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# INTEGRATING SELF-DETERMINATION THEORY AND ISLAMIC DA'WAH IN HEALTH PROMOTION AMONG MALAYSIAN UNIVERSITY STUDENTS

**Aini Faezah Ramlan[1]***
**Nurul Nisha Mohd Shah[2]**
**Radzman Basinon[3]**

[1]Faculty of Communication and Media Studies, UiTM Melaka
Email: faezah877@uitm.edu.my; https://orcid.org/0000-0002-5512-9579
[2] Faculty of Communication and Media Studies, UiTM Negeri Sembilan
Email: nurulnisha@uitm.edu.my; https://orcid.org/0009-0000-4134-2187
[3] Sixty Action Academy, Malaysia
Email: radzmanbasinon@gmail.com; https://orcid.org/0009-0006-0214-0092

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**Abstract:** *The rising prevalence of non-communicable diseases (NCDs) and unhealthy lifestyle behaviours among Malaysian university students presents a significant public health challenge. As young adults transition into independent living, they face increasing academic demands, changing lifestyle patterns, and extensive engagement with digital media, all of which heighten their susceptibility to physical inactivity, unhealthy dietary practices, and other modifiable health risks. Despite substantial investments in health promotion, existing interventions within higher education institutions remain largely information-driven and often fail to produce sustained behavioural change because they insufficiently address individuals' psychological, cultural, and spiritual motivations. Self-Determination Theory (SDT) provides a well-established framework for explaining health behaviour through the satisfaction of autonomy, competence, and relatedness. However, its predominantly secular orientation offers limited consideration of faith-based values that influence health decision-making in Muslim-majority contexts. This conceptual paper proposes an integrated framework that extends SDT by incorporating Islamic da'wah communication principles to promote sustainable health behaviours among Malaysian university students. Using a systematic conceptual synthesis approach, the study critically reviews relevant literature on SDT, Islamic health perspectives, and digital health communication to identify theoretical, contextual, and communication gaps. The proposed framework aligns autonomy with ikhtiyar (responsible choice), competence with amanah (physical stewardship), and relatedness with ukhuwwah (social solidarity), while positioning Islamic da'wah communication through hikmah (wisdom), mau'izah hasanah (compassionate advice), and tabayyun (information verification) as the mechanism facilitating value internalisation and intrinsic motivation. By integrating psychological and spiritual dimensions of behaviour change, the framework extends SDT within an Islamic worldview and offers a culturally responsive foundation for health promotion. The study contributes to the advancement of Islamic health communication theory and provides practical implications for*

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*university health programmes, student affairs initiatives, and faith-based digital health communication strategies aimed at fostering long-term healthy lifestyles among Malaysian university students.*

**Keywords:** *Health Promotion; Islamic Da'wah; Malaysian University Students; Non-Communicable Diseases; Self-Determination Theory*

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## Introduction

The increasing prevalence of non-communicable diseases (NCDs), including cardiovascular diseases, type 2 diabetes mellitus, obesity, and hypertension, has become one of the most pressing public health challenges globally and remains a significant concern in Malaysia (World Health Organization [WHO], 2023). Despite considerable advances in healthcare and disease prevention, the incidence of lifestyle-related diseases continues to rise, particularly among young adults whose health behaviours are increasingly shaped by rapid digitalisation, changing lifestyles, and socio-cultural transitions. The National Health and Morbidity Survey (NHMS) 2023 demonstrates that modifiable behavioural risk factors for non-communicable diseases remain highly prevalent among Malaysian young adults, reflecting persistent challenges related to health awareness, physical inactivity, unhealthy dietary habits, excess body weight, inadequate sleep, and the increasing popularity of electronic cigarette and vaping use (Institute for Public Health, 2023). These behavioural risks are particularly concerning within the university population, where students experience significant lifestyle transitions characterised by increased independence, academic pressures, altered eating patterns, and prolonged exposure to digital media. Together, these factors create a complex health environment in which conventional health education alone may be insufficient to encourage sustainable behavioural change. Consequently, more holistic and culturally responsive health promotion approaches that integrate psychological motivation with ethical and spiritual values are needed to foster healthier lifestyles among Malaysian university students.

The university environment represents a critical developmental context in which young adults establish lifestyle patterns that frequently persist into later adulthood. During this transitional stage, students experience greater personal autonomy, changing dietary habits, academic pressures, and continuous exposure to digital media environments that collectively shape their health-related decisions. Consequently, higher education institutions provide an important setting for preventive health promotion initiatives. Nevertheless, existing campus-based health programmes remain predominantly information-oriented, relying on educational campaigns, awareness weeks, brochures, posters, and health messages that assume increased knowledge will naturally translate into healthier behaviours. However, growing evidence suggests that knowledge dissemination alone is insufficient to sustain behavioural change because it often neglects the psychological, emotional, and value-based mechanisms that regulate long-term health behaviour (Ng et al., 2012; Ntoumanis et al., 2021). These observations suggest that sustainable health promotion requires approaches that move beyond cognitive awareness by fostering deeper motivational engagement and behavioural internalisation.

Within health communication research, Self-Determination Theory (SDT) has become one of the most influential theoretical frameworks for explaining behavioural self-regulation and long-term health behaviour (Deci & Ryan, 2000; Ryan & Deci, 2017). SDT argues that individuals are more likely to adopt and maintain healthy behaviours when three fundamental psychological needs known as autonomy, competence, and relatedness are satisfied. Autonomy

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refers to experiencing volitional choice and self-direction, competence reflects confidence in one's ability to perform desired behaviours, and relatedness denotes a sense of belonging and meaningful social connection. Extensive empirical research has demonstrated the effectiveness of SDT in predicting a wide range of health behaviours, including physical activity, dietary adherence, smoking cessation, and disease prevention (Gillison et al., 2019). Nevertheless, the theory was originally developed within Western psychological traditions that conceptualise behavioural regulation primarily through individual autonomy and internal cognitive processes. Consequently, conventional SDT applications often pay limited attention to the influence of spirituality, moral accountability, and religious obligations that shape decision-making in many non-Western societies (Rahman, 1982; Syed Ali, 2018).

