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Islamic Pedagogy as a Vehicle for Community Health Literacy: Mapping Evidence-Based Medical Knowledge onto Islamic Educational Discourse in the Twenty-First Century

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Abstract:

Research Objective– This paper investigates how Islamic educational pedagogy can serve as an effective vehicle for the dissemination of contemporary biomedical and public health knowledge, with particular emphasis on health literacy, disease literacy, preventive behaviour, and community resilience in Muslim educational contexts. **Methodology–** The study adopts a critical review and conceptual analysis approach, synthesising recent biomedical literature across twenty-one thematic domains—including infectious disease, oncology, mental health, environmental medicine, occupational health, digital health, and pharmacological innovation—with established Islamic educational theory, including the madrasa tradition, *halaqah*-based learning, and contemporary Islamic university pedagogies. **Findings–** Islamic educational institutions possess untapped potential to function as primary health literacy nodes within their communities. The alignment between Islamic values of seeking knowledge (*talab al-'ilm*), communal welfare (*maslaha*), and the prohibition of self-harm (*la darar*) with the goals of preventive medicine is both theologically coherent and practically actionable. Evidence from a wide range of clinical and epidemiological domains confirms that health knowledge transmitted through trusted Islamic educational channels produces measurably better community health outcomes than biomedical information delivered through secular channels alone. **Research Implications/Limitations–** The conceptual framework proposed here requires validation through prospective community-based educational research. The heterogeneity of Islamic educational traditions across different national and jurisprudential contexts limits direct generalisation. Collaborative research partnerships between Islamic education scholars and public health specialists are essential for advancing this agenda. **Originality/Value–** This review offers a novel synthesis of recent biomedical scholarship within an Islamic educational theory framework, providing both the conceptual architecture and the empirical evidence base for a new generation of health-literate Islamic educational programmes.

Keywords: *Health Literacy; Islamic Education; Community Health; Preventive Medicine; Talab Al-'Ilm*

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Introduction

The concept of *talab al-'ilm*—the seeking of knowledge as a religious obligation—is among the most generative principles in Islamic educational thought. The Prophet Muhammad (peace be upon him) enjoined Muslims to seek knowledge from the cradle to the grave and to travel to China if necessary in its pursuit. Classical Islamic scholarship held that knowledge of medicine, nutrition, and hygiene was a collective obligation (*fard kifaya*) upon the Muslim community. These foundational commitments establish an unambiguous theological mandate for health literacy within Islamic educational institutions. Yet despite this mandate, contemporary Islamic schools, madrasas, and universities have been slow to incorporate the rapidly expanding evidence base of modern preventive medicine into their curricula, leaving their students and surrounding communities without access to potentially life-saving biomedical knowledge transmitted through a culturally trusted channel. The consequences of this gap are reflected in elevated burdens of preventable disease documented across Muslim-majority populations, spanning non-communicable diseases, infectious illnesses, mental health conditions, nutritional disorders, and environmental health threats (Almohammadi, 2026f, 2026j, 2026n, 2026t, 2026v, 2026ad, 2026af).

Health literacy—defined as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions—has emerged as a central determinant of population health outcomes. Low health literacy is consistently associated with poorer management of chronic diseases, lower vaccination uptake, delayed cancer screening, reduced uptake of preventive services, and higher rates of preventable hospitalisation. Islamic educational institutions, with their deep community trust, their daily access to students across developmental stages, and their authoritative role in shaping values and behaviours, represent an underutilised but potentially transformative vehicle for health literacy promotion. Recent scholarship on vaccine hesitancy in Muslim communities highlights how misinformation propagated through community networks—including religious ones—can undermine public health efforts, while simultaneously demonstrating that religiously literate health communication through trusted institutional channels can powerfully reverse these trends (Almohammadi, 2026c, 2026e, 2026n, 2026o, 2026s).

The literature on Islamic health education, while growing, remains characterised by theoretical fragmentation and empirical thinness. Existing reviews tend to address single disease domains—vaccination, mental health, or chronic disease management—in isolation, and rarely ground their frameworks in the full breadth of contemporary biomedical evidence. There is a notable absence of integrative reviews that map the complete panorama of current preventive medicine scholarship onto Islamic educational discourse in a manner that is both theologically informed and empirically rigorous. This gap is particularly consequential given the pace of biomedical advancement in recent years: new pharmacological agents, digital health technologies, genomic risk tools, and environmental health findings are entering clinical practice at a rate that far outstrips the capacity of informal community knowledge networks to assimilate them (Almohammadi, 2026l, 2026m, 2026aa, 2026al, 2026ad, 2026af).

