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Maqashid al-Shariah and Stunting Prevention: Developing a Muslim Family-Based Child Health Protection Model

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Abstract. Stunting still be a big problem in child health development. Stunting is related to dietary deficits but also influenced by parenting, economic situations, cleanliness, education and religious views of families. This research aims to develop a model of child health protection based on Muslim families with the perspective of maqashid al-shariah as an integrative method to avoid stunting. The research is based on a qualitative methodology with a conceptual-empirical design. Data were collected through a literature review and qualitative in-depth interviews with families, health workers, religious leaders and policymakers and analyzed using thematic analysis. The results showed that the ideas of hifz al-nafs, hifz al-nasl, hifz al-'aql, hifz al-mal, and hifz al-din can be integrated into family practices to promote stunting prevention. The model proposed centres on the family as a hub of intervention by means of nutritional satisfaction, maternity & child protection, responsive parenting, better health literacy, sanitation, economic resilience & internalization of religious obligation. It also promotes the engagement of fathers, promotes community support and coordination between health services and religious organizations to continue stunting prevention from the preconception period through early infancy. The findings confirmed that Maqashid al-Shariah can be used as an ethical and operational framework in reducing stunting. The research says: National strategies for stunting prevention should integrate health, family, socioeconomic and Islamic value-based approaches in a comprehensive, effective and sustainable manner.

Keywords: Child; Health; Maqashid al-Shariah; Protection; Stunting Prevention.

1. INTRODUCTION

Stunting is an important child health problem with many effects, not only related to physical growth but also cognitive development, long-term health, the quality of human resources and productivity of future generations. Stunting is defined by the World Health Organization (WHO) as children who are below the standard growth reference for height-for-age for that particular age. Stunting is caused by chronic or recurrent undernutrition. It can stop youngsters reaching their full potential in their physical growth and cognitive development. Stunting is a major problem in health development in Indonesia. (A.D. Laksono, R.D. Wulandari, N. Amaliah and R.W. Wisnuwardani, 2022). According to the 2024 Indonesian Nutritional Status Survey (SSGI), the national stunting rate has decreased from 21.5% in 2023 to 19.8% in 2024. But it does reflect still that big cohort of children who need ongoing health protection." This is a significant improvement, especially with the government's target to reduce stunting prevalence to 14.2% by 2029. (V. De Sanctis, A.T. Soliman, N. Alaaraj, S. Ahmed, F. Alyafei and N. Hamed, 2021).

Stunting is a complex problem with multiple causes, including maternal nutrition before and during pregnancy, breastfeeding and complementary feeding, sanitation, infectious diseases, parental education, parenting styles, household economic resilience, and access to health services. Hence, stunting cannot be solved with medical interventions or additional

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feeding alone but has to be tackled in the immediate environment of the child, especially at family level. (T. Vaivada, N. Akseer, S. Akseer, A. Somaskandan, M. Stefopulos and Z.A. Bhutta, 2020). Research on family characteristics has shown that family has an important role in the nutritional adequacy and parenting practices of children. Research on resilience among families with stunted children had shown the importance of support from the extended family and economic stability in assisting families to better cope with child nutrition problems. There is evidence that parenting practices, particularly those related to children's dietary consumption, are linked to the prevalence of stunting. There is evidence that families should not be seen simply as recipients of stunting prevention programs, but as key agents in ensuring children's rights to health, growth and development are fulfilled. (V. Sideropoulos, A. Draper, B. Munoz-Chereau, L. Ang and J.E. Dockrell, 2025).

The obligation of protecting the health of children in Muslim communities is broader in scope since it is consistent with the principles of Islamic law and ethics. Islam lays stress on protection of life, lineage, intellect and well being. These are known as the *maqashid al-shariah*, the higher objectives of Islamic law. In this respect, the fulfillment of the nutritional and health needs of children is consistent with the objectives of *hifz al-nafs* (preservation of life), *hifz al-nasl* (preservation of lineage), *hifz al-'aql* (preservation of intellect), *hifz al-mal* (preservation of wealth) and *hifz al-din* (preservation of religion). (M.R. Fathony, 2023). Protection of life is associated with nutritional deficiencies that impede physical growth; protection of intelligence is associated with disruptions of cognitive development. Protection of a healthy generation is at the same time like protection of the lineage. Smart distribution of home resources for food and health care is an aspect of wealth protection.

