Original Articles

Meaning of Health and Health Improvement of Muslim Female Adolescents in Muslim Schools in Aceh, Indonesia

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Abstract

In Indonesia, where religion influences all dimensions of life, religion-based education is commonly found. One form of religion-based education is the Islamic Boarding School (IBS), or better known as “dayah” in Aceh province, where students study and lodge full-time with limited access to information, and to outside world. This kind of seclusion creates a unique environment for the development of adolescents. The aim of this study was to explore how female adolescent defined and improved their health in an IBS. The design of this study was critical ethnography employing multiple methods, including photovoice, focus group discussions, in-depth interviews and participant observations. It involved 34 female adolescents as key participants, and 10 associate participants, including teachers, the principal, and nurses from nearby health centers. The data generated was analyzed using thematic analysis to identify the pattern of participant experiences. This study revealed the meaning of health in the following themes: health as a need and a source of life earning; health as a multidimensional composite of body, mind, soul and environment; and health through faith. The way female adolescents in this study improved their health was illustrated in these themes: peer as a caregiver; health practices prescribed by Islam; regulation and punishment to force health behavior; and self-adaptation to limited resources and dayah culture regarding exercise. This study provided more insights into Muslim female adolescents’ understanding of health and ways of improving health, which can inform the relevant stakeholders in addressing the policies and programs for female adolescents studying in an IBS.

Keywords: critical ethnography; health; health improvement; Islamic boarding school; Muslim female adolescents
**Introduction**

There has been a growing attention to adolescent health due to the large population of adolescents, especially in low and middle income countries, its implication in social and economic development, and the great potential of adolescents to contribute to their families, communities, and countries. However, in Indonesia, although adolescents comprise 36% of the population, making them the biggest age group in Indonesia, the adolescent health in Indonesia is less promoted and less prepared for health concerns that is relevant to adolescent developmental age.

WHO explained that marginalization and other individual and environmental factors resulted in some adolescents becoming vulnerable to poor health and developmental outcomes. These adolescents might not be included in a national health information system, and might not be reached by health services. Although they need the services most, they might unfortunately be neglected. This condition might apply to some groups of adolescents in Indonesia, including the adolescents living in Indonesian residential institutions.

This study focused on an Islamic boarding school as one of the residential institutions in Indonesia. Islamic boarding schools are religious schools which are mostly located in rural areas, are managed with limited funds and are often unable to provide students with appropriate learning facilities and good living conditions. Muslim school is the term used to address a school which applies Islam as its school culture and implements a curriculum that primarily contains religious subjects. This study also focused on female adolescents based on the consideration that female adolescents in Islamic boarding schools are more vulnerable than their male counterparts due to gender inequality existing in the institution, which might limit their ability to protect their health.

**Objective**

This study aimed to explore the ways in which female adolescents improve their health while studying and living in an Islamic boarding school.

**Methods**

**Design**

The design of the study is Carspecken's critical ethnography which has been applied to study non-quantifiable features of social life. The five stages of Carspecken critical ethnography guided the whole research process, starting from data collection, data analysis and finding dissemination to setting the stage for positive social changes.

**Setting**

An Islamic Boarding School (IBS) was selected due to its uniqueness compared to other settings of adolescent groups in Indonesia. The IBS, better known as "pesantren" in Indonesia, or "dayah" in Aceh, is a religious education which requires students to reside in dormitories inside the education institution during the length of their study. An integrated IBS which simultaneously provided the formal secondary education was selected for this study due to ease of access, as it is more open to non-Muslims or Muslim outsiders. This integrated IBS was under the supervision of Ministry of Education and Ministry of Religious Affairs of the Indonesian government.

The IBS was located in a rural area and was established as a school complex with separate dormitories for female and male students. During the study 117 students, 48 females and 69 males, from various districts in Aceh were studying in this IBS. This IBS employed 31 ustadzes (male religious teachers) and 35 ustazahs (female religious teachers). The students studied and lodged for 24 hours per day with limited access to the outside world, having no access to newspaper, television, radio and limited access to a telephone.