This theoretical limitation becomes particularly significant within the Malaysian context, where 63.5% of university students identify as Malay Muslims and where religious values remain deeply embedded in everyday life. For many Muslim university students, health-related decisions extend beyond individual preferences or personal well-being; they are also understood as expressions of moral responsibility (*mas'uliyyah*), stewardship of the body as a divine trust (*amanah*), and the pursuit of holistic success (*al-falah*) in both worldly life and the Hereafter (Al-Ghazali, 2004; Al-Qaradawi, 1995). From this perspective, maintaining good health is not merely a personal lifestyle choice but also a religious obligation that integrates physical, ethical, and spiritual dimensions of human well-being.

At the same time, the contemporary digital communication environment has fundamentally transformed how university students seek, evaluate, and apply health information. Digital media platforms and social networking sites have become primary sources of health-related knowledge due to their accessibility and immediacy. However, these platforms also expose students to information overload, misinformation, conflicting health advice, and questionable source credibility (Flanagin & Metzger, 2007). Although digital technologies have expanded opportunities for health promotion, secular health communication strategies often overlook the ethical and spiritual dimensions that influence message acceptance among Muslim audiences. In Islamic communication, the principle of *tabayyun* (verification) provides an ethical framework for evaluating information credibility before accepting or disseminating it, suggesting that effective health communication requires not only accurate information but also trustworthy, ethically grounded, and spiritually meaningful messages capable of facilitating deeper value internalisation.

Taken together, these theoretical, contextual, and communication-related limitations highlight the need for a more culturally responsive framework that extends existing behavioural theories rather than merely applying them within Muslim settings. Rather than viewing health behaviour exclusively through psychological self-regulation, this study argues that behavioural change among Malaysian Muslim University students is shaped by the dynamic interaction between intrinsic motivation, Islamic ethical values, and faith-based communication processes. Accordingly, this conceptual paper proposes an integrated framework that extends Self-Determination Theory through Islamic da'wah principles, positioning Islamic da'wah as a motivational communication mechanism that facilitates the internalisation of psychological needs into enduring health behaviours. By integrating contemporary motivational theory with Islamic communication principles, the proposed framework offers a more holistic explanation of sustainable health promotion within the Malaysian university context.

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Accordingly, this study is guided by the following research objectives:
RO1: to examine the limitations of secular health promotion models in explaining health behaviour among Malaysian university students.
RO2: to analyse the relevance of integrating Islamic da'wah principles with Self-Determination Theory.
RO3: to propose an integrated conceptual framework for culturally grounded health promotion among Malaysian university students.

## Literature Review

### Self-Determination Theory and Health Behavior: Advances and Constraints

Self-Determination Theory (SDT) provides a comprehensive meta-theory of human motivation, behavior regulation, and personality development (Deci & Ryan, 2000; Ryan & Deci, 2017). The core of SDT posits that human flourishing and sustained behavioral adherence depend on satisfying three basic psychological needs:

1. Autonomy: The feeling of self-endorsement and volitional alignment regarding one's actions.
2. Competence: The feeling of effectiveness, mastery, and growth in interacting with one's environment.
3. Relatedness: The sense of belonging, mutual care, and meaningful connection with significant others and community.

In clinical and public health domains, extensive empirical meta-analyses confirm that autonomous motivation correlates positively with physical activity, dietary regulation, smoking cessation, medication adherence, and weight management (Gillison et al., 2019; Ng et al., 2012; Ntoumanis et al., 2021). When health interventions create autonomy-supportive environments, it will allow individuals choice, rationales, and minimal external coercion; participants internalize health behaviors, moving from extrinsic motivation (acting out of guilt or external pressure) to intrinsic motivation (acting out of personal conviction and enjoyment).

Despite these strengths, contemporary SDT applications in youth health promotion reveal clear constraints when applied in non-Western, collectivistic, and religiously oriented student populations (Tang et al., 2022). Standard SDT paradigms operationalize autonomy strictly through personal choice and internal cognitive self-determination. This conceptualization often underestimates the influence of religious duty, familial expectations, and faith obligations that shape volitional behavior. For religious youth, personal volition is not compromised by submission to divine mandates; rather, voluntary adherence to religious norms represents a supreme expression of autonomous choice (Syed Ali, 2018). Thus, secular SDT requires theoretical extension to account for spiritual-moral drivers of self-regulation.

### Western Behavioural Models versus the Islamic Worldview

Public health literature in tertiary institutions has historically been dominated by Western behavioral frameworks, including the Health Belief Model (HBM), the Theory of Planned Behaviour (TPB), and Social Cognitive Theory (SCT) (Bandura, 1997; Schwarzer, 2008). These models interpret human decision-making through rationalist, cognitive-economic lenses: individuals weigh perceived threat severity, personal susceptibility, self-efficacy, and outcome expectations to optimize physical health outcomes.

While these models offer valuable cognitive insights, treating them as universally complete

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overlooks culturally rooted ontological assumptions. Western behavioral models predominantly treat the body as a personal biological instrument, physical health as an individual consumer good, and motivation as a self-referential cognitive utility. Although SDT incorporates social contexts via *relatedness*, it nevertheless anchors motivation within secular psychological boundaries that treat spiritual considerations as external background variables rather than active regulatory drivers.