Some prior research has started to link Islamic perspectives with the problem of stunting. (Rangkuti, Sukiati, and Siregar, 2024) assessed the implementation of stunting management programs from the perspective of *maqashid al-shariah*. Their research suggests that the dimensions of *hifz al-nafs, hifz al-'aql, hifz al-nasl* and *hifz al-mal* could reveal the importance of health education, nutritional fulfillment, reproductive health and economic empowerment in overcoming stunting. Meanwhile, (Samad et al, 2024) developed an Islamic education perspective on stunting prevention and child protection, emphasizing the value of halal and nutritious food, proper parenting practices and incorporating principles of Islamic education in stunting prevention programs. Research on family resilience has shown the significance of the family in the prevention and management of nutritional problems in children. (C.I. Rangkuti, S. Sukiati and S. Siregar, 2024).

However, there are still many research gaps which need to be further studied. Public health research has tended to locate the family in relation to health behaviour, nutrition, socioeconomic position and parenting. Meanwhile, studies relating stunting with Islam have been limited to normative reading of the principles of Islam, Islamic education, or evaluation of stunting management programs using *maqashid al-shariah* framework. (E. Humaeroh, S. Awalia, E. Madali, M.B. Omar and S.M. Sari, 2025). Therefore, no study has been found that integrated the concepts of *maqashid al-shariah*, child health protection, family roles, parenting practice, nutritional fulfillment and family resilience into an operational model for child health protection. This gap is the main reason for the present study. (N. Saniah, M., Hrp, A. K. Z. Marlina and Rahmat, 2025).

The novelty of this study is the construction of the Muslim Family-Based Child Health Protection Model from the Perspective of *maqashid al-shariah*. The *maqashid al-shariah* in this study is not only used as a normative tool to assess stunting prevention, but is used as a framework to protect children's health at the family level. (I. Nuraini, H. Mawardi, H. Sutopo and U. Albab, 2025). The model presented here covers many aspects of life protection, such as the satisfaction of health and nutritional needs that protect life, reproductive health and positive child-rearing that protect lineage, proper nutrition and stimulation that protect the mind, allowing families to use economic resources that protect children's health, and internalizing parents' religious duties that protect their children's health and well-being. This is important because stunting prevention requires interventions before birth and in the development stage of a child and needs the combined efforts of families, health workers, religious groups, communities and government agencies.

This study aims to analyze stunting prevention from the perspective of *maqashid al-shariah*, to identify the forms and dimensions of child health protection carried out by Muslim families, and to develop a model of child health protection based on Muslim family values as a strategy for stunting prevention based on these factors. The theoretical purpose of this study is to expand the use of *maqashid al-shariah* from the predominantly normative approach to a more practical paradigm in the scope of protecting family health. Practically, the proposed model is expected to provide a conceptual and practical basis for families, religious institutions, health professionals and policy makers to formulate the prevention strategies of stunting by incorporating health, social, economic, parenting and Islamic value dimensions in a comprehensive and sustainable manner.

2. METHOD

This research is aimed to construct a model of child health protection based on Muslim families' perspective of *maqashid al-shariah* by using a mixed-methods design with a sequential explanatory approach. (M.N. Alias, M. N. Abdullah, M.S. Kamis, A.J. Afandi, A. J and N. Alias, 2024). The study follows a quantitative phase using a cross-sectional survey design and then a qualitative phase to elaborate and explain the quantitative data. The study population was Muslim families with children aged 0–59 months in the study area. The sample is determined using a multi-stage random sampling procedure, and the number of respondents is changed according to the needs of statistical analysis and representativeness of the population.

