

Sacred Communication: Exploring the Attributes of Health Promotion Programs in the Faith-Based Media¹

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Abstract

Cultural sensitivity is a widely accepted principle among health behaviour and health communication researcher. However, studies that focus on faith-based health communication in particular on Islamic perspective or practices are rare. In contrast, the emergent and increasing of faith based media or communication institutions have significantly marked a growing interest to understand health promotion from cultural sensitivity such as Islamic communication. Thus, based on present study of 13 health promotion programs broadcasted by an Islamic radio station in Malaysia, this paper explored the attributes and practices of the faith based media in promoting health. The 390 minutes length of data was examined by employing thematic analysis using qualitative analysis software-NVivo version 8. In particular, this paper has three objectives: (i) briefly discuss the values and characteristics that formulate Islamic communication in health promotion; (ii) examine the characteristics of Islamic health promotion; and (iii) pointing out the potential and challenges of Islamic health communication in Malaysia. The insight of this paper may contribute to the understanding of Islamic communication in media and its impact for social change agenda such as on health promotion to Muslim community. These findings may also contribute to further development of health promotion strategy for Muslim communities in Islamic nation or non-Islamic nation.

Keywords: Health promotion, Islamic communication, faith-based communication, cultural sensitivity in health communication

Introduction

The invariably recurring state of diseases and epidemics, in developed as well as developing countries, indicates that effective health promotion demands multi-perspectives (Geist-Martin, Ray, & Sharf, 2003; WHO, 2004). On the other hand, the rise of social marketing strategies and culturally sensitive approaches has fertile ground for developing health communication theories and practices that respond to the cultural needs of community. The emergent of faith-based mass media such as Islamic radio and television has portrayed new trends in the mass media landscape (Hussain, 2003). The popularity of

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these media has given rise to the need to understand their values and effects on the audiences, in particular for health promotion.

The World Health Organisation, in conjunction with Islamic organisations, has established vision and strategies that culturally sensitive to the Muslim community in recognition of the fact that many Muslim countries are facing significant health-related issues. In the spirit of health promotion that emerged from the Ottawa Charter, the Amman Declaration was marked as an international agenda of health promotion in Muslim community in 1989 (WHO, 1996). Based on consultations and discussions on the Amman Declaration, a panel of Muslim scholars and health practitioners have engaged with series of workshops and research to produce strategies based on Quran and *sunnah*. It was found that there are at least sixty topics of health related issues, rules, regulation or advices found in both sources which can be manipulated in developing health promotion messages. There were at least 92 verses in the Quran that clearly provide health messages that include a wide range of health aspects (WHO, 1996). A total about 158 *sunnah* references were also found related to the health message on the same observed document. In brief, those verses and *sunnah* can play an important role related to physical health, mental health, social health, and spiritual health. Thus, this paper discussed some findings about the practices and values of health promotion broadcast by an Islamic radio station in Malaysia.

Islam and Health Promotion

One of the most important text from which we may deduce the best source for an Islamic principle of health is the verse of God in the Quran. In the Quran it is stated “And He enforced the balance. That you exceed not the bounds: but observe the balance strictly; and fall not short thereof” (Quran, Surah Ar-Rahman, verses 7-9). This comprehensive statement draws our attention to this balance which applies to everything, making clear that any disturbance of the balance may lead to poor consequences. Muslim doctors applied this principle by referring to this dynamic equilibrium as a ‘state of equilibrium’ (Al-Khayat, 1997). To maintain this balanced state of health, a human being needs the ability to restore balance during times of illness. This concept emerges from the hadith of Prophet Muhammad, “And store up enough health to draw on during your illness” (Al-Khayat, 1997).

The Islamic tradition and history of medical and health science can be traced back to more than 1000 years ago (Al-Khayat, 1997). Indeed, it is claimed that Western and modern medicine is indebted to Islam’s health and medicine literature (Jacquart, 1996; Savage-Smith, 1996). Abu Baker Muhammad ibn Zakariya al-Razi (Rhazes), Ali Bin Abbas al-Mujusi (Hally Abbas), Abul-Qasim al-Zahrawi (Abulcasis), and the most famous, Abu Ali al-Husayn ibn Abdalla ibn Sina (Avicenna) were among best known Islamic physicians and their major works have been referred to in modern medicine (Rahman, 1987). Their r works, which were based on Quran and hadith, included health theory, public health, medicine, spiritual healing, gynaecology, obstetrics, nutrition, surgical procedures, environmental health, physiology, pathology, and the role of the health system (Savage-Smith, 1996).