In contrast, the Islamic worldview (*ru'yah al-Islam lill-wujud*) establishes a comprehensive, integrative ontology where physical, mental, social, and spiritual dimensions form an indivisible unity (Al-Attas, 1995; Nasr, 1993). In Islamic theology, the human body is not personal property to be treated solely according to desire (*hawa*); it is an *amanah* (sacred trust) endowed by the Creator (Allah SWT). Humans are designated as *khalifah* (stewards) who will be held accountable for their physical preservation and lifestyle conduct.

Physical health maintenance is direct obedience (*ibadah*) that supports spiritual devotion and societal contribution. The goal of life extends beyond temporal physical well-being to achieve *al-falah* (holistic success), well-being, and ultimate salvation in both the earthly domain (*dunya*) and the eternal life (*akhirah*) (Al-Ghazali, 2004). Table 1 explains the comparison between Western and Islamic worldviews.

**Table 1: Conceptual Comparison between Western Behavioral Models and the Islamic Perspective**

| Dimensions | Western Behavioral Models | Islamic Worldview Paradigm |
|---|---|---|
| View of Health and the Human Body | The body is viewed as an individual's biological and physical asset that should be maintained for health and well-being. | The body is regarded as a sacred trust (*amanah*) entrusted by Allah SWT, requiring responsible care and stewardship. |
| Source of Motivation | Health behaviour is primarily motivated by personal interests, perceived benefits, threat avoidance, and self-efficacy. | Health behaviour is motivated by worship (*ibadah*), sincere intention (*niyyah*), and accountability before Allah *(mas'uliyyah).* |
| Personal Responsibility | Individuals exercise independent decision-making based on personal autonomy and cognitive evaluation. | Individuals exercise responsible free choice *(ikhtiyar*) while adhering to Islamic ethical principles and divine guidance. |
| Role of Society and Community | Behaviour is influenced by interpersonal relationships, subjective norms, and social support. | Behaviour is strengthened through *ukhuwwah* (brotherhood), mutual support, and the collective responsibility to promote good (*amar ma'ruf)* and prevent harm (*nahi munkar).* |
| Goal of Health Promotion | To reduce disease risk, improve quality of life, and enhance individual well-being. | To achieve holistic well-being (*al-falah*) by integrating physical, psychological, social, and spiritual health in both this life and the Hereafter. |

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### Qur'anic Evidence and Islamic Theological Foundations

The integration of physical health maintenance within the Islamic worldview is grounded directly in primary Islamic sources, the Holy Qur'an and Sunnah, as supported by classical scholarship. Rather than viewing health as a passive state, the Qur'an commands active physical balance, moderation, and the avoidance of harm.

First, regarding dietary self-regulation and physical moderation, the Qur'an explicitly warns against overconsumption and lifestyle extravagance:

> *"O children of Adam, take your adornment [i.e., wear your fine apparel] at every masjid, and eat and drink, but be not excessive. Indeed, He likes not those who commit excess."*
>
> Surah Al-A'raf (7:31)

This verse establishes *i'tidal* (moderation) as a religious command. In health promotion, overeating and sedentary indulgence represent a violation of divine balance. The analytical connection between this verse and youth health behavior lies in framing dietary moderation not as restrictive dieting, but as an act of worship and spiritual self-discipline.

Second, regarding internal psychological transformation and personal responsibility, the Qur'an emphasizes that structural and physical outcomes originate from internal volitional change:

> *"Indeed, Allah will not change the condition of a people until they change what is within themselves."*
>
> Surah Ar-Ra'd (13:11)

This verse directly aligns with the SDT principle of internalisation. External health mandates or campus regulations cannot force sustained health behavior unless the individual experiences an internal transformation of mindset and intention (*niyyah*).

Third, classical Islamic scholarship synthesizes physical health with spiritual purification. Al-Ghazali (2004) in *Ihya' 'Ulum al-Din* asserted that physical appetite control and bodily discipline are structural prerequisites for *tazkiyah al-nafs* (purification of the soul). Unhealthy physical habits cloud moral clarity and spiritual discipline. Similarly, Ibn Qayyim al-Jawziyyah (2003) in *Al-Tibb al-Nabawi* (Prophetic Medicine) demonstrated that bodily health (*sihhat al-badan*) and spiritual health (*sihhat al-qalb*) are interdependent; physical preservation is essential for fulfilling moral and religious duties.

### Limitations of Western Health Promotion Models in Campus Environments

Contemporary health promotion interventions across Malaysian universities rely heavily on traditional secular assumptions, creating three main operational limitations: First, over-reliance on knowledge dissemination. Campus campaigns assume that placing nutritional labels in dining halls or launching social media infographics will automatically alter student behavior. However, empirical studies in health psychology confirm an "intention-behavior gap"; students frequently possess high health literacy yet exhibit poor dietary choices due to emotional stress, peer pressure, and convenience (Gillison et al., 2019; Ng et al., 2012). Second, neglect of faith-based internalisation**.** Commonly, by framing health exclusively through physical outcomes such as lower BMI or aesthetic fitness, secular models miss the deepest motivational driver for Muslim students, whom connecting physical exertion to spiritual identity and divine pleasure (*mardatillah*). Finally, individualistic bias: The secular interventions target the student as an isolated agent, overlooking the communal dynamics of university residential halls, student

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associations, and peer networks where health behaviors are collectively shaped.

**Digital Health Communication, Credibility, and Islamic Ethics (Tabayyun)**

The modern media landscape significantly influences how university students acquire and process health recommendations. Digital health communication is disseminated via Instagram, TikTok, WhatsApp, and fitness applications, serving as the primary source of lifestyle information for tertiary youth. However, empirical findings regarding digital health communication effectiveness remain highly inconsistent (Flanagin & Metzger, 2007; Metzger & Flanagin, 2013). While digital media can enhance reach and engagement, it simultaneously proliferates unverified health trends, dangerous dietary supplements, and contradictory fitness advice, leading to information overload and cognitive fatigue (Sundar, 2008).