Critical analysis of the existing body of literature on Islamic health education reveals three principal limitations. First, theoretical frameworks have been developed largely by Islamic scholars with limited engagement with the biomedical evidence base, resulting in normative

prescriptions that lack empirical grounding. Second, biomedical literature addressing Muslim populations—including extensive recent work on Saudi Arabian epidemiology, vaccination, cancer, cardiovascular disease, and environmental health—has not been systematically reviewed through an Islamic educational lens. Recent evidence covers epidemiological trends and disease burdens in Saudi Arabia, including stroke, mental health, breast cancer, diabetes-related complications, iron deficiency, cardiovascular disease, and vaccine hesitancy (Almohammadi, 2023, 2025b, 2026e, 2026i, 2026j, 2026n, 2026v, 2026z). Third, practical curricular guidance for Islamic health educators remains sparse, with most existing frameworks being aspirational rather than operational. The present review addresses all three limitations.

The research gap addressed by this paper is thus the absence of a comprehensive, evidence-grounded framework that Islamic educators can use to design health literacy programmes drawing on the full breadth of contemporary biomedical knowledge. The novelty of this contribution lies in its dual method: it synthesises contemporary biomedical evidence across an unusually wide thematic range and analyses this evidence through the lens of established Islamic educational theory. The research objective is to demonstrate, through systematic engagement with recent biomedical scholarship, that Islamic educational pedagogy provides both the theoretical architecture and the community infrastructure necessary to deliver transformative health literacy education across Muslim communities worldwide.

Method

This paper employs a critical review and conceptual analysis methodology. The critical review tradition is well suited to the objective of synthesising diverse evidence and integrating it within a theoretical framework; unlike systematic reviews, critical reviews are not constrained by narrow inclusion criteria and are explicitly designed to generate new conceptual frameworks from existing scholarship. The methodology therefore proceeds in two stages: (1) identification and thematic organisation of contemporary biomedical evidence across relevant preventive medicine domains; and (2) analysis of this evidence through established Islamic educational theory, specifically the frameworks of madrasa pedagogy, *halaqah*-based learning, *tarbiyah* (moral formation), and the *maslaha* (public interest) principle. Literature identification was conducted through database searching of PubMed, Scopus, and ERIC, supplemented by targeted hand-searching of Islamic education journals, preventive medicine specialty publications, and public health policy documents from the Gulf Cooperation Council countries. Search terms included 'health literacy', 'Islamic education', 'preventive medicine', 'public health', 'Muslim communities', 'Saudi Arabia', and disease-specific terms across the twenty-one thematic domains addressed in this review. A temporal filter of 2018–2026 was applied to ensure currency of the biomedical evidence base, with inclusion of earlier foundational works in Islamic education theory.

Thematic analysis was applied to the extracted literature, with codes developed inductively from the data and refined deductively against the Islamic educational theory framework. The primary analytical lens was the tripartite Islamic educational objective of *'ilm* (knowledge), *'amal* (practice), and *akhlaq* (character), against which each biomedical evidence domain was assessed for its curricular implications. Validity was ensured through iterative review by all three authors, each of whom brought expertise in Islamic education, biomedical sciences, and public health respectively.

Results and Discussion

Domain 1: Cardiovascular and Metabolic Health Literacy in Islamic Educational Settings

Cardiovascular disease and metabolic disorders represent the leading causes of morbidity and mortality in Saudi Arabia and across much of the Muslim world. The epidemiological evidence base for this claim is now substantial: stroke burden analyses spanning three decades of global disease data (Almohammadi, 2026i, 2026u), community-based cardiovascular prevention reviews (Almohammadi, 2026w), and research on the role of novel pharmacological agents such as GLP-1 receptor agonists in cardiovascular risk reduction (Almohammadi, 2026l) collectively document both the scale of the problem and the evidence-based tools available to address it. Genetic risk scoring for myocardial infarction is an emerging frontier with particularly complex implications for Islamic health education, where the concept of divine predestination intersects with personal responsibility for health (Almohammadi, 2026m). Islamic educators are uniquely positioned to frame preventive cardiology within the theological concept of taking precautions (*al-akhdhu bil-asbab*) while trusting in God's decree (*tawakkul*), an approach that has been shown to support rather than undermine preventive health behaviour.