From the Islamic perspective, there are three approaches in promoting health (Al-Khayat, 1997; El-Kadi, 1996). The first one is the legal approach; it prescribes certain behaviours that promote health and prohibits actions that are harmful and hazardous to individual through the rules of the religion. The second approach is identified as guiding approach based on Islam's claim to be a way of life. It is about the provision of certain rules and regulations which guide individuals in their daily lives. This approach sets behavioural guidelines for routine activities in the life of a Muslim. The healing effect of the Quran is identified as the third approach. In this approach, recitation of certain verses from the Quran on the various systems of human body is believed to provide a healing effect. However, as stressed by (Al-Awwa, 2002), the Quran is not a medical book. It is a book that provides guidance to mankind for ensuring happiness and well being through obeying the orders it contains and steering away from the acts its prohibits . Muslims follow the Quran and the *sunnah* which both contain positive health related teaching that can influence their behaviour and hence their health. For Muslims, Islam is both a religion and a way of life that greatly influences their behaviour. Islam provides guidance not only in spiritual matters, but also in daily life including health. The WHO has recognised the role that spiritual well-being plays in promoting good health in the Ottawa Charter (Leeuw & Hussein, 1999).

Studies have shown that religion has effectively worked as a coping and prevention strategy in health-related issues (Koenig, McCullough, & Larson, 2001; Salem, 2006). Religion has an important role in social integration and control. Religion is part of the culture or the way of life of a society, and it helps to maintain cultural traditions. Society can only survive if people share some common beliefs about right and wrong behaviour. Durkheim saw religion as a kind of social glue, binding society together and integrating individuals into it by encouraging them to accept basic social values. So, it is mainly through religion that an individual is socialized into the values of the society. This set of moral beliefs and values may have been so deeply ingrained through socialization that it may have an effect on the everyday behaviour of believers and non-believers alike. Religiosity relates to the influence of social referents and thus may be viewed as analogous to construct from the Theory of Planned Behaviour (Ajzen, 1992). Linking health messages to religious or spiritual themes, or using religious elements on messages, may be appropriate motivational strategies. This can be done through manipulation of social effects such as linking health behaviours to specific biblical commandments or using the norms of the faith as a source of positive or negative sanctions (Glanz, Rimer, & Lewis, 2002). As proved by Campbell, Demark-Wahnefried, Symons, Kalsbeek, & et al. (1999), emphasizing personal feelings of religious pride or shame can invoke attitudes towards health practices. (Eckersley, 2007) argued that psychological literature on health and religion suggests that the benefits to wellbeing flow from the social support, existential meaning, sense of purpose, coherent belief system and moral code that religion provides.

In the context of this paper, the functions and characteristics of Islamic communication are rooted in Islam's social fabric, and are believed to impact on health behaviour. Furthermore, as explained earlier, Islamic communication strategies have exerted significant influences on the targeted group health behaviour. The review of literature has shown that the usage of Quran and *hadith* quotations (Yacoob, 1985), roles of Islamic opinion leaders (Kabir, Mahmoud, & Ali, 1998; Kagimu et al., 1998; Roesin, 1998; Surur & Kaba, 2000), and Islamic institutions such as mosque, school and community

centres (Lagarde et al., 2000; Woldehanna et al., 2006) were significant communication strategies in promoting health among Muslims. However, all of these studies do not specifically evaluate how Islamic communication elements such as strategy and message impact on the receiver. As Atkin and Wallack (1990) and (Hornik, 2002) claimed, that phenomenon has eventuated because, historically, much health communication has been studied by non-communication scholars.

Study Design

In this study, 13 radio programs related to health promotion were selected as a sample. These radio programs were chosen from an Islamic radio station in Malaysia. At the beginning of the study twelve programs were randomly selected. A program was chosen from each month starting from March 2007 up to and including February 2008. However, an additional program was added to the sample later to overcome the validation issue that arose from the first twelve episodes all having the same commentator. The first twelve programs were selected from the health promotion series. This program features a regular that discusses children's health issues except program thirteen that discussed on obesity in general. All chosen talk-show programs are related to health promotion with a medical doctor as the guest speaker. Data were coded and analysed using NVivo version 8 (qualitative analysis software) to identify the themes and trends that characterised health communication practices. Overall, 370 minutes and 6 seconds of recorded audio were analysed to answer the research objectives.