Within digital communication literature, message acceptance depends heavily on perceived source credibility, expert trustworthiness, and cognitive verification heuristics (Sundar, 2008). In an Islamic communication framework, media credibility is elevated from a mere cognitive heuristic to a binding ethical responsibility governed by the principle of *tabayyun* (rigorous verification of information):

> *"O you who have believed, if there comes to you a disobedient person with information, investigate [verify], lest you harm a people out of ignorance and become, over what you have done, regretful."*
>
> Surah Al-Hujurat (49:6)

Integrating *tabayyun* into digital health promotion equips Muslim university students with an ethical framework to critically evaluate digital wellness content. Furthermore, digital da'wah, communicating health promotion through ethically grounded, persuasive, and compassionate messages, can support basic psychological needs by: first, respecting autonomy (providing choice-based guidance without coercion), second, building competence (delivering actionable, scientifically verified health skills), and finally, fostering relatedness (creating supportive online peer communities around shared faith values).

**Methodology**

This study employed a conceptual review and theoretical synthesis methodology to develop an integrated framework that combines Self-Determination Theory (SDT) with Islamic da'wah principles for health promotion among Malaysian university students. Unlike empirical research that collects primary data, conceptual research systematically analyses existing theories and scholarly evidence to identify theoretical gaps, synthesise interdisciplinary concepts, and generate new conceptual propositions (Jabareen, 2009; Torraco, 2016). This approach is particularly appropriate for developing higher-order conceptual frameworks that integrate multiple theoretical perspectives into a coherent explanatory model. The framework development process consisted of four sequential phases as summarised in Table 2.

**Table 2: Sequential Phases in Developing the Integrated Self-Determination Theory–Islamic Da'wah Health Promotion Framework**

| Phase | Research Activities | Purpose and Output |
|---|---|---|
| **Phase 1: Domain Mapping and Literature Search** | Comprehensive literature searches were conducted using Scopus, Web of Science, Google Scholar, and selected Islamic Studies databases. Search terms | To establish the theoretical foundations and identify multidisciplinary literature relevant to health behaviour, motivational psychology, |

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| | | |
|---|---|---|
| | included *Self-Determination Theory*, *Health Promotion*, *Islamic Da'wah*, *Muslim Youth*, *Malaysian Higher Education*, *Digital Health Communication*, and *NCD Prevention*. | Islamic communication, and digital health promotion. |
| **Phase 2: Literature Screening and Selection** | Studies were screened according to predefined inclusion and exclusion criteria. Included publications comprised peer-reviewed journal articles, books, and authoritative reports published between 2000 and 2026 addressing SDT, health promotion, Islamic communication, Malaysian university students, and NCD prevention. Non-peer-reviewed sources, opinion articles, blogs, and publications lacking academic quality assurance were excluded. | To ensure the conceptual framework was developed using high-quality, relevant, and credible scholarly evidence. |
| **Phase 3: Thematic Analysis and Gap Identification** | The selected literature was analysed using thematic synthesis to identify recurring concepts, theoretical inconsistencies, and research gaps across disciplines. Three major gaps emerged: (i) theoretical gap, (ii) contextual gap, and (iii) communication gap. | To establish the conceptual justification for extending existing health behaviour theories and integrating Islamic communication principles. |
| **Phase 4: Conceptual Framework Development** | Core SDT constructs (autonomy, competence, and relatedness) were conceptually aligned with corresponding Islamic values (*ikhtiyar*, *amanah*, and *ukhuwwah*). Islamic da'wah communication principles (*hikmah*, *mau'izah hasanah*, *tabayyun*, and *amar ma'ruf nahi munkar*) were subsequently incorporated as motivational communication mechanisms linking psychological needs to value internalisation and sustainable health behaviour. | To develop an integrated conceptual framework and formulate theoretical propositions that explain how faith-based motivational communication facilitates long-term health behaviour among Malaysian university students. |

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**Conceptual Framework Development Process**

The conceptual synthesis adopted an iterative rather than linear process. Following the identification of relevant literature, concepts from motivational psychology, Islamic communication, and health promotion were compared, refined, and integrated through repeated analytical cycles. Attention was given to areas where existing behavioural theories inadequately explained the influence of spirituality, moral responsibility, and communication ethics on health behaviour among Muslim university students. This iterative synthesis enabled the development of an integrated framework that extends Self-Determination Theory by incorporating Islamic da'wah as a culturally grounded motivational communication mechanism to facilitate value internalisation and sustainable health behaviour.

**Gap Analysis**

A critical review of the existing literature identifies three interrelated gaps that limit the explanatory power of current health promotion models within the Malaysian university context. Although previous studies have advanced understanding of health behaviour, important theoretical, contextual, and communication-related limitations remain unresolved. These gaps provide the rationale for extending Self-Determination Theory (SDT) by integrating Islamic *da'wah* communication principles as a culturally grounded motivational framework. Table 3 summarises the identified research gaps, their limitations in the existing literature, and the proposed conceptual contributions of the present study.