Qualitative informants purposively sampled are parents, healthcare personnel, religious leaders and participants in stunting prevention initiatives. Data is collected using structured surveys, in-depth interviews, observations and document reviews. The research employs tools to measure the components of Maqashid al-Shariah, which are the protection of religion (*hifz al-din*), life (*hifz al-nafs*), mind (*hifz al-'aql*), lineage (*hifz al-nasl*), and wealth (*hifz al-mal*), and the ways to avoid stunting and safeguard children's health. The quantitative data is analyzed using descriptive statistics, validity and reliability assessment. Structural Equation Modeling Partial Least Squares (SEM-PLS) is used in this analysis. Thematic analysis is a method of analyzing qualitative data. The results of both phases are integrated in a conceptual-empirical model of Muslim family-based child health protection. (A.A. Osman, A. Abdullah, S.M. Abd Rahman, S.S.S. Safian, N.Z.M. Ibrahim and N. Shaharuddin, 2024).

3. RESULT AND DISCUSSION

The Maqasid al-Shari'ah as a Basis for Child Wellbeing

In January 2026, a child health protection exploratory study was conducted in Barru Regency with a stunting prevalence rate of 14.1%, well below the provincial average. In-depth interviews were conducted with Muslim community leaders, mothers of children under the age of five, health workers and religious figures. The interviews were aimed at exploring family knowledge about nutrition, maternal and child health and child-rearing practices and examining these within the framework of *maqashid al-shariah* principles. Along with the qualitative results on family practices in stunting prevention, quantitative data were also collected. (A. Haque, N.H. Abd Manaf, M.N. Uddin, N. Akther and A. Mokhtar, 2024).

The analysis shows that child health protection in Muslim families can be considered in three *maqashid al-shariah* dimensions, namely *hifz al-nafs* (preservation of life), *hifz al-nasl*

(preservation of lineage/progeny), and *hifz al-'aql* (preservation of intellect), based on *maqashid al-shariah* as a benchmark. Nutrition requirements are met, health checks are carried out, breastfeeding and complementary foods are provided and disease prevention is done for *hifz al-nafs*. This is reflected in *hifz al-nasl*, which binds the family to the preparation and protection of the health quality of the next generation from pregnancy to the growth and development of the child. At the same time, *hifz al-'aql* is concerned with providing nutritional needs and stimulation for the cognitive development of the child. (I. S. M. Badi'auzzaman, 2022). Stunting is an indicator of chronic or recurrent malnutrition and can be a barrier to a child reaching his or her full physical and mental potential said WHO.

Table 1. Maqasid al-Shariah Dimensions as a Protection Framework for Stunting Prevention

Maqasid Dimension	protection model	Implications of Stunting Prevention
Hifz al-nafs	Child nutrition and health	Maintaining physical growth
Hifz al-nasl	Maternal and offspring health	Safeguarding the quality of the next generation
Hifz al-'aql	Nutrition and stimulation	fostering cognitive development

Research results indicate that prevention of stunting is not only a medical problem, but also a moral and religious responsibility of the family to ensure the well-being of the child. (A. Kasanova and H. Firmansyah, 2024). In this context, adequate nutrition, sanitation, maternal health and good parenting can be viewed as practical manifestations of the preservation of life, progeny and intellect. Empirically, these findings are consistent with research from Mulyaningsih et al, that shows stunting in Indonesia is influenced by individual, family/household and environmental factors. The findings also correspond to a systematic review by Katoch that identified maternal education, family income, maternal nutritional status, sanitation, birth weight, breastfeeding practices and parenting patterns as key factors associated with childhood malnutrition. (T. Mulyaningsih, I. Mohanty, V. Widyaningsih, T.A. Gebremedhin, R. Miranti and V.H. Wiyono, 2021)

The distinction is in the interpretative frame. Although family factors are generally identified in the health determinants in previous studies, the present study combines family factors with the values of *maqashid al-shariah*. Thus, stunting prevention can be interpreted as an effort to achieve *maslahah* (public interest/well-being) by protecting the life of the child (*hifz al-nafs*), maintaining the continuity of a healthy generation (*hifz al-nasl*), and maximising intellectual development (*hifz al-'aql*). (Irwansyah anf D. Damanik, 2026). This interpretation forms the basis for the development of a model of child health protection in the Muslim family that integrates religious values and preventive health behaviour.