In analysing the Islamic communication, conception of *tawhid*, *dakwah*, *amar makruf nahi munkar*, quran and *sunnah* identified in previous studies were used (Ahmad & Harrison, 2008; Al-Khayat, 1997; Elbarazi, 2005; Mabaya, 1998; Masud, 2007; Mowlana, 1993, 2007; Shaikh, 2000). Basically, *tawhid* was the main concept in defining Islamic communication. This is theoretically correct as the main or the core of Islamic faith is nothing more than the absolute oneness of God. Hence, everything and anything about Islam is centred on *tawhid*. In relation to the *tawhid*, a Muslim's obligation is to follow the path that has been laid out by God. That principle leads to the concept of *amar makruf nahi munkar*, which is a model of communicating Islamic teachings or way of life. The third theme, *dakwah*, describes the strategy for communicating in Islam. The Quran and *sunnah* are regarded as the sources of reference and provide messages that should guide the Islamic communication.

Health Promotion of the Islamic Radio Station

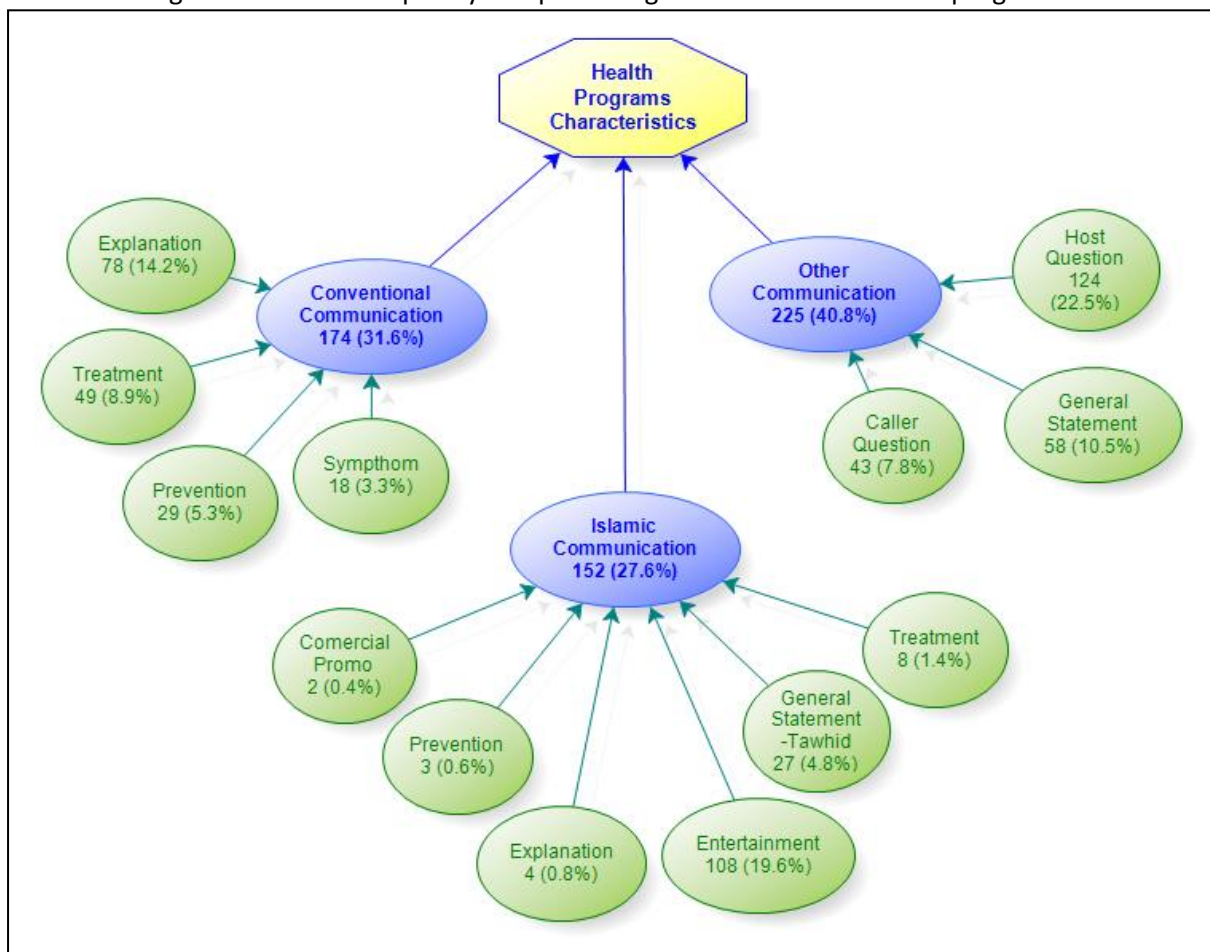
Themes generated in NVivo analysis of model revealed three key categories of communication in the Islamic radio health programs, namely 'Islamic Communication' (IC), 'Conventional Communication' (CC), and 'Other Communication' (OC). Islamic communication is any kind of communication based on or reflecting Islamic teachings, values and culture whether or not it is related to health promotion. Conventional

