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Phone: +62781365280889

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Adolescent Child Parenting Skills Through Physical Aspect Of Study In Muslim Families In Malaysia And Indonesia

Windayani Nurmatias^a   , Rizal Akbar^b   , Faizal Nurmatias^c   , Izzah Nur Aida Zur Raffar^d   

^aFaculty of Islamic Studies, Institut Agama Islam Tafaqquh Fiddin Dumai, Indonesia.

^{bc}Faculty of Islamic Economics, Institut Agama Islam Tafaqquh Fiddin Dumai, Indonesia

^dAkademi Studi Islam Kontemporer, UiTM Melaka, Malaysia

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Abstract

Adolescents undergo substantial biological, psychological, and social transformations, necessitating effective parenting to foster healthy lifestyles. There are 1.8 billion teenagers in the world, including 44.29 million in Indonesia; However, many of them still have issues with bad cleanliness, not getting enough exercise, not getting enough sleep, and not eating a balanced diet. This study aims to explore parental skills in fostering the physical aspects of adolescents based on Islamic values and Malay culture in Indonesia and Malaysia. A quantitative survey method was employed, using online questionnaires distributed to 429 adolescents in Malaysia and 94 adolescents in Indonesia. Data were analyzed descriptively using SPSS to obtain frequency distributions, means, and standard deviations. The results show that parental physical care skills are at a high level, with average scores ranging from 3.26 to 3.76. Assessed aspects include grooming according to proper gender identity, personal hygiene, proper aurah covering, engaging in healthy leisure activities, adequate sleep, practicing Islamic eating and drinking etiquette, consuming balanced and sunnah-based diets, caring for health, and administering necessary medication during illness. The integration of religious values and local Malay wisdom has been proven to strengthen the formation of healthy, disciplined, and well-mannered physical habits among adolescents. This study concludes that parents play a crucial role as role models and guides for a healthy lifestyle grounded in Islamic and local cultural values. It is recommended that family education programs in Malay communities strengthen literacy on adolescent physical care aligned with religious teachings and cultural traditions to address modern adolescent health challenges.

Keywords

Physical parenting; adolescents; Islamic values; Malay culture; adolescent health.

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Windayani Nurmatias, Faculty of Islamic Studies, Institut Agama Islam Tafaqquh Fiddin Dumai, Indonesia.

E-mail: windayani1986@gmail.com

Introduction

Adolescents (aged 10–24) are an essential population group from both a demographic and strategic perspective. Currently, there are over 1.8 billion people in the world (Funds, 2020).

Currently, there are over 1.8 billion people in the world between the ages of 10 and 24 (Statistics, 2020). The Central Bureau of Statistics (BPS) estimates that the number of adolescents in Indonesia in 2025 will reach 44.295 million (Statistik, n.d.). Indonesia in 2025 (Statistics, n.d.). Adolescence (ages 10–24) is a unique developmental stage characterized by profound biological, psychological, and social changes (Maslikhah, 2024). At this point, appropriate parental care is crucial for shaping adolescents' behavior, values, and lifestyles (Noor Amiera et al., 2024). Appropriate parental care interventions are essential for influencing adolescents' behavior, values, and lifestyles (Noor Amiera et al., 2024). One of the most frequently overlooked crucial elements is physical care (Azaria, 2024; Utami & Usiono, 2023). Physical aspects include not only meeting basic needs such as clothing, food, and shelter, but also fostering healthy daily living habits (Azaria, 2024; Utami & Usiono, 2023). Maintaining personal hygiene, engaging in physical activity (exercise), and adhering to healthy lifestyle rules. Maintaining personal hygiene, engaging in physical activity (exercise), adhering to a regular sleep pattern, and consuming healthy and halal foods are essential factors in maintaining physical aspects that directly affect adolescent health (Maslikhah, 2024; Mufidah et al., 2024). These are the habits that truly preserve the mental, social, and spiritual health of children. These habits are, in fact, the foundations for the cognitive, social, and spiritual health of children.