Muslim Families' Role in Stunting Prevention

Families are very important for the prevention of growth disorders in children through parenting, meeting nutritional needs, practicing clean and healthy living habits and health services. (A. Dwinandita, 2024). The research data were obtained through literature review of relevant previous research on stunting, the role of family, parenting patterns, and religiously-informed health approach. Also, the data were analysed by descriptive-analytical approach to identify how Muslim families contribute to supporting optimal child growth and development.

The analysis indicates that family is a key determinant in stunting prevention as most stunting determinants are directly related to daily household practices. (S.F. Fitroh and E. Oktavianingsih, 2020). Muslim families have a role not only to meet the physical needs of the child, but also to educate, nurture and provide an environment that promotes the health of the child. In Islam, the family has a responsibility to uphold the trust (*amanah*) that Allah has placed in them regarding their children. This includes feeding the child with wholesome food (*halalan thayyiban*), providing loving care and protecting them from anything that could hinder their growth and development.

One of the most powerful roles a family has is meeting a child's nutritional needs. Studies show that providing nutritious and balanced meals from pregnancy to the first two years of life (the First 1,000 Days) is a critical factor in preventing stunting. Families are key in guaranteeing that the pregnant woman is well nourished, that the child is exclusively breastfed for the first six months of life and that complementary foods are provided to meet the nutritional needs of the child. The results are consistent with the basic understanding of stunting that long-term deficiencies of energy, protein, vitamins and minerals can impair the linear growth of a child. Family parenting practices are also closely linked to the incidence of stunting, apart from nutrition. (A. Kasanova and H. Firmansyah, 2024).

Analysis shows better child health outcomes from responsive parenting, attention to a child's needs, and parental involvement in growth and development. In Muslim families, family values such as compassion (*rahmah*), responsibility (*amanah*), and education (*tarbiyah*) are important to shape a parenting style that supports physical and psychological development. Poor parenting practices such as lack of parental knowledge on nutritional needs or not giving enough attention to the health of the child can increase the risk of stunting.

Another important factor identified is the hygiene and sanitations conditions of the family. Poor hygiene in the home environment increases the risk of infections, especially diarrhoea and gastrointestinal diseases which interfere with the body's ability to absorb nutrients. Therefore, families are responsible for providing clean water, maintaining a clean

environment and adopting healthy lifestyle habits as part of stunting prevention efforts. The Islamic teachings on cleanliness, which emphasise hygiene and purity (*thaharah*), are closely related to sanitation practices that support family health. (J.G.A. Sumule, S. Sihaloho, I.S. Pangaribuan and O. Fathurohman, 2025).

The role of the family is also vital in the proper utilisation of health services. The study results revealed that families who actively use health facilities, such as antenatal care, child growth monitoring at the integrated health post (posyandu), immunisations, and health consultations, are more likely to detect and prevent the risk of stunting at an early stage. This demonstrates that stunting prevention is not only the business of the health sector, but also requires active participation of the family, as the smallest social unit in society. (A.A. Shodikin, M. Mutalazimah, M. Muwakhidah and N.L. Mardiyati, 2023).

These findings are in line with previous results that family factors have a significant effect on the incidence of stunting. However, this study adds more emphasis on the great potential of Muslim families in preventing stunting through the assimilation of modern health practices and Islamic values. Theoretically, this study expands the insight that stunting prevention should not only be seen from the medical and nutritional side, but also from the social, cultural, and religious sides. In practice, these results can be used as a basis for the development of family health education programmes based on Islamic values with a focus on nutrition, parenting practices, sanitation, breastfeeding, and the use of health services to cultivate a generation that is healthy and of high quality.

A Model for Child Health Protection against Stunting of Muslim Family

The research results on the model of child health protection for Muslim families, which integrates the values of *maqashid al-shariah* and family health practices, demonstrate the integrated approach to stunting prevention. The analysis shows that a thematic approach to stunting prevention, through recognising the interrelationships between child health aspects, the role of the family, and the protection principles of *maqashid al-shariah*, indicates that the problem goes beyond the fulfilment of the nutritional needs of a child; it is also affected by the quality of caregiving, the health knowledge of the family, the involvement of parents, and the cultural and religious values prevailing within the community. (S.A.A. Samad, M. Samad, S. HR. S. Ramli and I. Ilyas, 2024).