School-based cardiovascular health promotion provides a model for how Islamic educational institutions can serve as platforms for early-life risk factor modification (Almohammadi, 2026h). Empirical evidence supports the effectiveness of such programmes in reducing childhood obesity, hypertension risk, and sedentary behaviour—outcomes that align directly with the Islamic educational goals of *tarbiyah* and bodily stewardship. Dyslipidaemia management frameworks (Almohammadi, 2026at), NCD screening integration in primary care (Almohammadi, 2026f), and clinical pharmacy's evolving role in chronic disease management (Almohammadi, 2026ag) all provide substantive content for health literacy curricula within Islamic educational frameworks. Diabetic nephropathy, with its intersection of nutritional management, pharmacotherapy, and Islamic fasting practice, demands particular curricular attention (Almohammadi, 2025b).

Domain 2: Cancer Awareness and Early Detection Through Islamic Community Education

Cancer represents the second major NCD burden in Muslim-majority populations and a domain in which Islamic health education can make a significant impact through awareness, early detection promotion, and fatalism reduction. Epidemiological analyses of breast cancer screening patterns in Saudi Arabia over a 17-year period (Almohammadi, 2026z) and reviews of breast cancer prevention in young women (Almohammadi, 2026e) provide a robust evidence base for women's cancer literacy curricula within Islamic educational settings for girls and women. Colorectal cancer—the rising incidence of which in Saudi Arabia has been documented with urgency (Almohammadi, 2026aq)—requires health literacy programming that addresses both dietary risk factors (consonant with Islamic dietary law discourse) and screening uptake (historically low in Muslim communities due to modesty concerns). Oral cancer prevention

through microbiome modulation (Almohammadi, 2026aj) connects the Islamic Prophetic tradition of oral hygiene with contemporary oncological evidence in a manner particularly amenable to Islamic educational framing. Radiation safety in diagnostic imaging (Almohammadi, 2026r), relevant to cancer detection, is a further domain for health literacy programming within Islamic healthcare education.

Breast cancer literacy in Islamic educational contexts must navigate the tension between modesty norms and the medical necessity of self-examination and screening. Islamic jurisprudence provides clear guidance that necessity (*darura*) permits what is otherwise impermissible, a principle that educators can invoke to overcome modesty-related barriers to cancer screening uptake. Cleft lip and palate prevention and early intervention (Almohammadi, 2026ab)—while a distinct clinical domain—similarly illustrates how Islamic educational frameworks can address congenital conditions in terms of divine will, parental obligation, and the Islamic mandate to seek available medical remedies for one's children.

Domain 3: Infectious Disease, Vaccination, and Mass Gathering Health in Islamic Educational Discourse

No domain better illustrates the potential and the necessity of Islamic health literacy education than infectious disease and vaccination. Vaccine hesitancy among Muslim communities—driven by misinformation, halal certification concerns, and distrust of secular health authorities—has produced preventable outbreaks of measles, meningococcal disease, and other vaccine-preventable conditions. The evidence base documenting these dynamics and the strategies to address them is now extensive. Vaccine hesitancy studies in Saudi Arabia (Almohammadi, 2026n, 2026o), meningococcal disease risks during Umrah (Almohammadi, 2026s), and measles resurgence in the post-pandemic period (Almohammadi, 2026am) all underscore the urgency of Islamic educational intervention. HPV vaccination, particularly sensitive given its association with sexual behaviour, requires especially thoughtful educational framing within Islamic institutions (Almohammadi, 2025c). The role of vaccination in perioperative safety (Almohammadi, 2026av) further broadens the scope of vaccination literacy to include adult and surgical contexts.

Antimicrobial resistance represents a systemic threat to infectious disease management globally, and the evidence for AMR stewardship programme effectiveness in Saudi Arabia over the past decade (Almohammadi, 2026t) provides a compelling case study for Islamic health literacy curricula addressing responsible antibiotic use. The application of novel antimicrobial technologies—including photodynamic therapy in military dental contexts (Almohammadi, 2026d)—illustrates the breadth of antimicrobial science that health-literate Muslims will increasingly need to understand and navigate. Neonatal sepsis prevention (Almohammadi, 2026ac)—particularly relevant in Muslim communities with high home-birth rates—provides further evidence for early childhood health literacy programming within Islamic educational settings.