In the context of Muslim families, physical education has an additional dimension, namely the integration of religious and cultural values. considered part of faith, so parents are expected to educate their children about the importance of maintaining cleanliness from an early age (Isfaizah et al., 2021; Milushkina et al., 2023; Pérez Pico et al., 2022). Adolescent physical health includes basic things like personal hygiene, exercise, sleep patterns, and healthy eating habits. These four parts work together to determine how well a teenager grows and develops. The latest data and statistics indicate that many teenagers, both in Indonesia and around the world, face serious problems in these areas. First, in terms of personal hygiene, the survey shows that most Indonesian teenagers do not yet have adequate practices. A study reported that out of 43.3 million adolescents aged 10–14 years, the majority exhibited poor self-hygiene behaviour (Maslikhah, 2024; Miranti & Astutik, 2023). A lack of knowledge about hygiene care, including reproductive organ hygiene, contributes to health problems among adolescent girls (Maslikhah, 2024). Second, in terms of physical activity, adolescents are not very active. WHO reports that over 80% of adolescents aged 11–17 worldwide do not meet the minimum physical activity recommendations (Syifa et al., 2024). A similar situation is seen in Indonesia: according to Riskesdas 2018, approximately 66.4% of Indonesian adolescents exhibit low levels of physical activity (Syifa et al., 2024). Due to lack of activity, the prevalence of overweight adolescents has also increased; national data show that 11.7% of adolescents aged 13–15 are overweight and 9.6% are obese (Syifa et al., 2024). Third, adolescent sleep patterns also face serious challenges in the modern era. Many teenagers complain about not getting enough sleep and having difficulty sleeping. A recent survey conducted in Indonesia revealed that only about 31% of teenagers get enough sleep every night. Modern lifestyles and the availability of unhealthy food are affecting the quality of teenagers' diets (Hanifa et al., 2020). It's not surprising

that the proportion of adolescents with overweight status is increasing year by year (Syifa et al., 2024) due to the habit of skipping breakfast and high consumption of sugary/fatty foods.

Advances in digital technology have drastically impacted the lifestyles of teenagers. Today's adolescents tend to spend more time with gadgets, the internet, and social media, leading to a sedentary lifestyle and irregular sleep patterns (Mufidah et al., 2024). The convenience of digital services such as food delivery, online games, and streaming entertainment encourages a sedentary lifestyle, where many activities can be done without significant physical activity (Syifa et al., 2024). As a result, physical activity decreases and the risk of health disorders increases, including obesity and various other diseases (Syifa et al., 2024). Exposure to electronic screens late into the night also disrupts the circadian rhythms of adolescents, leading to sleep disturbances and daytime fatigue (Mufidah et al., 2024). These modern challenges require special attention from parents in monitoring and balancing the daily habits of adolescents.

The high physical health challenges faced by adolescents in the modern era emphasize the importance of parental involvement in fostering healthy lifestyle habits in their teenagers. Parents are the primary role models and supervisors in the daily lifestyle of adolescents (Bai & Chiang, 2023). Parental support and control can guide teenagers to maintain personal hygiene, exercise regularly, have a good sleep schedule, and choose healthy foods. (Myśliwiec et al., 2025) In Muslim communities, parents are also expected to teach the spiritual values behind these physical practices, such as maintaining halal and haram food, connecting cleanliness with personal piety, and instilling time discipline (like sleeping and waking up on time according to religious teachings) (Bensaid, 2023; Miglietta et al., 2024). In the religious Malay culture, there is much local wisdom that can be used in raising children, such as traditional advice on the importance of maintaining environmental cleanliness, health-related taboos (e.g., not staying up late or eating healthy foods), and the tradition of mutual cooperation. Togetherness and courtesy to promote a healthy life. This integration of local and religious values is believed to strengthen the effectiveness of parenting, as adolescents perceive consistency between family teachings and cultural and religious norms (West et al., 2025).

