



Islamic Studies Management in Raising HIV/AIDS Awareness Among At-Risk Adolescents in Surabaya

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Abstract

This study analyzes the management of Islamic studies in raising HIV/AIDS risk awareness among at-risk adolescents in Surabaya. Previous research has largely measured the effectiveness of HIV/AIDS education on adolescents' knowledge and attitudes, but rarely examined how Islamic study institutions manage such programs through planning, organizing, implementing, and evaluating, or how stigma constrains these functions. This study fills that gap. Using a qualitative descriptive-analytical design, data were collected through in-depth interviews, observation, and documentation at several institutions in Surabaya and analyzed interactively (data reduction, display, and conclusion drawing). The findings show that the management functions are carried out but are not systematically integrated into curricula and youth development programs: planning relies on informal needs identification and does not explicitly include HIV/AIDS material; implementation emphasizes moral development while risk information is limited by sensitivity and stigma; and evaluation lacks standardized instruments. The study recommends reforming these functions systematically to reduce stigma: (1) standardized, anonymous needs assessment and a co-developed non-stigmatizing HIV/AIDS module; (2) formal, scheduled partnerships with health workers and trained, non-judgmental mentors; (3) private small-group and individual counseling framed by the values of *rahmah* and *hifz al-nafs*; and (4) standardized evaluation that includes stigma toward people living with HIV/AIDS as a success indicator. Managed this way, Islamic studies have strategic potential as a contextual HIV/AIDS preventive instrument.

Keywords: *Islamic Studies Management, Risk Awareness, HIV/AIDS, Adolescents, Risky Social Behavior.*

Introduction

Surabaya is the capital of East Java Province and one of the largest metropolitan cities in Indonesia. Surabaya is a center of economy, education, industry, and health services in the eastern part of Indonesia (Nindyaswari, 2024). The city of Surabaya is one of the largest cities in Indonesia in terms of urban agglomeration and has a relatively high level of human development compared with many other regions in Indonesia (Meivita et al., 2024). Surabaya is one of the largest metropolitan cities in Indonesia, with a large, heterogeneous population and relatively high access to education, yet it also faces significant public health problems such as HIV/AIDS (Pemerintah Kota Surabaya, 2025). The Surabaya City Government has carried out various promotive, preventive, and health service efforts to curb the transmission of HIV/AIDS, including education for adolescent groups (Muslimin et al., 2022). Adolescents are an age group in the phase of searching for identity and are highly vulnerable to the influence of their social environment. Adolescents are often exposed to various forms of risky social interaction, such as promiscuity, unsafe sexual behavior, drug abuse, and uncontrolled exposure to digital information. These conditions potentially increase vulnerability to sexually transmitted diseases, including HIV/AIDS. Within this context, prevention efforts need to reach adolescents not only through health information but also through the value-based social spaces in which their attitudes are formed, and Islamic study institutions are among the most strategic of these spaces.

Current data show that HIV/AIDS cases among adolescents are increasing along with the development of modern lifestyles and changes in social patterns that normalize risky behaviors. In Surabaya itself, this phenomenon has also become an important concern in the world of education, particularly education based on Islamic values, which plays a role in shaping character and strengthening the morals of adolescents (Munawir et al., 2024). The heterogeneity of the city of Surabaya, marked by its diversity of ethnicities, cultures, religions, education levels, and social and economic strata, has now contributed to the widespread occurrence of sexually transmitted diseases, especially among adolescents in the phase of searching for identity who are highly vulnerable to risky social interactions that potentially cause HIV/AIDS transmission (Yastutik & Setyowati, 2024). The complexity of the urban social environment places adolescents in situations that demand good adaptability and decision-making skills; the various influences that come from peers, digital media, and the social environment can shape adolescents' perceptions and behaviors related to reproductive health. In this context, health education plays a role in improving adolescents' literacy and understanding of HIV/AIDS, while religious education serves as a moral and spiritual foundation for guiding behavior in accordance with prevailing values. However, religious education that is delivered only normatively, through moral exhortation without explicit health content, tends to leave adolescents' misconceptions and risk perceptions unaddressed, and sensitive topics such as HIV/AIDS are often avoided because of stigma. Moral guidance and health literacy therefore do not automatically converge in practice; they must be deliberately connected through how Islamic studies are planned, organized, implemented, and evaluated. For this reason, the management of Islamic studies, rather than the content of religious teaching alone, is the focus that urgently warrants investigation: it is the operational level at which HIV/AIDS literacy can be integrated into study programs, intervened in, and evaluated, and it is precisely this level that has received little attention in previous research.

The management of Islamic studies not only regulates the administrative aspects of an institution, but also concerns how institutions can design, implement, and evaluate effective programs for addressing developing social phenomena (Ismail, 2016). From the perspective of Islamic education management, educational institutions have a responsibility to integrate academic, moral, and social aspects in order to shape adolescents with character who are able to face the challenges of modern life. Raising HIV/AIDS risk awareness among adolescents requires an integrated approach combining religious education, reproductive health education, and character building. Various studies show that HIV/AIDS education combined with the strengthening of moral and religious values can improve adolescents' knowledge, attitudes, and preventive behavior (Wilandika, 2019). Therefore, Islamic institutions are expected to become safe spaces for adolescents to obtain accurate knowledge about HIV/AIDS, understand the consequences of risky sexual behavior, and receive value-based guidance that strengthens their commitment to protecting themselves from various behaviors that could harm their health and future.