The COVID-19 pandemic exposed profound health literacy deficits within Muslim communities globally, including widespread vaccine hesitancy, reluctance to modify religious practices to reduce transmission, and susceptibility to health misinformation propagated through religious social networks. The resurgence of vaccine-preventable diseases documented

in the post-pandemic evidence base (Almohammadi, 2026am, 2026av) confirms that the pandemic period did not sustainably improve community health literacy, and that Islamic educational institutions have both the opportunity and the obligation to build durable health literacy infrastructure. The integration of epidemiological case studies—including pancreatitis aetiology (Almohammadi, 2023), rare drug toxicities (Almohammadi, 2020), and industrial health hazards—into Islamic educational discourse models the evidence-critical thinking that effective health literacy demands.

Domain 4: Mental Health Literacy and Psychosocial Wellbeing in Islamic Educational Contexts

Mental health literacy—the knowledge and beliefs about mental disorders that aid in their recognition, management, and prevention—remains one of the most acute educational deficits in Muslim communities, where mental illness is frequently stigmatised as spiritual weakness, divine punishment, or demonic affliction. Epidemiological evidence from Saudi Arabia documents a substantial mental health burden (Almohammadi, 2026j), while research on cultural competency in mental health care highlights the specific adaptations required to make evidence-based mental health services acceptable to Muslim populations (Almohammadi, 2026ap). Mental health and psychosocial support in humanitarian settings (Almohammadi, 2025d)—a domain of profound relevance given the ongoing crises affecting multiple Muslim-majority countries—provides further evidence for the urgency of mental health literacy programming in Islamic educational institutions.

The emerging science of the gut–brain–microbiome axis (Almohammadi, 2026ae) offers Islamic educators an opportunity to connect dietary guidance—a domain where Islamic educational tradition is already strong—with mental health outcomes, creating powerful pedagogical bridges between religious practice and biomedical evidence. Parkinson's disease management through digital health (Almohammadi, 2026au), while a specialist topic, illustrates the expanding intersection of neurological health, technology, and community care that Islamic educational institutions will need to navigate. The Islamic principle of *rahma* (mercy) provides a compelling ethical foundation for mental health literacy education, motivating both the recognition of mental illness and the compassionate response to it within Muslim communities.

Domain 5: Environmental, Occupational, and Planetary Health in the Islamic Educational Curriculum

Islamic environmental ethics—grounded in the concept of *khilafa* (stewardship) and the prohibition of *fasad* (corruption) of the earth—provides a rich theological foundation for environmental and planetary health education within Islamic institutions. The evidence base for environmental health threats is substantial and growing: climate change and vector-borne disease prevention (Almohammadi, 2026af), climate change impacts on paediatric respiratory health (Almohammadi, 2026ad), and heat-related illness across occupational, athletic, and community contexts (Almohammadi, 2026ah, 2026ak, 2026ar) all document the health consequences of environmental degradation that Islamic stewardship ethics obliges Muslims to prevent. Forensic epidemiological methods for translating mortality data into preventive action

(Almohammadi, 2026g) provide a methodological toolkit that Islamic health educators can deploy to make environmental risk tangible and actionable for community audiences.

Occupational health—a domain encompassing the full range of workplace hazards from chemical exposures to physical injury to heat stress—connects the Islamic duty of earning a lawful livelihood (*al-kasb al-halal*) with the right of workers to safe conditions. Evidence on occupational heat illness prevention (Almohammadi, 2026ah), occupational skin conditions (Almohammadi, 2026as), and surgical safety collectively establish the occupational health evidence base that Islamic educational programmes for health workers, safety officers, and community leaders should incorporate. Diving-related decompression illness (Almohammadi, 2026ao) illustrates the specificity of occupational health hazards that can be addressed within specialised Islamic educational contexts, such as training for maritime workers in Gulf countries.

Domain 6: Digital Health Literacy and Technological Ethics in Islamic Educational Institutions

Digital health technologies are transforming the practice of preventive medicine and the delivery of health education, with implications that Islamic educational institutions must urgently engage. The evidence base for digital health effectiveness in chronic disease prevention and management is now extensive, encompassing comprehensive narrative reviews (Almohammadi, 2026aa), primary care applications (Almohammadi, 2026x), Saudi Arabian population-specific systematic reviews (Almohammadi, 2026al), pulmonary disease applications (Almohammadi, 2026k), Parkinson's disease management (Almohammadi, 2026au), and broader preventive medicine applications (Almohammadi, 2026x, 2026al). Artificial intelligence implementation in healthcare settings—as documented in a Saudi radiology study (Almohammadi, 2021a)—raises profound questions about the Islamic ethics of human–machine interaction in medical decision-making that Islamic educational discourse is only beginning to engage.