communication is defined as a health related message or statement which is not based on Islamic teaching, characteristic or values. The other communication component is defined as any kind of communication that is not related to health promotion.

Figure 1 breaks down these categories into themes. The themes of Islamic communication are prevention, treatment, explanation, entertainment, general Islamic health statements, and commercial promotion. On the other side, symptom, treatment, explanation, and prevention were themes that surfaced to construct conventional communication characteristics. Caller's question, host of the program question, and general statement or remarks were themes that made up other communication category.

From a total of 551 references were coded from 13 episodes of health programs, the largest coded references came from OC component which indicated by 225 references or 40.8% of total references coded. The IC and CC categories had 152 (27.6%) and 174 (31.6%) references respectively. The details of the number of references coded frequency and the relative percentage of communication components in every health program studied is presented in the figure below.

Figure 1: Themes frequency and percentage of Islamic radio health programs



Generally, health communication (regardless of Islamic or conventional) was a significant component of the programs analysed by this study. The health promotion component that consists of explanation, symptom, treatment, prevention and general *tawhidic* health statements represents 39.2% of total references coded compare to OC component (40.7%), entertainment (19.6%) and commercial content that signify only 0.4%. However, the references that focus on IC and are directly related to health promotion represented only 13% of total references compared to conventional communication which had a much higher representation of 53% overall. The findings of this study tend to indicate that non-Islamic communication characteristics are dominant in Islamic health promotion programs.

Islamic Communication Conception of Health Promotion

This section evaluates the Islamic health communication components present in the radio programs. NVivo analysis on 151 coded references has generated six key themes that signify Islamic communication of the health promotion programs. These themes are further explained by sub-themes as demonstrated in Table 1. Islamic entertainment has surfaced as the most coded theme which represents 108 references or 71% of total Islamic communication references. The second highest component that contributes to Islamic characteristic of health communication is the general *tawhidic* statements on health with total of 27 (17.7%) references. Islamic based health content is the next higher component that signifies 15 (10.0%) references. This component includes references of elements on explanation 4 (2.6%), treatment 8 (5.3%), and prevention 3 (2.1%). Whereas, the lowest component was commercial promotion with only 2 (1.3%) references.

Table 1: Islamic Communication Components in the Islamic Radio's Health Programs

Islamic Comm.	1		2		3		4		5		6		7		8		9		10		11		12		13		Character			
	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%	F	%		
Explanation-Tawhid	0	0.0	1	50.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	50.0	0	0.0	0	0.0	0	0.0	2	1.3
Explanation-Dakwah	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	100	2	1.3
Treatment-Tawhid	0	0.0	2	66.7	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	33.3	3	2.0
Treatment-Quran	0	0.0	0	0.0	1	50.0	0	0.0	0	0.0	0	0.0	1	50.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	1.3
Treatment-Dakwah	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	33.3	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	66.7	3	2.0
Prevention-Tawhid	1	100	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.7
Prevention-Dakwah	1	100	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	0.7
Prevention-Amar Makruf	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	1	100	1	0.7
General Statement-Tawhid	3	11.1	1	3.7	2	7.4	2	7.4	2	7.4	2	7.4	2	7.4	2	7.4	2	7.4	2	7.4	2	7.4	1	3.7	4	14.8	27	17.8		
Entertainment-Nasyid	3	9.4	3	9.4	3	9.4	3	9.4	3	9.4	3	9.4	2	6.3	1	3.1	4	12.5	1	3.1	2	6.3	2	6.3	2	6.3	2	6.3	32	21.1
Entertainment-Montage	7	9.2	8	10.5	8	10.5	8	10.5	8	10.5	6	7.9	5	6.6	3	3.9	7	9.2	4	5.3	6	7.9	6	7.9	0	0.0	76	50.0		
Commercial Promo	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	100	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	2	1.3
Total	15	9.9	15	9.9	14	9.2	13	8.6	13	8.6	11	7.2	11	7.2	8	5.3	13	8.6	7	4.6	11	7.2	9	5.9	12	7.9	152	100.0		

