ORIGINAL ARTICLE

"From Cigarettes to Clarity: Insights into an Islamic-Based Smoking Cessation Program for Undergraduate Students"

Siti Hajar Mohamed Zain[1], Sharifah Munirah Syed Elias[1], Nurul Akma Jamil[1], Rif'atunnailah Mat Isa[1], Hamidah Othman[2], Wahyudi Rahmadani[3], Junainah Azmi[1]

[1] Kulliyyah of Nursing, International Islamic University Malaysia, Pahang, Malaysia.
[2] Faculty of Medicine & Health Sciences, Universiti Sultan Zainal Abidin, Terengganu, Malaysia.
[3] Faculty of Nursing, Sekolah Tinggi Ilmu Kesihatan Sapta Bakti Bengkulu, Indonesia.

ABSTRACT

Introduction: Smoking-related diseases contribute to Malaysia's huge economic and physiological burden. Despite several smoking cessation interventions in Malaysia, most focus mainly on pharmacotherapy or behavioural therapy, or both leaving the religious aspects behind. Since religiosity plays an important role in regulating one's health behaviour, it is crucial to integrate religious aspects into smoking cessation intervention programmes. Moreover, smoking cessation programmes rarely target the young adult population, primarily undergraduate university students. The study aims to explore the experiences of undergraduate smokers concerning the Islamic-based smoking cessation programme (ISCP). **Methods:** This study applied a qualitative approach and a semi-structured interview of the participants (n = 10) to explore their experiences regarding the ISCP. The study population were male students of the foundation studies who were active smokers. Thematic analysis was applied in analysing the semi-structured interview data. **Results:** Three themes have been identified from the in-depth interviews: 1) strengths of the programme, 2) strategies to quit smoking, and 3) reflection on the smoking cessation barriers. **Conclusion:** The findings suggest that ISCP is a worthwhile programme among young adults.
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Keywords: Young adult, Tobacco use cessation, Islamic-Based Intervention, Qualitative Experience, Religiosity and Health Behaviour

Corresponding Author:
Asst. Prof. Dr. Junainah Azmi, Lecturer
Email: junainahazmi@iium.edu.my
Tel: 095707347/ +60129661584

BACKGROUND

Studies have shown that many smoking cessation programmes have been conducted worldwide. It includes study on mobile phone-based interventions, telephone counselling and exercise interventions for smoking cessation, acupuncture, physician advice, pharmacological interventions, individual behavioural counselling, combined pharmacological and behavioural interventions, and the latest, group behaviour therapy programme for smoking cessation [1-7]. The effectiveness of these interventions depends on the target populations. A few considered religious-based interventions provide promising element in regulating a person's health behaviour [8].

Abstinence from the cigarette symptoms refer to temporary physical and psychological symptoms that has already been adopted in the smoker's body [9]. It has been suggested that nicotine addiction may have been the main barrier for smokers to quit and remain smoke-free [9]. Withdrawal symptoms may need spiritual/ religious coping. Religion as an element in spirituality helps regulate behaviour and health habits, while spirituality regulates emotions [8]. Religiosity includes religious coping, i.e., the use of religious belief, which is believing that God has the ultimate power to control or change their heart and behaviour, and religious coping [10].

Religiosity is often overlooked during the counselling session as it is not considered important or necessarily related to smoking cessation therapy. A study suggested that it is very important to include religious elements in the discussion of therapy [11]. Religious elements have been reported to positively affect smokers to quit smoking [9, 12-16]. Religiousness is strongly associated with better health habits, including lower smoking and alcohol consumption and a greater likelihood of medical screenings [8].

Most studies on smoking cessation were focused on general adult smokers regardless of ethnicity or religion, while only a few studies focus on the specific race or religion of the smokers [9, 12-14]. Most Malaysian smokers are male (39.6%), Malay Muslims (87%), aged 21–30 years (59.3%) [17,18], and there were only few studies integrate religiosity in smoking cessation programme [19]. This study aimed to explore the participants' experiences on smoking cessation programme with the integration of religiosity, for the Malay Muslim, young adult smokers.