**Participants**

This study involved 34 female students as key participants, aged from 12–19 years old, and coming...
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from various districts in Aceh province. An ustadzah from the IBS facilitated the initial recruitment of the participants, and the snowball method was used for further recruitment. The recruited key participants represented each grade in the IBS, both in the level of junior and high school. This study included the school principal, three ustadz, four ustazahs, and two nurses from the nearby health centers as associate participants.

Procedures

This study was approved by an Institutional Review Board of Prince of Songkla University, Thailand. The approval for the research study was also obtained from Syiah Kuala University in Banda Aceh, the local public university where the main researcher works, and the principal of the selected IBS. The school principal arranged an initial meeting for the principal researcher to meet an ustadzah who was also in charge as the dormitory chaperone of female students. During the initial meeting, the objectives and process of the study were explained. Participant selection criteria for the study were also discussed.

Other meetings were scheduled with the female dormitory chaperone and participants who had been selected by the chaperone. In the presence of the chaperone, the main researcher introduced herself as an Acehnese Muslim nurse and explained the objectives and process of the study to the students. The main researcher also emphasized that the participant's involvement in this study was completely voluntary. The participants had a right to withdraw from the study at any time without any consequences. The in-depth interviews and focus group discussions were recorded with a tape recorder or video camera with their permission. The data confidentiality was maintained and used only for academic purposes.

Data Collection

This study applied multi-methods of data collection, including photovoice, focus group discussions, in-depth interviews, and participant observations. Photovoice employed independent photo taking and photo interviewing by the participants. Pseudonyms were used in the study to replace participants’ real names.

Data Analysis

NVivo 10 was used to manage the data in this study. The data were collected and initially analyzed using thematic analysis by the main researcher in Bahasa Indonesia. The analyzed data and relevant transcripts were translated to English by the main researcher and back-translated by two bilingual translators. The final version of the translation was arrived at by joint agreement between the researcher and the bilingual translators. After completion of data collection, the other two co-authors participated in the systematic data analysis. All the researchers repeatedly read the transcripts to thoroughly understand the data. Meaningful statements and expressions in the transcripts were highlighted and populated into a table with codes to retrieve the data. The researchers tried to intuit what the participants actually shared beyond the words transcribed and carefully looked for the pattern of their experience. The patterns were developed into themes which shared the same nuances of meaning. The saturation of the data and themes were reviewed by the research team to ensure the credibility of the findings.

Results

This study revealed the themes which represented participants’ experience in improving their health in the IBS. The finding was illustrated in two categories: meaning of health, and improving health of female adolescents, both of which are described along with the emerging themes and subthemes below.

1. Meaning of health

The participants depicted a variety of health conceptions which centered on three themes: health as a need and a source of life earning; health as
multidimensional components of body, mind, soul and environment; and health through faith. These themes, which reflected the meaning of health for the female adolescents, were detailed as follows.

**Health as a need and a source of life earning.** The participants expressed how they viewed health in their life generally. They mainly perceived health from the consequences of its absence. A participant mentioned, “Health is the most important thing for our life. If we are not healthy, doing anything will be delayed” (Interview 2 Dian).

Most of the participants signified health as a need, since without health, they might not be able to achieve anything in their lives. On the other hand, having health lead to a successful life as reflected in terms of life earning:

In my opinion, health is a need of the body. Everything starts from health. Even if a person is really rich, really beautiful, but if the health of that person is not good, nothing can be done. Because rezeki (life earnings) comes from health. If we are healthy, rezeki comes. (FGD10 Wida)

That participant also related health as a need which influenced studying:

For dayah students, if their health is not good, they definitely fail. Cannot study if we are not healthy. Because we need to balance between studying and being healthy. Otherwise, it cannot be synchronized. (FGD 10 Wida)