The Islamic concepts discussed in earlier section of this paper emerged in this study's findings as well. Islamic concepts such as *tawhid*, *dakwah*, Quran and *amar makruf nahy munkar* were present in the health promotion programs broadcast by the Islamic radio station. Surprisingly, the representation of those elements in the health related content was very small. It only covered 27.7% of total Islamic communication content. Indeed, the presentment of the Islamic health content compare to overall health messages is much

smaller which only about 7.6%. In contrast, the biggest Islamic communication component detected is portraying non-health related communication. The component, entertainment element constitutes 71% of overall Islamic communication references. Each of the Islamic health communication component (entertainment and commercial promotion not included) emerged in the health promotion program investigated is explained and described in the following section.

a. Explanation

The aim of health promotion is to educate listeners and influence their health behaviour. To succeed in this aim a health promotion program needs to give viewers a good understanding of a particular illness or disease. Giving listeners a good explanation of the issue will influence their thought patterns and perhaps trigger a change in attitude or lead to positive changes in health behaviour. Developing an understanding of a particular health issues is the first step in promoting a health message. In this study, it was found that Islamic concepts were used in communicating health messages. There were 4 excerpts that demonstrated this theme:

“Insha’allah (with the God will) the bloods that have been transferred to our body will have no problem. New blood is needed by your child in order to cure his problem. Blood that has been donated is already going through some screening process. So far as it has already three years, I think there is no problem or negative effect from the blood transferred...insha’allah.” (Program 11)

“For parents who’re facing this problem, we advise you to be more patient. With some techniques and training that we’ve discussed, insha’allah, the God will help us to manage this problem.” (Program 2)

“If you remember, in my previous session, I did explain why Allah asked us to fast. Allah makes it compulsory for every Muslim to fast during the month of Ramadhan because He knows people are easily tempted by food. Controlling food consumption is part of an Islamic approach or teaching to prevent illness or disease caused by what we eat.” (Program 13)

“...the third disease is diabetes and the forth is arthritis. These disease need to be prevented or cure as it may affect our prayer...we may have difficulty to perform prayer caused by pain of these disease on our joint.” (Program 13)

In the first two references Islamic values were used to when explain the need for certain action to prevent or deal with health problems. The commentator in Program 13 explained how health is related to Islamic teaching and practices. He explained how illness can prevent a Muslim from participating in two very important rituals, prayer and fasting. This reinforces the health promotion message of the program by providing the audience with a culturally sensitive message.

b. Treatment

In order to stimulate actions or behaviour, health promotion should communicate potential prevention strategy or remedy. While an explanation of a particular health issue concerns a potential health threat, communicating about health treatment is about plans of action in pursuit of behavioural goals as suggested in Theory of Planned Behaviour (Berry, 2007). In relation to this theme, 8 references were found to support or explain how IC was communicated. There were three Islamic concepts used to communicate health practices. The first concept applied in communicating treatment is *tawhidic* concept. In this concept, a suggested behaviour or action is said to give pleasure to God. The commentator has used *tawhidic* philosophy in portraying practical recommendations as set out in the two excerpts below.

“My blessed listener, firstly, if we can reduce our weight is *alhamdulillah* (thanks God). But the question now, why are we reducing our weight and for pleasure of whom? We should cultivate in our mind that the mission to lose weight first and foremost is to get blessing from Allah. We do it because Allah likes us to be in healthy shape. Secondly, we do that because of our prophet, he also teaches us to maintain healthy condition. Thirdly, then only for seek of our family, society and so on.” (Program 13)

“Start toilet training your kids at an early age. Some groups in our community start as their child starts to walk. You asked whether kids can be toilet trained t at an early age, *wallahua’alam* (only Allah knows best). Generally Allah emphasised that we should teach good things to our child as early as possible.” (Program 2)

Similar to previous studies’ findings (Abdul Hameed, Jalil, Noreen, Mughal, & Rauf, 2002; Elbarazi, 2005; Tawilah, Tawil, Bassiri, & Ziady, 2002), it is common to refer to the teachings of the Quran when promoting a message associated to Islam. This practice is apparent in these following statements:

“Congratulation Madam Aminah for breast feed your child up to two years. I totally agree with you on advantages of breast feeding. In fact, as mentioned in the Quran, Islam totally encourages this practice. It is not only good for baby to prevent allergy problems, but is also benefits the mother.” (Program 3)

“That’s true, the habit of readings is clearly stated in Islam. In fact, the Quran itself reflects the reading tradition for Muslim ... I encourage you to regularly and consistently read to your child.” (Program 7)

From the above statements, there was evidence that Islamic teaching does include health matters. However, the programs studied made only limited reference to the Quran despite having covered a wide range of health topics. . Out of 13 topics discussed, only two programs reflect the Quranic practices on this theme.

This study also detected the Islamic concept of *dakwah* being used to explain how to handle a particular health issue. The actions recommended implicate Islamic values that motivate people to carry out the suggested behaviour not only because of health concern but also because it strengthens their adherence to the religion. This kind of

recommendation does not distinguish between the demands of health and religion. This theme is pointed out from these comments:

“Your intention to reduce weight is no other than to thank Allah. Set your healthy life goal for the pleasure of Allah. It is much easier to set and attain the goal of weight loss if your intention is to please Allah than if you are losing weight to please someone else...” (Program 13)

“The short term approach is always risky for our health. Once you have the intention to reduce weight, you must set your target...how much you’re going to lose. As I mentioned before, usually after fasting month, we lose some weight. But what happens once the fasting month ends? Most probably many of us will gain weight. So, as Ramadhan (fasting month for Muslim) pave you the road, you should have long term planning to follow-up. This is the aim and teaching of fasting in Islam, so that you become more faithful not only during Ramadhan but later on as well” (Program 13)

c. Prevention

The third theme of IC that has been identified is prevention. This theme signifies threat and appeal component that triggers the receiver’s motivation to bolster attitudes and gives preventative health messages. In study one, both Muslim and non-Muslim, acknowledged the effectiveness of using Islamic values in teaching preventative health measures. However, in Study two, it was found this theme was used rarely in the health programs. Analysis identified that this theme is constructed by three Islamic communication conceptualisations which are *tawhid*, *dakwah*, and *amar makruf nahy munkar* as follow remarks:

“...make sure the private part of our children is always clean. We also should explain the technique to wash the private part. Convince our children that Allah and Islam like cleanliness on every one.” (Program 1)

“As parent it is our responsibility to teach the importance of cleanliness that has been ruled in Islam to our children. Teach them how to wash as laid in the Islamic teaching. *Insha’allah*, by educating them, we can reduce the risk of dysuria.” (Program 1)

“For Muslim, although the food is *halal* (permissible), Islam requested us only to take what best for our body. Good food is not only about richness in nutrition, but also less fat, less cholesterol, and so on. In fact, Islam teaches us to evaluate the effect of the food that we will consume such as whether it may lead to some disease.” (Program 13)

This finding affirms that the threat and appeal component in IC is central to Allah and His teachings. While many health promotion and prevention messages focus on human factors as the subject of appeal, the IC make God as the reason for change or the motivational factor. Furthermore, the preventative health message in IC shows how the promoted actions or strategies demonstrate faithfulness to God. In fact, this concept of prevention positioned threat relates Muslim’s action to fear of losing their creator’s blessing.

d. Tawhidic general health statements

One of the major themes that characterised IC is *tawhidic* statements related to health in general. This theme can be interpreted as message that reflects the importance of health to the Muslim God's, Allah. It contains statements that praise Allah for awarding good health and seek His assistance to become healthy. There were 27 references that referred to this theme. On average this reference occurred at least twice in every program. The following quotes provide examples of this theme:

"Bismillahhirahmanirahim (In the name of God, most gracious, most merciful), *assalamualaikum* (May peace be upon you) to all my listeners. Very good afternoon and thanks for stay on with ... Alhamdulillah because will are still given better health and opportunity by Allah to meet again in this program. *Insha'allah* (with the will of Allah), this afternoon we will continue our series with topic on...." (Program 1)

"Alhamdulillah, I'm in good health ... I pray to Allah and I wish my listeners too are in excellent health." (Program 11)

"Alhamdulillah, we have extensively discussed on what is pneumococcal and how to handle and prevent this disease. I pray for Allah to guide us and protect us from any disease." (Program 5)

"We've reached the end of the program. *Insha'allah* with the knowledge and information that we gained today, it will assist us in facing some of the health problems experienced premature babies." (Program 8)

Analysis also ascertained a consistent pattern of this node throughout the entire programs. A *tawhidic* general health statement is usually given at the beginning and at the end of the program. This pattern can be interpreted as manifestation of the Muslim's fundamental faith in Allah. Muslims believe their daily activities are a blessing from God and they must keep on trying to do their best and always be thankful to the God.