Description of the Islamic-based smoking cessation programme (ISCP) Module

The module is based on the concept of Islam in Hadith Jibril [20]. The module comprises a 3-hour programme with three sessions, an hour per session, and a short break between sessions. The programme can be conducted by one person, i.e., any individual that has received briefing/training on how to use this module. After editing and finalising the contents and flow of the module, the themes included in the module are summarised in Table I.

Fig 1: Components in Islamic-Based Smoking Cessation Programme

Table I: Summary of topics in the ISCP Module

Theme	Topic
Theme 1: Health concepts in Islam.	Topic 1: Basic health concepts in Islam, smoking behaviour in Islamic society, and Islamic law concerning smoking.
	Topic 2: Dangers of smoking (health-based)
	Topic 3: Integration of Islam into daily lives generally and also in smoking cessation specifically.
Theme 2: Basic concepts of Islam as a religion.	Topic 1: Integration of Islam and Iman in aiding smoking cessation.
	Topic 2: Ihsan and its relation to smoking behaviour.
Theme 3: Coping strategies related to smoking with integration of Islamic teachings.	Topic 1: Group support for motivational enhancement.
	Topic 2: Healthy living techniques without smoking in Islam.
	Topic 3: Stress management for smoking cessation.

The main element in the Islamic-based smoking cessation programme (ISCP) is the Islamic-based elements that were based on the concept in Hadith Jibril, and the Islamic Religiosity construct in the Muslim Religiosity-Personality Inventory (MRPI) Measurement Model [21]. The ISCP incorporates Islamic principles, rules, and context for Islamic worldviews and values. The integration of the elements is based on the Differential Impact of Religiousness and Spirituality on Pathways to Morbidity and Mortality Model, which proposed that religiousness added with social support would help regulate behaviour that will lower the risk of morbidity and mortality by encouraging healthy behaviour [8].

The concept of 'La Darar wa La Dirar' (no harm and no reciprocating harm) strengthens participants' Islamic knowledge (Ilm) and spiritual awareness (Taqwa), reinforcing the importance of protecting one's health. The program also applies Targhib wa Tarhib, encouraging individuals with the health and spiritual rewards of quitting while warning about the physical and moral harms of smoking. Ikhlas & Niyyah emphasize sincerity in one's intention to quit for personal well-being and seeking Allah's pleasure. Additionally, Ijtima'iyah highlights the role of social support, encouraging communities to help individuals overcome addiction and create a smoke-free environment.

The ISCP also aligns with behavioral change theories. The Theory of Planned Behavior (TPB) supports quitting by strengthening intention, perceived control, and social norms. The Health Belief Model (HBM) highlights the risks of smoking and the benefits of quitting, motivating behavioral change. The Transtheoretical Model (TTM) maps the quitting process across different stages, from contemplation to maintenance, integrating faith-based motivation for long-term cessation. This combination of Islamic teachings and psychological models enhances both spiritual and behavioral transformation, supporting sustainable smoking cessation.

METHODS

Study design

This study was conducted using the qualitative study using a semi-structured interview guide as the main method of data collection.

Study Population

The participants of the study were from a public university in Malaysia, the International Islamic University Malaysia (IIUM), Kuantan, Pahang. The study population were male students from the foundation studies who were active smokers.

Sampling plan and recruitment strategy

The researchers employed purposive sampling to select participants who could provide significant and in-depth insights into the research questions. In the first phase, purposive sampling was used to recruit university students who were smokers to participate in the Islamic-based Smoking Cessation Program (ISCP). Since this study is the continuation of the first phase, aiming to explore the experiences of its participants, only individuals who had completed the ISCP were included. The inclusion criteria were students aged ≥ 18 and ≤ 28, Muslim regardless of ethnicity, current and active smokers (smoked daily for the past 3 months), able to speak and understand English or the Malay language, and reachable by telephone. The exclusion criteria were students with chronic illness and those currently on other cessation programmes.