**Health as a multidimensional composite of body, mind, soul, and environment.** The participants in this study explicated their understanding about health by describing the components of health as multidimensional, including body, mind, soul, and environment. Most of the practices emphasized personal care (such as maintaining the cleanliness of their bodies and the environment around them); regular eating; regular exercise; and enough sleep. The following statements reflected this idea:

A healthy person is the person who does regular exercise, and eat regularly. Having empat sehat lima sempurna (Indonesian proverb to explain a healthy diet which includes the main needs of body: carbohydrate, protein, fat, vitamins and minerals). (P308)

Maintaining health is the way to keep our body and mind healthy, including a tidy environment. If the mind is not healthy, it can cause mental disturbance, such as stress. (P307 RK)

Because the healthy soul comes from the inside of healthy body. Therefore, health means our body and soul is protected from any kind of diseases. (P104 R)

**Health through faith.** In this study, participants practiced faith as another way to stay healthy. Their expression of faith was mostly demonstrated by the act of worship, such as salat (Islamic prayer). While the concept of ibadah (act of worship) in Islam is remarkably broad, involving all dimensions of life, performing the act of worship was believed to be beneficial to health, as mentioned by one of the participants:

*Beribadah* (doing religious activities to worship God) is included in effort to be healthy, because while doing it, we are also doing physical exercise. (FGD4 Laila)

Likewise, another participant expressed that the most frequent practice of preserving faith that they performed was salat. The salat performance was considered as a way to stay healthy, as this participant mentioned:

Sometimes we do not realize that the movement during salat is including exercise. *Ruku’* (90 degrees of bowing), *sajud* (deep bowing, putting head on the praying matt), those are included as the exercise moves. (Hani)

Emphasizing the broad concept of *ibadah* (act of worship) in Islam and how it was believed to affect health, an associate participant added:

For me, *akhlak* (Islamic moral values) is a part of health. If the students show good moral, it
means they are healthy. Also when they have good *ibadah* (act of worships), it means they are healthy. (Teacher 2)

The *ustadzah* also emphasized that the practices to maintain health, such as keeping the body clean, is part of the Islamic faith:

You know that the cleanliness is part of the faith. So it is one of their faith (the students’ faith). Taking a shower is part of cleanliness, right? The cleanliness of the bedroom, body, clothes...but they are not purified yet. Therefore, before the prayer, we are required to take ablution to purify them. If something is purified, it means already clean, right? So, you know, Allah does not like an unclean person. (Teacher 2)

Likewise, another teacher explained: Health really signifies in Islam, because one of requirement for *ibadah* (act of worship) is health. Health also affects how good or how proper we devoted ourselves to Allah. (Teacher 4)

2. Improving health of female adolescents.

The findings revealed the ways of female adolescents improving their health while studying in the IBS. Most of the participants tended to detail the practices they performed to prevent health problems, and to seek for help when health problems occurred. The emerging themes were: peer as a caregiver; health practices prescribed by Islam; regulation and punishment to force health behaviors; and self-adaptation with limited resources and *dayah* culture regarding exercise.

**Peer as a caregiver.** This theme reflected the role of peers as caregivers for the students during their daily life in *dayah*. The *dayah* established a health division as part of the student association. Two female students were assigned to take care of their peer’s health, including monitoring the practice of healthy behaviors listed as regulation, such as bathing, group exercise, and brushing teeth. The two students had not been given any prior training, yet already given a big responsibility to take care of their friends, including administering medicines. The students obtained medicines from an *ustadz* who was in charge of the health post, as explained by an *ustadzah*.