Discussion

Generally, themes that emerged in this study are identical to the Islamic communication conception found in the earlier study. *Tawhid*, *dakwah*, *amar makruf nahy munkar*, and Quran were concepts that support the Islamic health messages. Ironically, *sunnah* conception could not be traced although it was claimed as practical exemplar for Muslim's way of life (Ahmad & Harrison, 2007, 2008; Al-Khayat, 1997; De Leeuw & Hussein, 1999; Elbarazi, 2005). Although a majority of Islamic communication concepts surfaced in the programs, the absence of *sunnah* indicates some imbalance in the Islamic approach taken. As most Muslim researchers claim, *sunnah* is not only an important source for health education in Islam it is highly persuasive to Muslims and also very influential for Muslims (Al-Khayat, 1997; Elbarazi, 2005; WHO, 1996).

The use of Islamic conception themes on health communication component in every program is shown in Figure 2. Based on this figure, every Islamic health communication component is supported by Islamic conception. Treatment and prevention had the highest level of support by Islamic conception. Both of these components constitute three Islamic themes on each. The finding on treatment component explained that there were clearly Islamic principles and teachings related to health care. This interpretation is based on *tawhid* and Quran conceptions, whereby both were a source of Islamic philosophy and principles.

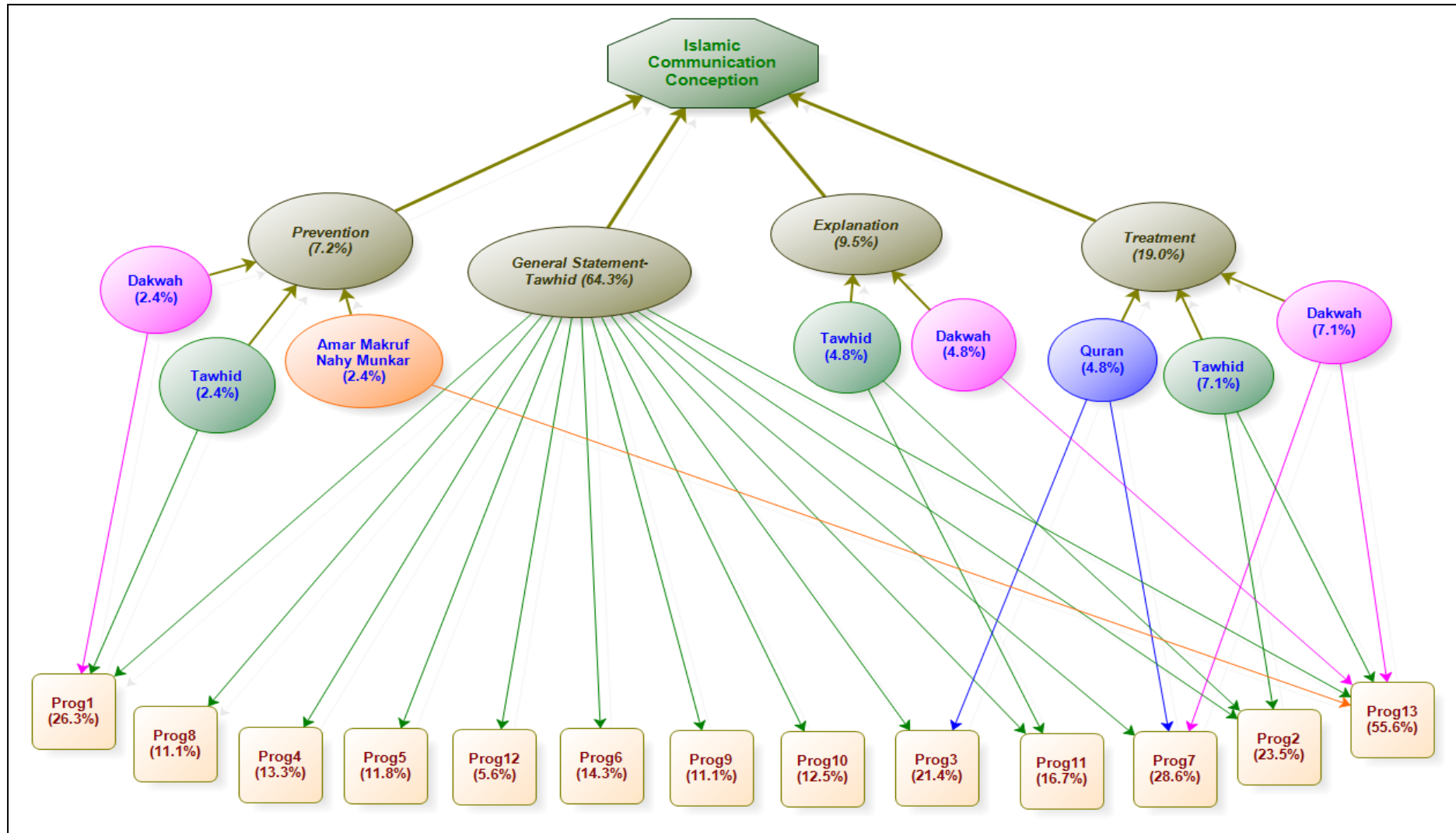
As expected, there were significant Islamic themes in the prevention component. As claimed and recommended in previous studies, the practice of Islamic message, persuasion, and communication strategy were part of communicating a preventative health message to the Muslim community (De Leeuw & Hussein, 1999; Elbarazi, 2005; Roesin, 1998). Explanation component, as shown in Figure 2 is supported by *tawhid* and *dakwah* conception. The general statement component showed a remarkable usage of Islamic conception. That component which was based solely on *tawhid* conception appeared in all programs.