Sample size

As a rule of thumb, the sample size for a qualitative study is determined by the assumption of the saturation of data. Data saturation is achieved when no new data could contribute to any new understanding of the issues being studied and new data recur in patterns like the existing categories [22]. To enhance transparency and ensure the process is reproducible, we have thoroughly documented the number of participants, the themes identified, and the rationale for concluding data saturation. At multiple stages of data collection, we engaged in peer validation, inviting colleagues to assess the robustness of the themes and patterns and to verify whether saturation had been reached. The final decision to stop data collection was made after careful consideration of data repetitiveness and the absence of new insights.

The research team determined that saturation was achieved when participants' responses became repetitive, and no new knowledge was obtained. This saturation point was reached at the 10th interview when emerging data formed patterns like existing codes. The process involved documenting the development of themes, providing clear evidence of how new data consistently aligned with existing categories, and regularly comparing new findings to prior data. Additionally, we reviewed the consistency of our theoretical framework to ensure its alignment with the accumulating data, confirming theoretical saturation.

Data collection

The interviews were conducted via online platform; from June 2021 until February 2022. A semi-structured interview guide was used to facilitate the interviews. The duration of each interview ranged from 45 minutes to one hour. Consent was obtained prior to the interview, and it was explained that their participation was voluntary. All the interviews were recorded using a digital voice recorder. During the interview, participants' facial expression throughout the interview session any significant events that interrupted the interview flow, such as loss of internet connection, were noted in the field notes. The interviews were transcribed verbatim, and this process was completed before the next interview

was conducted.

Data analysis

Inductive thematic analysis was used to analyse the in-depth interview of the study participants [23]. During analysis, the interview transcripts, field notes, and reflective journals were used together to elucidate how they might connect to answer the research questions. Initial coding was developed by the researcher and the coding was further revised based on discussion and consensus within the research team.

Themes were developed using a systematic manual coding approach. The data were carefully analyzed through an iterative process of reading, coding, and categorizing key patterns to ensure a rigorous thematic analysis. Manual coding was chosen over software-based methods such as NVivo to allow for a more immersive and context-sensitive engagement with the data, ensuring that the nuances of participants' experiences were accurately captured.

Trustworthiness

Several strategies were adopted to enhance the trustworthiness of the study findings [24]. The participants were explained that their participation was voluntary to ensure that they could provide valuable and reliable information. Prolonged engagement during ISCP provided the opportunity to build rapport and enhanced their openness to share stories. Third, the transcription was done by the same researcher who conducted the interviews. This allowed the researcher to become more immersed in the data and achieve better clarity of the context of the interviews. In this study, while the primary researcher conducted the interviews, transcribed the data, and initially developed the themes, the research team was also involved to enhance the credibility and trustworthiness of the analysis. The researcher's deep engagement with the data allowed for a nuanced understanding of participants' experiences, ensuring that the themes accurately reflected their perspectives. Meanwhile discussion and consensus were conducted among the research team contributed to inter-coder reliability by cross-checking codes and themes. This strategy ensured consistency in data interpretation and enhanced the robustness of the findings.

RESULTS

The characteristics of participants

A total of ten participants were interviewed and the participants' age ranged from 18 to 25 from various academic backgrounds, i.e., non-health-based courses. The reduction of cigarette amount smoked daily ranged from six to seven sticks per day (the most) to one to two sticks per day at six-month post-ISCP. The characteristics of the participants are summarised in Table II.