This was the first step we made to improve the students’ health. Among the student council members, I assigned Nora and Aminah (students) to ask for drugs from *ustadz* M. When the stock is empty, they should ask to refill it. They are in charge of the health division, but they are not being trained. We directly give them responsibility. (P304)

One of the student council members explained furthermore:

I am in charge for health division for girls. Every morning and afternoon I inspect the bedrooms. After that, if I found someone is sick, I report it to *ustadzah*. The *ustadzah* will ask some medicine from ustadz. (P302)

**Health practices prescribed by Islam.** This study revealed that the IBS determined the accepted and recommended health practices which are congruent with *sharia* principles. *Sharia* principles were derived from the *Quran* (God’s words, Holy book of Islam), *hadiths* (Prophet Muhammad’s words, deeds and his approval of certain deeds), and the interpretations in *kitab* (Islamic classical books). Several health practices were listed in the regulation of the IBS. For other health practices which were not listed in the regulation, the students tried to perform them based on the teaching of *sharia* that were delivered by the *ustadzs* and *ustadzahs*. This theme is detailed with several sub-themes as follows: act of worship as a way to improve health; *thaharah* for cleanliness; and *sharia* guided personal care.

**Act of worship as a way to improve health.**

The act of worship as a way to improve health, especially physical and emotional aspects, was explicitly mentioned by some participants. Offering *salat*, reciting the *Quran*, and performing ablution were acts of worship which were mostly expressed by the participants to help them cope for stressful
A participant explained:

I saw most of my friends, they always take ablution, then read the Quran when they feel stressful. Sometimes. I do it too. When I am stressed, I take ablution, recite the Quran. Salat too. That were just the regular salat like we always do could make me feel calmer. (P303 Farida)

Another participant also said, Praying makes my heart calmer. When I feel so stressful, I will get myself closer to Allah. I will stay longer in mushalla (praying hall, smaller than mosque) to pray and read the Quran (FGD 10 Hasna). In addition, one of the teachers also emphasized the benefit of salat for health:

Salat have movements that have a value of worships and value of health. We (teachers) often mentioned it in our speeches. We said (to students), if you are lazy to pray, like you do not wake up for salat before sunrise (shubuh), you will miss the exercise as well. If you do it, after wake up from sleep, it means you already do exercise. It is okay if you do not have time to go jogging in the morning, because you did the morning exercise already. That is the salat shubuh. (Teacher 2)

Before offering salat or reading the Quran, a method to clean and purify the body before performing prayers, which being called wudhu (ablution), was practiced. However, some of participants performed wudhu not only before praying, as explained by a participant:

One of the applied Islamic values is having ablution before going to bed or after taking a bath. That’s what I do. Besides, even when I do not have time to take a nap before afternoon class or evening class, I feel fresh by having ablution. I do not feel sleepy. (FGD 3 Laila)

Furthermore, as one of the requirements to perform salat is to clean and purified the body, one of participants expressed how she was motivated to clean herself before offering salat, “because I am afraid that my prayers will be not accepted if I pray in an uncleaned condition, it becomes my motivation to clean myself” (FGD6 Rosna). Since the participants involved in salat at least five times each day, she was motivated to stay clean and purified to prepare herself for salat.

Thaharah for cleanliness and personal hygiene. Thaharah is the practice of cleaning and purifying in Islam which were mentioned in the Quran and hadits. The kitab provided detailed information on the subject, covering various aspects, including cleaning the body, cloth and any articles attached on the body, and environment; and how to purify them properly as the precondition in performing the acts of worship. The participants studied the methods of thaharah during staying in the IBS and practiced it in their daily life. The practice of thaharah in the IBS might be found so strict compared to the one practiced by the conventional Muslim community. For instance, the way of washing clothes. One participant explained:

After washing the clothes, I rinse them three times. For the first and the second rinsing, I use a big bucket of water, but for the last rinse, it should be done by flowing water. I use a small bucket to pour the water to each cloth. Those clothes are considered clean and purified (FGD 3 Hani).