Analysis of themes clearly indicated *tawhid* conception was the major contributor to an Islamic health communication framework. Overall, it was referred to in all components and represented about 78.6% of total Islamic communication conception of the programs. Second largest conception detected in three components was *dakwah*. It covers almost 14.3% of the religion based communication. The third high conception was Quran that specify 4.8% representation and with only 2.4% coverage, *amar makruf nahy munkar* ranked as the lowest conception.

Overall, it was clear from the findings, there is a significant usage of Islamic communication in promoting health. Despite the positive indication in the analysis, there are still more room of improvement need to be done. While *tawhid* conception demonstrated very reliable and practical application, other conceptions were still lack of application in the programs. Thus, it is suggested that those conceptions are widely relate and express in the program. In addition, those conceptions also need to be expressed in a manner that link and portray the health issues. This process will provides better dialogue that potentially lead to proposed behaviour or action (Petraglia, 2009).

It is also suggested that any Islamic conception applied in the health promotion program need to be clearly demonstrate the Islamic statements or references in order to make it more persuasive and credential. Although many Islamic concepts detected in this study, evidence from *quran* and *sunnah* were not obviously being quoted. In fact, teaching or citation from *hadith* couldn't be traced in all studied programs. This scenario looks contradict as *hadith* or *sunnah* claimed to be an important source in Islamic principle (Al-Khayat, 1997; WHO, 1996).

Figure 2: Islamic Communication Conception Themes and Sources Coded of Health Promotion Programs



The lack of Islamic substance in the programs possibly associated with the capability and knowledge about health and Islam. Although the commentator is Muslim, skills to discuss and communicate about Islamic health promotion deeply depend on his/her Islamic health knowledge. In order to narrow the gap between scientific and Islamic understanding, it is recommended that Islamic scholars and Muslim general practitioners should work together to produce better Islamic health messages and engaged The Amman Declaration (WHO, 1996) in Islamic health promotion programs. To choose a Muslim doctor with good Islamic health knowledge as the program's commentator is very essential.

Conclusion

Generally, health programs broadcast by this radio station do portray Islamic communication characteristics. However, the representation of the Islamic perspective is considered quite low compare to conventional communication. This study found that all Islamic communication conceptions were practiced except *sunnah*. Nevertheless, the presentation of those conceptions varied. *Tawhidic* has signified strong Islamic conception that influenced health messages. On the other hand, Islamic entertainment component has shown unexpected appearance on overall Islamic representation of health promotion program. This general outcome may be related to the fact that the Islamic radio station broadcasting concept is to harmonise education, information, and entertainment. Thus, any educative or informative program will include some elements of entertainment.

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