Table II: The characteristics of participants

Pseudonym	Age	Study Course	Years of smoking	FTND scores	Smoking status 6-month post ISCP (Self-reported)
Luqman	24	Non-health based	6	Very low	Reduced amount
Fateh	24	Non-health based	11	Very low	Quit
Fawwaz	26	Health based	10	Very low	Quit
Al Hassan	23	Health based	9	Very low	Substitute with vape
Abdul	24	Non-health based	12	Very low	Substitute with vape
Thaqif	25	Non-health based	8	Very low	Substitute with vape
Ahmad	25	Health based	11	Very low	Reduced amount
Shahir	24	Non-health based	9	Low	Quit
Afif	22	Health based	5	Very low	Reduced amount
Fayyadh	24	Health based	9	High	Quit

Note. FTND=Fagerstrom Test for Nicotine Dependent

The findings revealed three major themes for the experiences of the participants during the ISCP. Data were presented in narrative form, wherein appropriate direct quotations from participants were included. Each quotation from the participants is presented by the participants' unique code in brackets. Three main themes from the interviews: 1) gaining new knowledge and experience, 2) identifying strategies to quit smoking, and 3) reflecting on the smoking cessation barriers.

Gaining New Knowledge and Experience

Several beneficial points of ISCP were discovered from the interview sessions. They stated that their participation in the programme gave them positive experiences in terms of increasing their awareness and changing their mindset by getting new knowledge and useful Islamic input and giving information tailored to their needs. In the programme, a few participants discovered new knowledge from the sharing session with the researchers, including the contents of cigarettes and Islamic views on smoking.

I like that the prevention method, Islamic tips like food and fruit to take, alternative things to do to get me busy and forget about smoking. I didn't know about these things, so I really liked it that it taught me something new that I don't know. It really increases my knowledge.
(Mr. AM, 25 years old, 11 years of smoking)

The programme provides a new perspective on participants' journey of quitting smoking by providing the benefits of quitting instead of only focusing on the negative effects of smoking. The participants favour this novel approach as it changes their mindset to quit smoking.

I can say quite interesting...instead of focusing on the terrible things that smoking can cause, why don't we look at the benefits of not smoking right? I think that we should change our mindset like that.
(Mr. AH, 23 years old, 9 years of smoking)

The topic emphasises the beauty of Islam as rahmatan lil alamin (blessing for all humanity) and Allah's forgiveness for the sinner. Besides, the integration of Islamic values, such as the concept of Iman, Islam, and Ihsan, in daily life helped a lot. Most of the participants agree on how these Islamic values paved their quit-smoking journey smoothly.

But the most important thing that I can highlight is the thing that helps me to quit in this programme is in the context of the Islamic view itself that was stressed in this programme. Why it is haram, what is the fatwa, how is the national fatwa, that's what made it.
(Mr. FT, 24 years old, 11 years of smoking)

Identifying strategies to quit smoking

The programme helped provide a constant reminder to the participants by sending text reminders to help them recall the topics learned and to discuss the important points in the programme.

So, it is a good thing when there's a reminder like that because when we were almost forgotten about it, there's a reminder like posters, hadiths, so when these reminders make us refresh and recall back. It's a good thing and I think that it is efficient to have a reminder like that.
(Mr. LM, 24 years old, 6 years of smoking)

The thing is that we need someone to remind us that it is haram to smoke. We knew it is haram, but we ignore it. Even there is imam besar (Islamic leader) who smokes, not because he does not know that it is haram, but due to ignorance. So, it is good that we discussed about it and that we are reminded regarding this matter.
(Mr. TQ, 25 years old, 8 years of smoking)

Another strength of the programme is that it is personalised for young adult smokers. The programme helped increase the participants' awareness. The free-spirited young minds make them interested in trying new things without thinking about the consequences. Thus, real smokers' testimonials during the programme substantially impacted their decision to continue or quit smoking.

Youngsters tend to ignore when people ask them to quit smoking as we think that we are still young and free from the danger of smoking as it is still not happening to us. So, I think real smokers' testimonials would give a significant impact on this specific target age group. A personalised strategy to target young smokers.
(Mr. TQ, 25 years old, 8 years of smoking)

An added point to the programme is that it offers interactive sessions to grab young adults' attention and involve them in the lesson so that they will remember. During the interview, Al Hassan mentioned that the fact this programme targets individual smokers makes it better than other cessation programmes. He also ecstatically mentioned that he could recall what had been learned during the programme after more than six months.