Tharahah also included the way of cleaning particular body parts, such as trimming nails, brushing teeth, and bathing; or cleaning practices during menstruation. In other words, thaharah was also practice as a method of personal hygiene. When the participants started to stay in the IBS, some of their previous personal hygiene habits could not be continued during their stay in the IBS. A participant said,

Previously I did not know that it is not allowed to grow my nails. The reason is that if we do the prayers, when we perform ablution, the water of ablution is difficult to reach the area under the nail. (Dian)

Moreover, she indicated that she implemented
what she learnt from the *kitab* that was taught by her *ustadzahs*:

The way of cleaning my body after having menstruation was explained in the *kitab*. I start to apply it when staying in dayah, *ustadzahs* teach us about how to clean the blood (of menstruation). (Dian)

Another participant also explained what she applied:

When we clean softex (sanitary napkins), we always clean it thoroughly. Never throw it away in dirty condition. We wash it first. (FGD 3 Raisa)

In general, the students tried to implement the practices derived from the *Quran*, hadits and *kitab*, such as the practice of brushing teeth, as explained by an *ustadzah*:

Brushing teeth is mentioned in hadits. “If it’s not burdened my people, then I would ask them to brush their teeth in every praying time”. The students know about it. Moreover, *in the kitab of fiqh* (explaining the interpretation and implementation of *sharia* law), that thing is called “bersugi”. Back then, it was called bersugi. (Teacher 2)

**Regulation and punishment to force healthy behavior.** The regulation and punishment in this IBS were found to be hierarchical, respectively from the principal, senior *ustadzahs*, the head chaperone, *ustadzahs*, and the student council. The head chaperone, who was also one of senior *ustadzahs*, assigned the student council to monitor the implementation of *due* regulations under her and several *ustadzahs*’ supervision. Since Islamic values are embedded in every dimensions of Muslim daily life, the regulations were made in coherence with *sharia* law. Several regulations were added to improve the implementation of *sunnah* (non-compulsory but recommended) practices, making them compulsory behaviors in the IBS.

Furthermore, the students perceived this implementation of regulation and punishment as an important thing. A participant clearly expressed her opinion about this issue, “Punishment is needed, otherwise the students will just do what they want” (Laila). Her opinion showed that she understood the purpose of regulation and punishment in dayah. However, the findings have shown that students tended to have a mindset of doing a behavior because it was part of regulation or part of their compulsory schedule. For the other behaviors which were not listed in the regulation, they seemed to have no motivation to do it. During this study, as the student organization changed every year, the regulation was also changed. During a certain period of student organization, brushing teeth before bed was not listed as the regulation anymore. At that time, not all students performed it, as being explained by a participant:

Last year, there was regulation to brush teeth before going to sleep. But this year, there is no more such regulation. Before, it was made as regulation because many students got toothache. The student organization in this year, I am not sure why they did not make like that anymore. It seems that they are lack of attention about it. (FGD3 Raisa)

Beside the issue of brushing teeth, performing exercise also became an issue in which the students showed less motivation to do it as it was not listed in the regulation. A participant mentioned:

Physical exercise is not required for us to do anymore, since we are in the 6th grade now. But previously, before going to sleep, I exercised a bit, like doing sit-ups, not regularly, every other night. I did it often. Now I have stopped it. Lazy. (FGD 3 Laila)

**Self-adaptation with limited resources and dayah culture regarding exercise.** The culture built in dayah, which applied strict dress code and gender segregation, as well as the limited resources for exercise, were found to result in less convenient conditions for the female students to perform sport or other kind of exercises in the IBS. They were not allowed to do exercises in the area where the males could see them, and even in a secluded outdoor area for the females,
the participants needed to wear a long skirt or sarong. One of the participants said, “In this dayah, we have to wear skirt, so it is so hard to move for exercise” (FGD 4 Raisa). However, another participant emphasized that they got used to the strict dress code and kept doing the exercise while wearing it. She said, “We do the group exercise while wearing skirt. We got used to it. The others keep doing exercise even with wearing sarongs” (P301 Dian).

Actually, the participants were allowed to wear trousers indoors of their dormitory, as mentioned by one of them, “It is allowed to do exercise in our bedroom. We are allowed to wear the trousers in closed indoors” (FGD 11). However, none of them were observed performing exercise with wearing trousers inside the bedrooms of the dormitory. With the limited resources, only few of them performed exercises outside the dormitory while wearing skirts or sarongs beside the regular group exercise on Friday morning.