The harms of digital technology for health—including digital eye strain, myopia progression in children (Almohammadi, 2026an, 2026q), screen addiction, and the propagation of health misinformation through social media—require critical digital health literacy education within Islamic institutions. The Islamic principle of moderation (*wasatiyyah*) provides a natural pedagogical frame for teaching responsible technology use, while the Qur'anic injunction to verify information (*al-tabayyun*, Q. 49:6) resonates powerfully with the critical appraisal skills that health literacy education aims to develop. Traditional and complementary medicine, while often positively framed in Islamic tradition, requires evidence-critical evaluation (Almohammadi, 2025a)—a further domain where Islamic educational institutions can model the integration of traditional knowledge and biomedical evidence.

Domain 7: Paediatric, Maternal, and Nutritional Health Literacy Across the Life Course

Life-course health literacy—encompassing the health knowledge, attitudes, and behaviours instilled from childhood through adulthood—is most effectively cultivated within

educational institutions that maintain sustained relationships with learners across developmental stages. Islamic educational institutions, particularly those operating madrasa or full-school models with multi-year enrolment, are ideally positioned to deliver life-course health literacy programmes. The evidence base for paediatric and maternal health literacy education within Islamic contexts is substantial: infant atopic dermatitis and food allergy management (Almohammadi, 2026b), childhood myopia prevention (Almohammadi, 2026q), paediatric respiratory health and climate change (Almohammadi, 2026ad), neonatal sepsis prevention (Almohammadi, 2026ac), and cleft lip and palate early intervention (Almohammadi, 2026ab) collectively define a paediatric health literacy curriculum appropriate for Islamic educational institutions serving families with young children.

Nutritional health literacy is a domain of particular relevance within Islamic educational traditions, given the extensive Qur'anic and hadith guidance on food, drink, and dietary moderation. Iron deficiency anaemia among women and children in Saudi Arabia, documented through laboratory surveillance data (Almohammadi, 2026ai, 2026v), provides a compelling case study for the integration of nutritional epidemiology into Islamic dietary education. Osteoporosis prevention across the lifespan (Almohammadi, 2026c)—encompassing calcium intake, vitamin D synthesis, physical activity, and avoidance of smoking—connects Islamic lifestyle guidance with evidence-based bone health education. The psychosocial dimensions of health across the life course, including mental health support in crisis settings (Almohammadi, 2025d) and cultural competency in mental health care (Almohammadi, 2026ap), complete the life-course health literacy picture that Islamic educational institutions should seek to provide.

Conclusion

This paper has demonstrated, through systematic engagement with recent biomedical scholarship across twenty-one thematic domains, that Islamic educational pedagogy provides both the theoretical architecture and the community infrastructure necessary to deliver transformative health literacy education to Muslim communities globally. The convergence of Islamic epistemological traditions—talab al-'ilm, tarbiyah, maslaha, and the prohibition of la darar—with the goals of contemporary preventive medicine is not incidental but structural: both Islamic education and preventive medicine are fundamentally concerned with equipping individuals and communities with the knowledge and motivation to protect and enhance human flourishing.

The seven thematic domains addressed in this review—cardiovascular and metabolic health, cancer awareness, infectious disease and vaccination, mental health, environmental and occupational health, digital health, and life-course health—together constitute a comprehensive health literacy curriculum that Islamic educational institutions can implement across diverse contexts and learner populations. The evidence base reviewed here is robust, current, and directly applicable; the pedagogical frameworks of Islamic education are well suited to transmit this knowledge in culturally resonant, theologically grounded, and community-trusted forms. What is required now is the institutional commitment, interdisciplinary collaboration, and educational research infrastructure to translate this potential into sustained impact.

Future research should focus on the development and evaluation of specific Islamic health literacy curricula, the training of Islamic educators in health literacy pedagogy, and the

measurement of community health outcomes attributable to Islamic educational health promotion. Collaboration between Islamic educational institutions, public health agencies, and preventive medicine specialists is essential for building the evidence base that this agenda requires. The present paper offers a foundation for this collaborative programme and an invitation to Islamic educators, biomedical scholars, and public health practitioners to join in its advancement.

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Declaration of use of artificial intelligence

The authors declare that artificial intelligence tools were used to assist with literature search organisation and thematic classification. All analytical, interpretive, and writing work was conducted by the human authors.

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