Although the urgency of parental guidance in the physical development of adolescents is highly significant, comprehensive scientific studies on this topic are still relatively rare. Most previous research on adolescents has primarily focused on psychosocial aspects, reproductive health, or behavioral issues such as juvenile delinquency. (Doggui et al., 2021) stated that parental support, especially tangible assistance such as transportation and facilities, influences moderate-to-vigorous physical activity (MVPA) among adolescents, while controlling behavior has a negative impact; however, this study did not include cultural or religious values in the parenting framework (Doggui et al., 2021). Fuligni et al., (2022) investigated parenting practices related to obesity that influence eating habits and physical activity. However, their focus was on energy balance aspects, neglecting the role of religious values or Islamic etiquette (Fuligni et al., 2022). Thomson et al.'s (2021) research identified patterns of combining practices such as facilitation, modeling, and emphasis, but it was conducted in a Western cultural context that differs from Southeast Asian societies (Thomson et al., 2021). Chen et al., (2024) found that differences in perception between parents and adolescents regarding physical parenting practices were associated with lower levels of physical activity. However, this study is limited to the

Chinese population and has not yet linked these findings to local religious or cultural norms (Chen et al., 2024). This study aims to explore adolescent parenting skills thru physical aspects based on Islamic and Malay cultural values, with a focus on personal hygiene, Islamic etiquette, halal-tayyib dietary practices, and healthy physical activity. This research uses cross-country empirical data from Indonesia and Malaysia to provide a contextual and relevant overview, while also contributing to the literature on child-rearing that integrates physical health with local wisdom and religious teachings.

Method

This study employed a quantitative survey design to examine parenting skills related to the physical aspects of adolescent development within Muslim families in Malaysia and Indonesia (Castetbon et al., 2024). Primary data were collected through a structured online questionnaire administered via Google Forms. The instrument was disseminated through digital channels including WhatsApp, Telegram, email groups, and social media platforms targeting adolescents enrolled in public and private higher education institutions in both countries. Given the reliance on voluntary participation and the absence of a predefined sampling frame, the recruitment strategy aligns with convenience sampling, supplemented by elements of voluntary response sampling. A total of 523 respondents completed the survey: 429 from Malaysia and 94 from Indonesia. The pronounced imbalance in national subsamples reflects actual response rates rather than intentional stratification; this limitation is acknowledged and discussed in the methodological considerations below.

The questionnaire was developed based on established constructs from prior literature on adolescent health, Islamic parenting, and Malay cultural norms, and was further refined through expert validation by scholars in Islamic education and adolescent development. A pilot test involving 30 adolescents confirmed item clarity and face validity. Internal consistency reliability was assessed using Cronbach's Alpha, yielding a coefficient of $\alpha = 0.87$, which indicates high reliability for the composite scale measuring parental physical care practices. Secondary data were gathered through a documentation method, drawing on authoritative Islamic sources including Qur'anic interpretations (tafsir), authenticated hadiths as well as peer-reviewed journal articles, conference proceedings, and policy documents to contextualize findings within religious and cultural frameworks (Qurotul et al., 2025). All quantitative data were analyzed descriptively using IBM SPSS Statistics (version 26), with results reported as frequencies, percentages, means, and standard deviations to address the research objectives (El Morr et al., 2022). It is important to note that the unequal sample sizes between Malaysia and Indonesia limit the robustness of cross-national comparisons and may reduce statistical power for subgroup analyses involving Indonesian respondents. While the combined dataset offers valuable insights into parenting practices in Muslim-majority contexts, future studies should aim for more balanced representation either through targeted recruitment or statistical weighting to enhance generalizability and comparability across national settings.

Results

This section discusses adolescent parenting skills thru the physical aspect. The findings for the items shown in the table below indicate average scores between 3.26 and 3.69.