**Table 3: Summary of Identified Research Gaps, Literature Limitations, and Proposed Conceptual Contributions**

| Gap | Current Literature | Identified Limitation | Proposed Contribution |
|---|---|---|---|
| **Theoretical Gap** | Self-Determination Theory and other behavioural models explain health behaviour primarily through psychological needs and cognitive self-regulation. | Existing models remain largely grounded in secular psychological assumptions and provide limited explanation of how spiritual values and moral responsibility shape sustained health behaviour among Muslim populations. | Extend SDT by integrating Islamic values (*ikhtiyar*, *amanah*, and *ukhuwwah*) and conceptualising Islamic da'wah as a motivational communication mechanism that facilitates value internalisation. |
| **Contextual Gap** | Most empirical applications of SDT have been conducted in Western clinical or educational settings. | Current evidence inadequately reflects the socio-cultural and religious realities of Malaysian university students, whose health behaviours are influenced by academic pressures, digital lifestyles, and faith-based values. | Develop a culturally relevant conceptual framework tailored to Malaysian university students by incorporating Islamic worldview principles into health promotion. |
| **Communication Gap** | Digital health communication research primarily focuses on information accessibility, source credibility, and technological effectiveness. | Existing studies rarely integrate ethical communication principles with motivational theories, resulting in limited understanding of how faith-based communication promotes sustained behavioural change. | Position Islamic da'wah as an ethical communication process that strengthens message credibility through *hikmah*, *mau'izah hasanah*, and *tabayyun*, thereby supporting long-term health behaviour internalisation. |

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These limitations highlight the need for an integrative and culturally grounded framework that bridges psychological theory with Islamic communication principles. Therefore, this study proposes the integration of Self-Determination Theory with Islamic da'wah principles as a holistic approach to health promotion among Muslim youth. Such integration may provide a more comprehensive understanding of health behaviour by recognising the interaction between intrinsic motivation, spiritual consciousness, and communication credibility.

**The Proposed Integrated Conceptual Framework**

To address these gaps, this study proposes an integrated conceptual framework synthesizing Self-Determination Theory with Islamic *da'wah* communication principles, specifically tailored for health promotion among Malaysian university students.

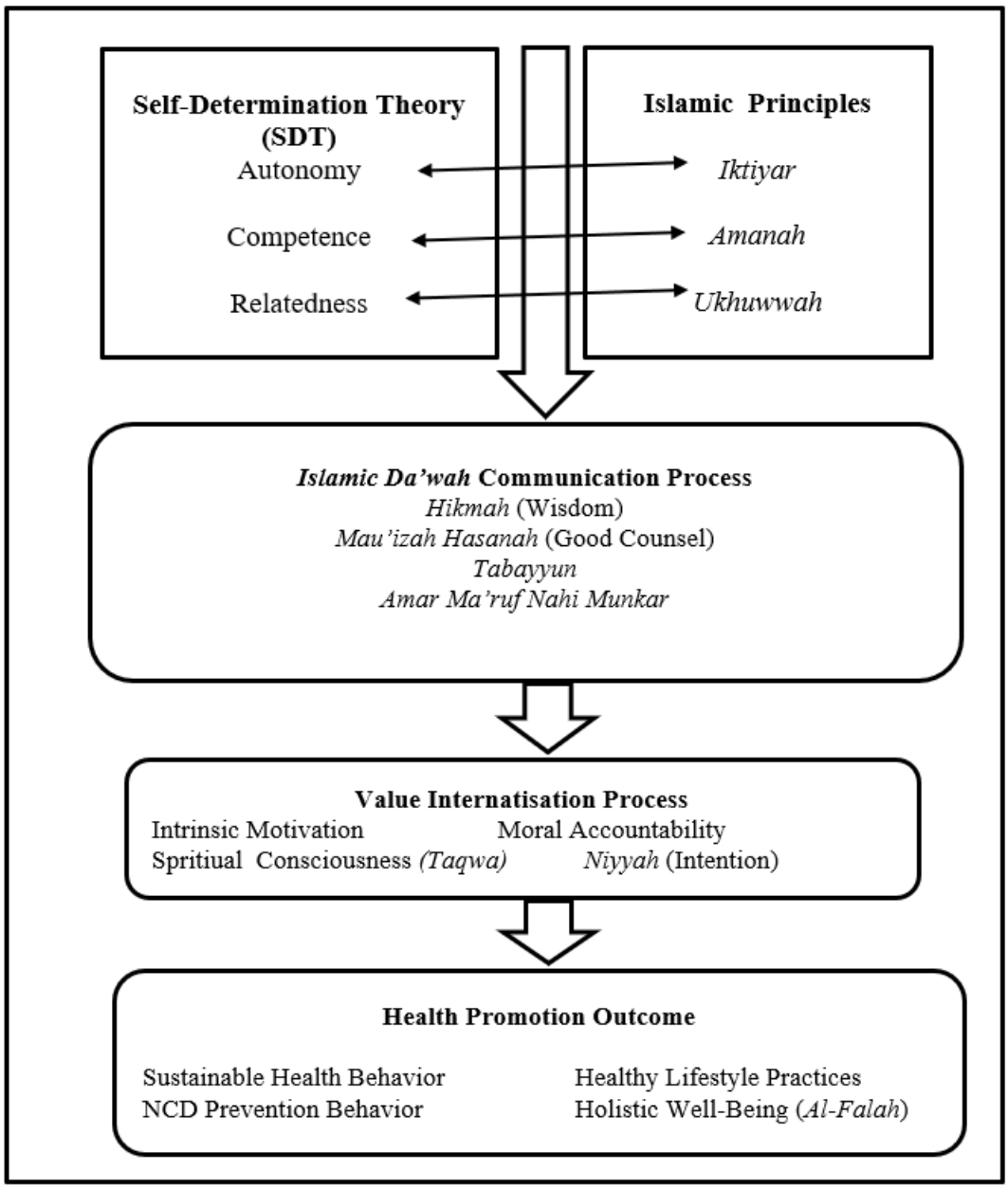


**Figure 1: The Proposed Conceptual Framework**

Source: Authors' Conceptual Framework.

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**Theoretical Alignments and Conceptual Propositions**

The proposed framework extends Self-Determination Theory (SDT) by conceptually integrating its three basic psychological needs: autonomy, competence, and relatedness, with corresponding principles of the Islamic worldview. Rather than treating Islamic values as supplementary cultural factors, the framework positions them as faith-based motivational mechanisms that reinforce the internalisation of sustainable health behaviours. This integration is operationalised through Islamic da'wah communication, which serves as the mechanism linking psychological motivation with religious values and ethical decision-making. The following conceptual alignments provide the theoretical foundation of the proposed framework.