Researcher follow-up and group discussions were provided throughout the programme as a support group to ease the participants' cessation journey. The engagement among participants during the discussion, interaction in the session and WhatsApp chat allowed them to feel relaxed and helped build trust to share their feelings and emotions during their journey.

...this programme has WhatsApp group, the researcher was really supportive and also follow-up on the participant, so I felt closer.
(Mr. FW, 26 years old, 10 years of smoking)

To sustain the momentum to quit smoking, avoiding smoker friends is necessary. Changing the friend circle brings a positive influence on the participants in their effort to quit smoking. One of the participants remembered the Hadith learned during the programme regarding good friends and bad friends and shared his view:

I try not to hang out with my smoker friends. I try to hang out with non-smokers friends. So, now that I'm in the circles of friends who are training in sports, its ok. Choose friends who hang out but doesn't smoke. Like what we learnt during the programme, if you befriend a perfume seller, we will also get the nice smell on us.
(Mr. FW, 26 years old, 10 years of smoking)

Reflecting the Smoking Cessation Barriers

Smokers' readiness to quit smoking is one of the important barriers to smoking cessation. Self-determination and effort to quit smoking start from their inner self. The effort to quit smoking should begin with smokers' selves despite joining any programme. Interestingly, a few participants mentioned that one could quit smoking after joining this programme if they were ready and highly determined to quit.

I think that me myself has low level of effort despite having intention to quit. The programme itself is great already but I think it is my own self that lack the motivation to quit. And yes, I would definitely recommend this programme to my smoker friends, provided that they have strong will to quit.

(Mr. AF, 22 years old, 5 years of smoking)

Most participants who did not change their smoking status or relapse to their smoking habit after a few weeks or months of quitting were aware that not only smoking and vaping are haram, but they are also bad for their health. However, they still chose to continue. This negative attitude is one of the things that may hinder the quitting process. The participants were aware that smoking is haram and can harm the body, but they could only reduce their cigarette amount or substitute cigarette smoking with vaping. They remain resistant to giving up smoking and do not take the dangers of smoking or Islamic law seriously.

Yes, I knew that its haram. I really feel like to quit. But it is becoming like a habit. In the morning after breakfast, I need to smoke. It's hard. But I really want to quit smoking. It just seems like I cannot beat the smoking habit.
(Mr. LM, 24 years old, 6 years of smoking)

Regardless of how long the participants had been smoking, stressful events still affected them, causing them to continue smoking in response to the event. For instance, Luqman and Afif, who have smoked for 5 to 6 years, and Ahmad, who has smoked for 11 years, all cited stressful events as the reason they started smoking. Because its end of semester and the workload is a bit high, so maybe that's why my cigarette count increase again.
(Mr. LM, 24 years old, 6 years of smoking)

The most that I can go without smoking is not more than 1 month. I didn't smoke back due to headache at that time but, due to my frustration related to my poor study results at that moment. The feeling of sadness makes me want to smoke badly at that time. I felt relieve after I smoke back at that time.
(Mr. AF, 22 years old, 5 years of smoking)

Withdrawal symptoms include craving, denial, headaches, and relapse, which reduce participants' will to quit. Some participants mentioned how the unbearable withdrawal symptoms, such as cravings and headaches, caused them to delay their effort to quit smoking.

I have tried quitting smoking the other day, but it is too sudden that I've been experiencing a bit of withdrawal symptoms. Mainly craving. It's not that bad, but it always feels like I wanted to smoke. A few headaches. Really thinks of relapsing when I tried to quit. At first, I felt very confident to quit, that I can quit because I didn't feel anything. But then after a few days, the craving came back.
(Mr. AH, 23 years old, 9 years of smoking)

Another barrier to quitting smoking is peer pressure. While socialising, most participants think smoking is crucial for blending in and making friends. Assuming that it is a medium to connect with their peers, it became a dilemma for those who intend to quit.