Table 4: Adolescent parenting skills thru physical aspects

No	Statement	Percentase (%)				Mean	SP	Level
		STS	TS	S	SS			
1.	My parents ensure that I appear neat	-	1.0	28.7	70.4	3.69	0,482	Hi

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	and clean according to my correct gender identity.		(5)	(150)	(368)			
2.	My parents ensure I maintain personal hygiene.	-	-	24.3 (127)	75.7 (396)	3.76	0.429	High
3.	My parents ensure I cover my private parts properly.	-	1.5 (8)	30.2 (158)	68.3 (357)	3.67	0,503	High
4.	My parents ensure my free time is filled with healthy activities.	0.4 (2)	5.5 (29)	45.1 (236)	48.9 (256)	3.43	0.616	High
5.	My parents ensure I get enough sleep.	0.2 (1)	5.0 (26)	42.8 (224)	52.0 (272)	3.47	0.600	High
6.	My parents ensure I eat and drink in accordance with Islamic etiquette.	-	0.8 (4)	333.5 (175)	65.8 (344)	3.65	0.493	High
7.	My parents ensure I eat based on a balanced diet (food pyramid)	1.0 (5)	11.3 (59)	48.8 (255)	39.0 (204)	3.26	0,689	High
8.	My parents encourage me to eat Sunnah food.	-	5.4 (28)	48.2 (252)	46.5 (243)	3.41	0,591	High
9	My parents care about my health.	0.2 (1)	1.5 (8)	31.7 (166)	66.5 (348)	3.65	0,521	High
10.	My parents ensure I take the necessary medicine when I'm sick.	-	1.7 (9)	29.3 (153)	69.0 (361)	3.67	0,521	High

Discussion

The findings suggest that parenting practices shaping adolescents' physical aspects in Muslim families function as culturally meaningful routines through which parents transmit Islamic ethics, regulate identity performance in public spaces, and protect adolescents from perceived moral and social Risks (Handayani Et Al., 2023; Solichin Et Al., 2025; Zur Raffar Et Al., 2022). Across Malaysia and Indonesia, high levels of agreement indicate that adolescents generally perceive parents as active moral guides in domains such as grooming, hygiene, modesty, time use, sleep, eating etiquette, and health management. However, a critical interpretation is needed because the evidence is perception-based and collected through an online voluntary survey, which may overrepresent respondents who are more engaged with institutional norms and religio-cultural expectation (Cholimah et al., 2023; Milasari et al., 2025; Zulkefly et al., 2021). As a result, high agreement may partly reflect social desirability and normative conformity, especially for behaviours that are highly visible (e.g., modest dress, grooming) or strongly sacralized (Solomon, 2023).

A cross-country lens clarifies that similar response patterns may be produced by different socio-cultural "drivers" (Jubba et al., 2021). In Malaysia, Islamic practice is closely interwoven with Malay identity in many public and institutional settings, which can strengthen normative consistency through schools, community institutions, and a relatively standardized moral discourse (Nuh et al., 2024; Pakpahan, 2025) In Indonesia, Islamic parenting operates within a more plural social landscape where local adat, ethnicity, and degrees of religiosity vary widely across regions; consequently, parental practices may be shaped more by local community negotiations and household-level adaptations (Alatas, n.d, 2025) Thus, even when pooled means appear similar, the mechanisms underlying compliance and endorsement may differ: institutional reinforcement and social monitoring can be more pronounced in Malaysia, while contextual diversity and localized negotiation may be more salient in Indonesia (Wong, 2025).

In grooming and appearance (M = 3.69; 99.1%), Malaysian adolescents may experience stronger convergence between family expectations and institutional norms (e.g., school cultures
269 community expectations), making parental guidance feel "natural" and less contested. In

Indonesia, grooming norms may still be strong but potentially more dependent on local community standards, urban rural differences, and peer cultures (Tesolin & Lo, 2023). The underlying socio-cultural mechanism is reputational governance: in both countries, adolescents' public appearance can be interpreted as reflecting family upbringing, but the intensity of reputational pressure may be higher where norms are more standardized and continuously reinforced (Rubin, 2023). This helps explain why grooming receives very high endorsement and why it becomes a key parental focus for shaping self-discipline and socially acceptable identity performance (Warmth & Claims, 2023).