**Alignment 1: Autonomy and *Ikhtiyar* (Responsible Choice)**

Within Self-Determination Theory, autonomy refers to an individual's perception that behaviour is self-endorsed, volitional, and congruent with personal values rather than externally controlled (Deci & Ryan, 2000; Ryan & Deci, 2017). Individuals are more likely to sustain behavioural change when they perceive themselves as acting from intrinsic motivation rather than external pressure (Ng et al., 2012). In the Islamic worldview, a comparable concept is *ikhtiyar*, which denotes the human capacity to exercise free choice while remaining accountable to Allah SWT. Unlike unrestricted individual freedom, *ikhtiyar* emphasises responsible decision-making guided by divine revelation and moral consciousness (Rahman, 1982; Al-Attas, 1995). Consequently, personal autonomy is exercised within an ethical framework that encourages individuals to choose behaviours that promote both personal well-being and spiritual fulfilment.

When health promotion messages are communicated through Islamic da'wah principles, students are encouraged to perceive healthy behaviours not merely as institutional expectations but as voluntary acts of worship and personal responsibility. This alignment enables autonomous motivation to be reinforced through religious commitment, thereby increasing the likelihood of long-term behavioural adherence.

**Proposition 1 (P1):** The integration of autonomy with *ikhtiyar* through Islamic da'wah communication strengthens intrinsic motivation and facilitates the internalisation of sustainable health behaviours among Malaysian university students.

**Alignment 2: Competence and *Amanah* (Physical Stewardship)**

Competence in SDT refers to an individual's confidence in possessing the knowledge and skills necessary to perform desired behaviours effectively (Deci & Ryan, 2000; Ryan & Deci, 2017). Numerous studies have shown that perceived competence is positively associated with healthier dietary practices, regular physical activity, and adherence to preventive health behaviours (Gillison et al., 2019). However, SDT primarily conceptualises competence as psychological efficacy without explicitly considering spiritual responsibility.

In Islam, the human body is regarded as an *amanah* (trust) entrusted by Allah SWT, and individuals are responsible for preserving their physical, emotional, and spiritual well-being (Al-Ghazali, 2004; Al-Qaradawi, 1995). From this perspective, acquiring health-related knowledge and developing practical health skills are not merely means of improving personal effectiveness but constitute fulfilment of one's religious obligation as a steward of the body. Thus, competence extends beyond behavioural capability to encompass ethical responsibility and accountability before God.

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Islamic da'wah communication reinforces this perspective by encouraging individuals to develop healthy lifestyles as an expression of gratitude, stewardship, and obedience, thereby transforming health competence into an act of religious devotion.

**Proposition 2 (P2):** The integration of competence with *amanah* strengthens individuals' sense of physical stewardship, thereby enhancing the adoption and maintenance of preventive health behaviours.

**Alignment 3: Relatedness and *Ukhuwwah* (Social Brotherhood)**
Relatedness represents one of the three fundamental psychological needs in SDT and reflects an individual's desire to experience meaningful social relationships, acceptance, and belonging within a supportive community (Deci & Ryan, 2000; Ryan & Deci, 2017). Social connectedness has consistently been associated with greater motivation, psychological well-being, and sustained health behaviour (Gillison et al., 2019).

Within the Islamic worldview, the concept of *ukhuwwah* (brotherhood and sisterhood) extends beyond social affiliation by emphasising mutual care, compassion, cooperation, and collective responsibility for promoting good (*amar ma'ruf*) and preventing harm (*nahi munkar*). The Qur'an and Prophetic traditions encourage Muslims to support one another in righteous conduct, creating communities characterised by empathy, accountability, and shared responsibility (Al-Ghazali, 2004; Al-Qaradawi, 1995).

Applied within university settings, *ukhuwwah* reframes health promotion as a collective endeavour rather than an individual pursuit. Through Islamic da'wah communication, peer encouragement, social support, and shared health initiatives become important mechanisms for reinforcing healthy lifestyle practices and fostering long-term behavioural commitment.

**Proposition 3 (P3):** The integration of relatedness with *ukhuwwah* enhances social support and collective responsibility, thereby strengthening the maintenance of healthy behaviours among university students.

Collectively, these theoretical alignments suggest that Islamic values reinforce the psychological mechanisms proposed by Self-Determination Theory by embedding behavioural motivation within a broader framework of spiritual responsibility and ethical communication. Accordingly, Islamic da'wah functions as a motivational communication mechanism that facilitates the internalisation of autonomy, competence, and relatedness into enduring health behaviours grounded in faith.

**Proposition 4 (P4):** Islamic da'wah communication mediates the relationship between the basic psychological needs of Self-Determination Theory and faith-based value internalisation, ultimately promoting sustainable health outcomes among Malaysian university students.

**Systematic Explanation of the Framework Process**
The proposed framework conceptualises health behaviour as a dynamic and iterative process in which psychological motivation, Islamic values, and faith-based communication interact to facilitate sustainable behavioural change. The process begins with the alignment of the three basic psychological needs identified in Self-Determination Theory (SDT): autonomy, competence, and relatedness, with the corresponding Islamic principles of *ikhtiyar* (responsible choice), *amanah* (physical stewardship), and *ukhuwwah* (social connectedness). This alignment

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suggests that psychological need satisfaction and religious commitment function synergistically rather than independently, enabling health behaviours to be understood as both personally meaningful and spiritually significant (Deci & Ryan, 2000; Ryan & Deci, 2017; Al-Ghazali, 2004). The interaction between these psychological and spiritual dimensions is operationalised through Islamic da'wah communication, which functions as the central motivational mechanism of the framework. Specifically, *hikmah* promotes the dissemination of evidence-based health information with wisdom and contextual sensitivity, *mau'izah hasanah* encourages compassionate and empathetic communication that nurtures intrinsic motivation, while *tabayyun* provides an ethical framework for critically evaluating and verifying health information before accepting or sharing it, an increasingly important practice in today's digital media environment (Flanagin & Metzger, 2007). Collectively, these communication principles strengthen message credibility and facilitate the internalisation of health-related values.