Yes, I do have the intention to 100% quit smoking, in fact, I don't think it's a difficult thing to do, but when my friends smoke, I naturally accept if they offered their cigarette to me. My obstacle in quitting is more on the outside influence, like I can say that I smoke because of peer pressure, where I mostly follow my smoker friends smoke.
(Mr. FY, 24 years old, 9 years of smoking)

Thus, these surroundings may affect the participants' will and judgement to keep free from smoking and hinder their cessation journey.

DISCUSSION

The present study reported that the participants agreed that the new knowledge they received during the ISCP provided the assistance they required in their smoking cessation journey, leading to the improvement of their smoking status six months after completing ISCP. The strength of ISCP is that it uses methods and approaches appropriate for the target population. The contents

introduced in the ISCP were presented in the form of graphics, videos, and pictures to enhance the attention and recall of the message [25]. The ISCP was designed to be interactive to improve the participants' learning experience and maintain their enthusiasm for the programme.

When told about the negative health effects of smoking, these young adults could not visualise it clearly; however, when shown the real smokers' testimonial video, they mentioned that they could grasp what might happen to them if they continued smoking. This outcome indicates that the delivery method has greatly affected their perception towards smoking. This finding is similar with previous study findings, which indicated that video messages were more effective than texts in delivering quit-smoking interventions [26].

The findings revealed that the participants reacted favourably to the programme's Islamic-based elements and applied the advice from the ISCP in their smoking cessation journey. This result concurs with a previous study which discovered a significant association between religious well-being and patch use compliance, demonstrating the beneficial effects of religion on health behaviours [27]. However, it is noteworthy that not all the participants practised what they learned in the programme, although they agreed and supported the notion that the tips given during the programme were good and supposed to be effective for their cessation journey.

The ISCP also assists the participants in identifying smoking cessation barriers, such as withdrawal symptoms and peer pressure. However, some participants continued to smoke despite being aware of the highlighted impediments. This might be due to the severe withdrawal symptoms, making smoking cessation impossible despite the significant improvement in their attitude and practice level. This is consistent with previous study, where some participants agreed that addiction is the main barrier to smoking cessation [28]. Even with the nicotine knowledge taught during the programme, some participants still have a big misconception and switched to vaping to replace their cigarette-smoking habit. This result is similar to a previous study, which concluded that harm reduction efforts might be impeded by misperceptions about nicotine [29]. The outcomes of reversing such misconceptions by public education should be evaluated in further research.

Additionally, most participants who succeeded in quitting claimed that the programme helped them in their quitting journey. Similar results were found in previous studies where religious activities help reduce smoking and improve smoking rates. A previous study also showed that Muslims who smoke and pray five times a day are more likely to quit smoking15. Another study discovered that Al-Quran recitation (an Islamic element) resulted in a significant difference in cigarette smoking reduction compared to counselling using the 12'M' approach [12].

Comparing ISCP and Motivational Interviewing in Addressing Smoking Cessation

Smoking cessation is influenced by multiple factors beyond nicotine addiction, including psychological cravings, social constructs, and behavioral reinforcement [30]. The Islamic-based Smoking Cessation Program (ISCP) and Motivational Interviewing (MI) offer distinct approaches to addressing these dimensions, with ISCP incorporating spiritual and religious elements, while MI focuses on client-centered behavioral strategies.

Cravings are a key barrier to smoking cessation, often driven by both physiological dependence and psychological reinforcement [31]. MI employs self-efficacy enhancement and cognitive-behavioral techniques to help individuals manage cravings through self-motivation and problem-solving [32]. In contrast, ISCP integrates Islamic teachings, such as patience (sabr) and reliance on God (tawakkul), offering an additional spiritual coping mechanism. Studies have shown that faith-based interventions can enhance self-regulation and resilience against cravings by promoting mindfulness and self-discipline [33].