Personal hygiene ($M = 3.76$; 100%) illustrates a mechanism of “dual legitimation,” where health rationales and religious-cultural meanings mutually reinforce compliance. Cleanliness is supported by biomedical discourse, school expectations, and moral-religious framing, which makes parental modelling and instruction highly persuasive (Fuligni et al., 2022). Cross-nationally, the difference may be less about values and more about enabling conditions: in Malaysia, standardized school routines and infrastructure may make hygiene practices more routinized; in Indonesia, local infrastructure constraints (e.g., water access, household crowding, and variable facilities) may create more uneven implementation despite similar moral commitment (Bai & Chiang, 2023; Straughan & Xu, 2023). This suggests that “agreement” does not always equal “capacity,” and any cross-country comparison must consider material constraints alongside moral norms (Hanifa et al., 2020).

Modesty and genital coverage ($M = 3.67$; 98.5%) reveal how Islamic values are enacted through embodied boundary-making. Parents may promote modest dress as a religious obligation and as a protective practice against harassment and social risk, especially for girls (Goutines et al., 2025). Here, the socio cultural mechanism is community surveillance and moral regulation: families anticipate judgement from neighbours, peers, and institutions, and adjust adolescents' clothing to maintain respectability (Bensaid, 2023; Miglietta et al., 2024; Pérez Pico et al., 2022). In Malaysia, where public norms about modesty may be more institutionally reinforced, adolescents might experience modesty as a more standardized social expectation. In Indonesia, where pluralism and regional diversity are stronger, modesty norms may be interpreted through a spectrum of practices from highly conservative to more flexible depending on local cultural traditions and religiosity. Therefore, similar agreement rates can mask different motivational structures: compliance driven by institutional alignment and uniform norms (Malaysia) versus compliance shaped by local negotiation and contextual variability (Indonesia) (Dicky Mohammad Iham et al., 2022; Eliza & Abbas, 2023).

For leisure time structured by healthy activities ($M = 3.43$; 94%), cross-country differences are likely to be strongly shaped by opportunity structures. Malaysian adolescents may have greater access to formal extracurricular programs in some contexts, enabling parents to institutionalize “healthy leisure” through organized activities. In Indonesia, opportunities may be more uneven across provinces and socio-economic settings, which can limit parents' ability to translate intentions into practice, even when moral motivation is strong (Doggui et al., 2021). The underlying socio-cultural mechanism is preventive parenting: parents treat idle time as a moral and social vulnerability (exposure to risky peers, digital overuse, or unproductive habits), and they manage it by creating supervised routines. This also explains why endorsement is high but lower than hygiene or etiquette: leisure structuring depends on resources, parental time, and adolescents' autonomy, making it more difficult to enforce consistently (Straughan & Xu, 2023).

Parental regulation of sleep ($M = 3.47$; 94.8%) similarly illustrates negotiated authority. Sleep is recognized as critical for health and learning (Buxton et al., 2022; Chen et al., 2024; Ragni & De Stasio, 2020), yet enforcing bedtime competes with academic demands and device use, which increasingly shape adolescent lifestyles in both countries (Nurul Aulia,

2024). In Malaysia, institutional discipline and school routines may support parental control in some settings; in Indonesia, variability in school schedules and household routines may yield less standardized patterns. The socio-cultural mechanism here is the interaction between modernity and family governance: digital connectivity and educational pressure increase adolescents' autonomy and nighttime activity, requiring parents to negotiate rather than simply impose sleep routines (Ragni & De Stasio, 2020).

Islamic etiquette of eating and drinking (M = 3.65; 99.3%) appears consistently strong across contexts because it is a “low-cost, high-symbolic” practice: it requires minimal material resources but carries strong religious legitimacy and can be taught through repetition at family meals. Cross-nationally, Malaysia may express these practices with a more standardized Malay cultural style of mealtime norms, while Indonesia may embed the same Islamic etiquette within diverse local culinary traditions. The mechanism is ritualization: repeated enactment transforms everyday consumption into worship-oriented discipline, strengthening gratitude, self-control, and spiritual awareness.