A participant expressed, “we do not exercise often. Only when we have the subject in school” (FGD 3 Laila). Another participant confirmed, “Not everybody does exercise in the morning. Some students have to do their scheduled duties (cleaning and so forth). The others are doing it (exercise) when waiting for their turn to use the bathroom. Some of them do exercise, some just jogging around like that (wearing sarong)” (Dian).

Discussion

This study has shown how the culture in Islamic Boarding School (IBS) shaped adolescent’s conceptualization of health and the way they improved their health. The conceptualization of health expressed by the participants was considerably unique and covered wider aspects. In this study conducted in the context of an IBS, the adolescents defined the meaning of health which covered the composite of body, mind, soul, and environment. The majority of the female adolescents expressed their concern about physical health and the improvement of physical health through exercise. However, they practically performed very little exercises. A study among Bangladesh adolescents in a rural population revealed that the adolescent considered physical appearance as the only aspect of health, while a study among Asian adolescents living in Singapore showed that the adolescents related health with the physical, psychological and social domain. These findings emphasized that the meaning of health varied in each different cultural context. Especially for the cultural context of the IBS, the measures perceived to improve health reflected the participants’ religiosity. A study about Indonesian adolescent religiosity implied that religion was closely related to other aspects of adolescent development. As adolescence was the time when the concept of health was fully developed, it might explain the influence of religion in their conception of health and their ways to improve health.

In addition, according to Auda, the essential matters of human life in Islam include preserving faith, preserving the soul, preserving wealth, preserving mind, preserving offspring, and preserving honor. These essential matters are highly considered in establishing Islamic traditions in Muslim life all over the world, including the life of Muslims in IBS. Each policy, including the regulations, were established to preserve these essential matters. In other words, these are the reasons behind the strict regulation in the IBS which also create a unique way of practices to improve health. The way of health improvement in this study might result from the willpower of IBS to preserve these essential matters with their existing resources and their limited capacity to provide an Islamic educational and residential institutions for their students. This condition shaped the following way of health improvement: peer as a caregiver; health practices prescribed by Islam; regulations and punishment to force health behavior; and self-adaptation
with limited resources and dayah culture regarding exercise.

The act of worship and thaharah were mostly mentioned as Islam-prescribed health practices in this study. These health practices demonstrated the holistic approach in Islamic teaching which considered health as the balance between the five bodies: physical, biochemical, intellectual, emotional, and spiritual body. Many studies support the benefit of these acts of worship for health, such as the study of Doufesh, et al. which proved the benefit of salat; and the studies of Haroun, et al. and Babamohamadi, et al. which implied the benefit of reciting the Quran.

This study also highlights the negative aspects of dayah culture which created passiveness, acceptance or getting used to unsatisfying conditions, and lack of initiative for improvement. Since adolescence is an essential period in the lifespan to form lifelong healthy habits, these aspects might inhibit the intellectual growth and creativity of the adolescents.

The school should play an important role in protecting adolescents from a range of health compromising behaviors and conditions. Although this study has shown that regulation is a successful measure for improving health, the application of regulation can also create negative results. This kind of culture might further affect the growth and development of the adolescents as they might fail to form lifelong healthy habits. Therefore, caution must be taken in applying the regulations. A balance between the use of regulation, and the freedom and guidance given to the female adolescents to enhance their growth and development physically and intellectually. The dayah should consider to implement a school-based program which focuses on improving social relationship or life-skills of adolescents, and creates a balanced power between the school and the adolescents in establishing a better school climate to have positive effects on adolescents’ learning and achievement. These recommendations should be taken into account to further improve the health of female adolescents.

**Conclusion**

This study has shown that the participants have a unique interpretation of health and specific way of health improvement. Despite studying in a strict living arrangement of the IBS and adjusting to limited access to the outside world, the participants acknowledged the importance of health in their lives, realized what they should do to be healthy, and emphasized the multidimensional aspects of health. This study provided more insights on female adolescents’ perspective of health and their distinct ways of improving health.

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