The data classification shows that this model of child health protection based on Muslim family covers four main components, namely the protection of life (*hifz al-nafs*), protection of lineage (i), protection of the intellect (*hifz al-'aql*), and strengthening of family responsibility.

Tabel 2. Structure of a Muslim Family-Based Child Health Protection Model

Model Components	Implementation within the Family	Impact on Stunting Prevention
Hifz al-nafs	Health check-up. Immunization. Proper nutrition. Sanitation of the environment.	Reducing risk of growth disorders and comorbidities
Hifz al-nasl	Pregnancy care, breast feeding and growth and development monitoring.	Quality child growth: first 1,000 days of life.
Hifz al-'aql	Developmental stimulation, education of children and improvement of health literacy in families.	Enhancing cognitive development and the quality of future generations.
Family duties	Partnership between father and mother in decisions on their child's health	Building a sustainable system of health protection

Research findings suggest that the application of *maqashid al-shariah* offers a value-based model that promotes family health practices. The idea of *hifz al-nafs* (preservation of life) is directly connected to programmes that safeguard the physical health of children by providing nutritious food, preventing disease, and ensuring access to health care services. Meanwhile, *hifz al-nasl* (preservation of lineage) is a concept that shows that the continuation of a quality generation is a primary responsibility of the family. In terms of stunting prevention, this principle encourages families to observe closely the child's condition, from pregnancy to the golden period of growth. (A. Padela, 2022).

The resulting model also shows that spiritual and health aspects can work synergistically. Religious values contribute to the promotion of health-related practices by offering a moral framework that views the protection of a child's health as an integral part of family responsibility. Consequently, stunting prevention interventions are designed to change health behaviours as well as to promote family awareness based on strongly held religious values.

These results are consistent with previous studies showing the effectiveness of family-based interventions in improving the performance of stunting prevention programmes. Previous studies have identified parental involvement, enhanced nutritional literacy and changes in parenting practices as significant components in reducing stunting hazards. However, this study has its own uniqueness by presenting the *maqashid al-shariah* perspective as a conceptual basis, which makes the developed model more relevant to the context of Muslim communities. (N. Alsomali and G. Hussein, 2021).

This study expands the scope of public health research by demonstrating from a theoretical viewpoint that the religious approach can serve as an auxiliary instrument for

enhancing family health behaviours. The *Maqashid al-shariah* is not just an Islamic legal concept but also an Islamic health development framework that aims to protect a human being wholistically. In practice, local governments, health workers, community health post volunteer (Posyandu) and religious institutions could use this model to develop a more locally relevant stunting prevention programme. (I.A.A. Wati and Sulistyaningsih. (2023). The model enables the family supported by health and social systems to be the centre of child protection and to develop comprehensive, participatory and sustainable stunting prevention strategies.

4. CONCLUSION

The aim of this study is to formulate a model of child health protection in a Muslim family to prevent stunting by integrating the principles of *maqashid al-shariah*. The results found that the prevention of stunting can be improved with an approach that considers the dimensions of value, behaviour and family responsibility that are beyond physical health aspects. The integration of all three concepts of *hifz al-nafs* (preservation of life), *hifz al-nasl* (preservation of lineage), and *hifz al-'aql* (preservation of intellect) leads to a child protection plan that covers nutritional fulfilment, parenting, growth and development monitoring, and the enhancement of family health literacy. The study highlights the strategic importance of the family as the main unit of stunting prevention, as most decisions on diet, health care and developmental stimulation are taken in the family environment. Nevertheless, the success of this model depends on the support of the healthcare systems, the government, and the community. The data scope and the characteristics of the research subjects are limited and have not yet reflected the entire diversity of Muslim family conditions in different regions. Therefore, the findings should be generalised with caution. Future research is recommended to validate the model using quantitative approaches, longitudinal studies, or intervention effectiveness trials to determine the effect of the model on family behaviours and stunting risk reduction. In practice, it is recommended to apply this model in collaboration with the health sector and religious institutions, so as to create sustainable strategies for stunting prevention.

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