Balanced diet practices (M = 3.26; 87.8%) offer the strongest critical insight because they depend on structural feasibility, not just values. A balanced diet requires stable income, food availability, nutrition knowledge, and time for meal planning; it is also challenged by the modern food environment, including processed snacks and fast-food exposure (Fuligni et al., 2022; Hanifa et al., 2020; Maslikhah, 2024). Cross-country differences may be particularly meaningful here: Malaysia and Indonesia differ in food markets, pricing, and public health messaging, which can shape household capacity to practice “food pyramid” principles. This indicates a structural moderation mechanism: even when Islamic ethics emphasize moderation and well-being, market forces and inequality can weaken implementation, explaining the relatively lower endorsement.

Sunnah foods (M = 3.41; 94.7%) reflect a mechanism of moral legitimacy in health behaviour. Parents may use sunnah dietary models because they provide an authoritative religious frame that motivates adherence even without detailed nutrition literacy. In Malaysia, religious consumer culture and institutional religious education may normalize sunnah lifestyle practices more widely; in Indonesia, sunnah foods may be adopted selectively and blended with local diets depending on availability and cultural preferences. The mechanism is religious framing: by aligning health practices with Prophetic tradition, parents enhance motivation, identity affirmation, and perceived spiritual benefit.

Finally, parental concern for family health (M = 3.65; 98.2%) and medication adherence (M = 3.67; 98.3%) demonstrates caregiving as moral duty and familial trust. Yet the enactment of this duty can differ by health system access and household health literacy. Malaysian families may experience more consistent access to formal guidance in some settings, while Indonesian families especially in underserved areas may rely more on informal care pathways, delayed treatment, or traditional remedies. The mechanism is moral responsibility shaped by institutional access: parents' intentions may be similarly high, but the strategies and effectiveness can differ depending on healthcare infrastructure.

In synthesis, the cross-country comparison can be strengthened by explicitly framing Malaysia and Indonesia as contexts with shared Islamic principles but different socio-cultural and institutional configurations (Sari & Suryanto, 2024). Malaysia may exhibit stronger institutional reinforcement and normative uniformity in some domains (appearance and modesty), while Indonesia may exhibit greater heterogeneity and localized negotiation, especially given cultural pluralism (Kusmana, 2022). Across both countries, Islamic and Malay/local cultural values

parenting outcomes through three interconnected mechanisms: (1) ritualization of daily routines (cleanliness, etiquette, sleep) that builds internal discipline; (2) reputational governance and social monitoring (appearance, modesty), which intensify compliance where community

norms are more standardized; and (3) structural moderation (balanced diet and structured leisure), where socioeconomic resources, infrastructure, and consumer environments determine whether values can be translated into practice. To fully substantiate these comparative claims, the manuscript should report country-specific descriptive statistics (and, where appropriate, comparative tests) while acknowledging that unequal sample sizes limit the stability of Malaysia Indonesia comparisons (Noor, 2022).

Conclusion

The findings indicate that parents play a significant role in helping adolescents develop healthy habits and Islamic values, which aligns with Malay cultural teachings and Islamic teachings. Values and local wisdom in parenting have been proven to have a positive influence on adolescents' physical behaviour, making them healthy, disciplined, and moral. This research simultaneously addresses the gap in previous literature, which has primarily focused on physical aspects without integrating local religious and cultural values. This offers a new perspective in the study of family education grounded in culture and religion. The application of local values and wisdom in childrearing has been proven to have a positive impact on shaping healthy, disciplined, and moral adolescent behaviour. This research fills a gap in previous literature, which tends to focus only on physical aspects without connecting them to local religious and cultural values. This provides a new perspective on the study of culturally and religiously based family education.

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