As individuals engage with faith-based motivational communication, they gradually internalise external health recommendations into personally endorsed values through the development of *niyyah* (purposeful intention), *taqwa* (God-consciousness), and *mas'uliyyah* (moral accountability). In this phase, health-promoting behaviours are no longer perceived as institutional requirements or externally imposed obligations but become expressions of religious identity and personal responsibility. Consistent with Self-Determination Theory, behaviours that are internally regulated are more likely to be maintained over time because they reflect autonomous motivation rather than external control (Deci & Ryan, 2000; Ng et al., 2012). Ultimately, this process is expected to produce sustainable health promotion outcomes, including greater engagement in physical activity, healthier dietary practices, reduced tobacco and e-cigarette use, improved digital health literacy, and lower risk of non-communicable diseases. Beyond these behavioural outcomes, the framework emphasises the attainment of *al-falah*, which reflects holistic well-being encompassing physical health, psychological resilience, moral integrity, and spiritual flourishing (Al-Qaradawi, 1995; Al-Ghazali, 2004).

## Implications

### Theoretical Implications

The proposed framework offers several important theoretical contributions to the fields of health communication, behavioural science, and Islamic communication. First, this study contributes to the advancement of Self-Determination Theory (SDT) by extending its psychological foundations through the incorporation of Islamic spiritual and moral values. Although SDT explains behavioural regulation through the satisfaction of the basic psychological needs of autonomy, competence, and relatedness (Deci & Ryan, 2000; Ryan & Deci, 2017), the theory provides limited consideration of how spirituality and religious obligations shape health-related decision-making in faith-oriented societies. By conceptually aligning autonomy with *ikhtiyar* (responsible choice), competence with *amanah* (physical stewardship), and relatedness with *ukhuwwah* (social connectedness), the proposed framework demonstrates that religious commitment does not diminish individual autonomy. Instead, faith-based values reinforce autonomous motivation by embedding health behaviour within a broader ethical and spiritual purpose. This extension responds to growing calls for culturally responsive behavioural theories that acknowledge the influence of religion and culture on health behaviour (Ng et al., 2012; Gillison et al., 2019).

Second, the study reconceptualises Islamic da'wah as a strategic form of motivational communication rather than limiting it to its conventional understanding as religious preaching.

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Drawing upon the principles of *hikmah*, *mau'izah hasanah*, and *tabayyun*, the framework positions Islamic da'wah as a communication mechanism that enhances message credibility, facilitates value internalisation, and promotes sustainable behavioural change. This perspective broadens the application of Islamic communication beyond religious education by demonstrating its relevance to contemporary public health promotion and digital health communication. In doing so, the study contributes to the expanding literature on persuasive communication by illustrating how ethical, culturally grounded communication strategies can strengthen public engagement with health messages in digitally mediated environments (Flanagin & Metzger, 2007).

Third, this conceptual framework contributes to the growing body of literature advocating culturally adaptive public health models by bridging Western motivational psychology with the Islamic worldview. Existing health promotion models are largely derived from Western individualistic contexts, limiting their applicability in societies where religious beliefs significantly influence health behaviours (Rahman, 1982; Syed Ali, 2018). By integrating psychological motivation with Islamic ethical principles, the proposed framework offers a more holistic explanation of health behaviour that acknowledges the interconnected psychological, social, moral, and spiritual dimensions of well-being. Consequently, the framework provides a foundation for future empirical studies examining faith-based health communication interventions in Muslim-majority and other culturally diverse settings.

### Practical Implications for Malaysian Universities

The proposed framework also offers practical guidance for universities seeking to strengthen health promotion initiatives among students. Given that Malaysian university students experience increasing exposure to non-communicable disease (NCD) risk factors during the transition to adulthood, higher education institutions should adopt health promotion strategies that integrate psychological motivation, ethical communication, and faith-based values. Rather than relying solely on conventional awareness campaigns, universities can implement interventions that encourage students to internalise healthy lifestyles as both personal responsibilities and expressions of religious stewardship. Table 4 illustrates the recommended institutional strategies for implementing the SDT-Islamic Da'wah Health Promotion Framework.

**Table 4: Recommended Institutional Strategies for Implementing the SDT–Islamic Da'wah Health Promotion Framework**

| Strategic Area | Recommended Initiatives | Expected Contribution |
|---|---|---|
| **Curriculum and Health Education** | Integrate the concept of *Health as Amanah* into compulsory university courses, including co-curricular programmes, general health education, and Islamic Civilization courses. Learning activities should emphasise healthy living as an act of stewardship and worship. | Strengthens students' intrinsic motivation by linking health behaviours with personal values and religious responsibility. |
| **Peer Support and Student Development** | Establish peer mentoring programmes and student-led wellness communities based on the principle of *ukhuwwah*. Student ambassadors can organise physical activity programmes, healthy | Promotes social support, collective responsibility, and sustained engagement in healthy lifestyles through peer influence. |

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| | eating campaigns, mental health support groups, and smoking or vaping cessation initiatives within residential colleges. | |
| **Faith-Based Digital Health Communication** | Develop short-form digital health campaigns through university communication units using platforms such as TikTok, Instagram, and YouTube. Content should integrate scientific evidence with Islamic teachings while incorporating the principle of *tabayyun* to encourage students to critically evaluate online health information. | Improves digital health literacy, enhances message credibility, and reduces the influence of health misinformation among university students. |
| **Supportive Campus Environment** | Strengthen institutional policies by providing affordable healthy food options, smoke-free campus environments, accessible recreational facilities, and integrated wellness programmes that support healthy lifestyle choices. | Creates an enabling environment that reinforces behavioural maintenance and long-term health promotion. |