Social norms and environmental factors significantly affect smoking behavior [34]. MI helps individuals explore their social influences and build support networks to reinforce behavior change [35]. ISCP, however, frames smoking cessation within a religious and communal context, utilizing religious leaders, group prayers, and faith-driven support to strengthen motivation. Research suggests that religious communities can provide strong social reinforcement, particularly among Muslims, where smoking may be perceived as inconsistent with Islamic principles of self-care and maqasid al-shariah (preservation of health) [36].

Behavioral reinforcement plays a crucial role in sustaining smoking cessation. MI employs techniques such as decisional balance and reflective listening to reinforce self-motivation [37]. Meanwhile, ISCP integrates Islamic values such as tazkiyah al-nafs (self-purification) and the concept of avoiding harm (darar), reinforcing behavior change through both intrinsic spiritual motivation and the perceived reward of religious adherence [38]. Faith-based interventions have been found to be particularly effective in cultures where religion is deeply embedded in daily life, enhancing long-term adherence to cessation programs [39].

Overall, while MI provides an evidence-based, secular approach to smoking cessation, ISCP enhances the process by integrating religious motivation and community-driven support. This suggests that faith-based programs like ISCP could be particularly effective in

Muslim populations, complementing MI by addressing the multidimensional aspects of smoking addiction from both psychological and spiritual perspectives.

LIMITATIONS AND RECOMMENDATIONS OF THE STUDY

The study faced several limitations, primarily due to the necessity of conducting interviews online amid the COVID-19 pandemic. While this approach provided convenience and allowed participants to engage from familiar, comfortable environments, it also presented challenges. Online interviews may have hindered the ability to observe nonverbal cues crucial for interpreting emotions, and technical issues could have interrupted the flow of discussions. Additionally, participants might have been more prone to distractions or felt less engaged compared to traditional face-to-face settings.

To address potential biases such as social desirability, several strategies were implemented. Participants were assured of confidentiality and anonymity to promote honest responses, especially when discussing sensitive topics like smoking behaviour and their experience with the Islamic-based Smoking Cessation Program (ISCP). Interviewers used neutral, non-judgmental language and open-ended questions to foster a safe space and allow for more authentic sharing. Triangulation was also employed, comparing interview data with program records and follow-up reports to ensure the validity of responses.

Despite the ISCP's effectiveness in motivating change, some barriers remain. Variability in participants' religious commitment and differing interpretations of Islamic teachings can affect their level of engagement with the program. Moreover, some individuals may perceive religious-based interventions as judgmental or restrictive. To enhance the program's success, it is essential to foster an inclusive, non-judgmental atmosphere and acknowledge the need for supplementary support. A hybrid approach that blends faith-based content with pharmacological treatments and behavioural counselling may be more effective, especially for individuals facing severe nicotine addiction.

CONCLUSION

This study found that the Islamic-based Smoking Cessation Program (ISCP) offers a positive, faith-driven approach to quitting smoking by enhancing participants' knowledge, strategies, and self-reflection, making it suitable for both clinical and university settings. In healthcare practice, particularly among nurses and other health professionals, ISCP can be implemented as a culturally relevant intervention for Muslim young adult smokers. At the university level, it can be offered to student smokers, with successful participants trained as role models to deliver the module, ensuring its sustainability. Unlike national programs like mQuit, which use Nicotine Replacement Therapy (NRT), Cognitive Behavioural Therapy (CBT), and Motivational Interviewing (MI), ISCP emphasizes spiritual motivation without pharmacotherapy. While cost-effective and accessible, ISCP may be less effective for individuals with high nicotine dependence, suggesting that a hybrid model integrating religious motivation with evidence-based treatments could further enhance its overall effectiveness and contribution to national cessation strategies.

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