge, attitude, social norms) as behavior determinants. This research shows that spiritual dimensions can become powerful motivators that are even stronger than material incentives.

The "three-dimensional Islamic values integration" model (aqidah-sharia-akhlaq) developed in this research also provides theoretical frameworks that can be adapted for other religious contexts. This framework shows that religious value integration requires comprehensive approaches that include belief dimensions, practice, and social ethics. This research also contributes to developing collaborative governance theory in public health

program contexts. The cross-sector cooperation model developed shows how institutional complementarity between formal (government) and informal (religious) sectors can create synergistic effects that strengthen program effectiveness. This model can become reference for developing collaborative governance in similar contexts.

Overall, this research shows that holistic approaches integrating spiritual, social, and medical dimensions can become effective innovation models for public health programs. The success of Kampar Regency in reducing stunting prevalence through integration of Islamic religious education values provides strong empirical evidence about potential of this approach. The developed model not only has relevance for Indonesian contexts but can also provide valuable insights for other countries with similar socio-religious characteristics.

CONCLUSION

Implementation of Islamic religious education values in stunting prevention programs in Kampar Regency has proven effective in increasing community participation and program sustainability. This research successfully described implementation through three dimensions: *aqidah* (children's health as Allah's trust), *sharia* (halal-thayyib concept in nutrition programs), and *akhlaq* (social solidarity through BAAS program). Success is reflected in increased community participation from 60-70% to 85-90% and reduction in stunting prevalence from 1,300 to 571 cases. Identified inhibiting factors include limited competency of health workers in integrating religious messages, coordination gaps across sectors, absence of formal regulations, and interpretation differences among religious scholars. Strategies to overcome barriers include cross-sector training for human resources, strengthening cross-sector coordination, developing formal regulations, and standardizing health *da'wah* materials.

This research provides theoretical contributions through "three-dimensional Islamic values integration" framework and concept of "spiritual motivation" as health behavior determinant. Practically, the Kampar Regency model can be replicated in areas with similar demographic characteristics. Policy implications include the need for national frameworks for integrating religious values in health programs and reorienting public health education curricula. Research limitations include focus on one regency that limits generalization ability, short observation periods, and not using comparison groups. Future research agenda needs to include replication in different contexts, longitudinal studies, and experimental design to evaluate long-term effectiveness. The Kampar Regency model proves that holistic approaches integrating spiritual, social, and medical dimensions can become transformative innovations for more effective and sustainable public health programs.

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