The successful implementation of this framework requires collaboration among university management, student affairs divisions, health centres, academic faculties, and student organisations. Integrating faith-sensitive health promotion across institutional policies and communication platforms can strengthen students' intrinsic motivation while fostering a campus culture that supports holistic well-being. Furthermore, digital health campaigns grounded in Islamic communication principles can improve students' ability to evaluate online health information critically, thereby reducing susceptibility to misinformation and encouraging informed health decision-making (Flanagin & Metzger, 2007). Collectively, these initiatives have the potential to promote healthier lifestyles, reduce modifiable NCD risk factors, and contribute to the broader objective of developing resilient, health-conscious graduates who embody both physical well-being and ethical responsibility.

## Conclusion, Limitations, and Future Research

### Conclusion

The increasing prevalence of non-communicable disease (NCD) risk factors among Malaysian university students underscores the need for more comprehensive and culturally responsive health promotion strategies. Although conventional health promotion initiatives have improved public awareness of healthy lifestyles, they often rely predominantly on information dissemination and cognitive persuasion, with limited emphasis on the psychological, ethical, and spiritual dimensions that influence long-term behavioural change. Consequently, existing interventions may be insufficient to foster sustained health behaviours among young adults whose decisions are shaped by both intrinsic motivation and religious values.

This conceptual study addresses these limitations by proposing an integrated health promotion framework that extends Self-Determination Theory (SDT) through the incorporation of Islamic worldview principles and Islamic da'wah communication. Rather than viewing psychological motivation and religious commitment as separate domains, the framework demonstrates their

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complementary roles in facilitating sustainable health behaviour. Specifically, the alignment of autonomy with *ikhtiyar*, competence with *amanah*, and relatedness with *ukhuwwah* provides a culturally grounded understanding of behavioural self-regulation that is particularly relevant to Malaysian Muslim University students (Deci & Ryan, 2000; Ryan & Deci, 2017; Al-Ghazali, 2004). Furthermore, by conceptualising Islamic da'wah as a motivational communication mechanism guided by *hikmah*, *mau'izah hasanah*, and *tabayyun*, the framework explains how health messages can facilitate value internalisation, strengthen intrinsic motivation, and encourage ethical health decision-making within contemporary digital environments (Flanagin & Metzger, 2007).

The proposed framework contributes to the literature in three important ways. First, it advances Self-Determination Theory by demonstrating how psychological needs can be enriched through faith-based values and moral responsibility. Second, it broadens the scope of Islamic da'wah by positioning it as a strategic communication approach capable of addressing contemporary public health challenges. Third, it offers a culturally adaptive model of health promotion that bridges Western motivational theory with the Islamic worldview, thereby providing a stronger theoretical foundation for health communication research in Muslim-majority societies. Collectively, these contributions offer new insights into how culturally meaningful and spiritually informed communication can promote sustainable health behaviour and holistic well-being (*al-falah*) among university students.

**Limitations**

Despite its theoretical contributions, this study has several limitations that should be acknowledged. First, the proposed framework is conceptual in nature and is developed through theoretical synthesis rather than empirical investigation. As such, the relationships among Self-Determination Theory constructs, Islamic values, Islamic da'wah communication, and health behaviour outcomes remain conceptual propositions that require empirical verification. Second, the framework is specifically developed within the socio-cultural context of Malaysian Muslim University students. Although many of its motivational principles may apply to broader populations, the integration of Islamic worldview concepts may require cultural adaptation before being applied to non-Muslim communities or different educational settings. Finally, the framework focuses primarily on motivational and communication processes and does not explicitly incorporate broader structural determinants of health, such as socioeconomic status, institutional policy, environmental factors, or healthcare accessibility, which may also influence health behaviours among university students.

**Directions for Future Research**

Future research should focus on empirically validating and refining the proposed framework across diverse educational and cultural contexts. A priority is the quantitative examination of the proposed relationships using Partial Least Squares Structural Equation Modelling (PLS-SEM) or covariance-based Structural Equation Modelling (CB-SEM) to assess the direct, indirect, and mediating effects of psychological needs, Islamic values, and Islamic da'wah communication on health behaviour outcomes among university students (Hair et al., 2022). Such studies would provide empirical evidence regarding the explanatory and predictive power of the proposed framework.

In addition, the operationalisation of the framework could be strengthened through expert validation using the Fuzzy Delphi Method (FDM). Engaging multidisciplinary experts from health communication, Islamic studies, behavioural psychology, public health, and higher

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education would enable the refinement of conceptual constructs, measurement indicators, and implementation strategies before large-scale empirical testing.

Future studies should also evaluate the practical effectiveness of the framework through intervention-based research. Quasi-experimental or longitudinal designs could compare conventional health promotion programmes with interventions informed by the integrated SDT–Islamic Da'wah framework in university settings. Such interventions may include peer-led wellness programmes, faith-based digital health campaigns, and curriculum-integrated health education modules, with outcomes measured in terms of physical activity, healthy dietary practices, digital health literacy, smoking or vaping cessation, and other NCD-related behaviours. Longitudinal investigations would be particularly valuable for examining whether faith-based motivational communication facilitates sustained behavioural change beyond short-term intervention effects.

Finally, future research should examine the broader applicability of the proposed framework across different populations and cultural contexts. Comparative studies involving public and private universities, non-Muslim student populations, or Muslim communities in other countries would contribute to understanding the transferability and contextual adaptability of the framework. Such research would not only strengthen its external validity but also contribute to the development of culturally responsive health communication models capable of addressing the growing global burden of non-communicable diseases.

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