In reality, many adolescents still hold mistaken understandings about HIV/AIDS. Some assume that the disease only affects certain groups, so they feel safe from the threat. In fact, low knowledge and the emergence of various stigmas toward HIV/AIDS can hinder early prevention efforts among adolescents (Rosidah, 2024). In addition, some educational institutions have not yet systematically included reproductive health education and HIV/AIDS prevention in their curricula or guidance programs. This condition indicates the need for an in-depth analysis of how the management of Islamic studies can be optimized.

However, the prevention efforts carried out by the government remain general in character. They are directed at the adolescent population as a whole through health-based information and services, and are not always designed around the values and communities through which adolescents in risky social interactions form their attitudes. Information alone

does not address the moral and spiritual dimensions of adolescent decision-making, and sensitive topics are often avoided precisely because of stigma. A value-based religious approach is therefore strategically important as a complement to government efforts. Islamic study institutions are trusted community spaces that reach adolescents regularly and speak a moral language they already recognize, and values such as *hifz al-nafs* (protection of life) and *rahmah* (compassion) can frame HIV/AIDS as a health problem that calls for protection and humane support rather than discrimination. Its effect, however, depends on how it is managed: a structured health education program has been shown to increase adolescents' knowledge and preventive attitudes (Parsa et al., 2024), and programs designed around adolescents' characteristics are significantly more effective (Ratnawati et al., 2024). In this sense, the way Islamic study institutions plan, organize, implement, and evaluate their programs determines whether religious preaching remains purely normative or becomes an effective preventive instrument.

Despite this potential, existing research has mostly measured the effectiveness of HIV/AIDS education on adolescents' knowledge and attitudes, while few studies examine how Islamic study institutions manage such programs through their administrative functions, or how stigma constrains each of those functions among adolescents engaged in risky social interactions in a metropolitan setting such as Surabaya. In view of these problems, an in-depth analysis is needed of how Islamic studies institutions manage, develop, and implement programs aimed at raising HIV/AIDS risk awareness among adolescents, especially those in environments of risky social interaction. This analysis is important for determining the extent to which Islamic institutions carry out effective strategies, which factors influence the success of the programs, and how their implementation and evaluation shape healthy knowledge and behavior among adolescents. The novelty of this study lies in repositioning the management of Islamic studies: rather than treating it as a purely administrative-normative function that organizes routine religious activities, this study examines it as an instrument of social intervention management that is adaptive to adolescent reproductive health issues in urban areas. Accordingly, this study addresses three research questions: (1) how are the planning, organizing, implementing, and evaluating functions of Islamic studies practiced in raising HIV/AIDS risk awareness among adolescents engaged in risky social interactions in Surabaya; (2) how does social stigma constrain these functions; and (3) how can these functions be reformed systematically so that Islamic studies become an effective and stigma-sensitive preventive instrument?

This study makes theoretical and practical contributions. Theoretically, it contributes to the development of Islamic study management that is responsive to the growing contemporary issue of adolescent health, particularly HIV/AIDS, by conceptualizing the governance of Islamic studies as a social intervention management model in which planning, organizing, implementing, and evaluating are designed to integrate religious values with health literacy and to address stigma, rather than as an administrative routine alone. Practically, it serves as a recommendation for Islamic educational institutions in designing more comprehensive guidance programs, improving educator capacity, formulating policies for preventing risky behavior, and creating a safe and healthy educational environment to protect adolescents from the risk of HIV/AIDS. These recommendations are formulated as concrete reforms of each management function, so that they can be adopted directly by study managers and complement the government's general prevention efforts.

Research Method

This study uses a qualitative approach with a descriptive analytical research type. The qualitative approach was chosen because this study aims to gain an in-depth understanding of the phenomenon of Islamic study management in raising HIV/AIDS risk awareness among

adolescents exposed to risky social interactions. This study does not focus on measuring numbers, but on the processes, strategies, policies, and managerial practices applied by Islamic educational institutions. The descriptive analytical approach is used to describe the phenomenon systematically while also interpreting the meanings it contains. This approach allows researchers to obtain a comprehensive understanding of the experiences, perspectives, and practices occurring in the research context (Aspers & Corte, 2019). In qualitative research, the researcher acts as the main instrument who is directly involved in the process of collecting and interpreting data. Data were obtained through observation, in-depth interviews, and documentation, and then analyzed in stages to find patterns, themes, and meanings relevant to the research focus (Braun & Clarke, 2006; Nowell et al., 2017), where observation was conducted to directly observe the implementation of Islamic studies, adolescent guidance activities, and the forms of program management related to efforts to raise HIV/AIDS risk awareness. Meanwhile, in-depth interviews were conducted in a semi-structured manner with informants consisting of institutional managers, ustadz or study mentors, and adolescent study participants. In addition, documentation was used to complement the observation data. Data analysis followed Miles and Huberman's interactive model, which consists of three concurrent activities: data reduction, data display, and conclusion drawing and verification; the identification of patterns and themes was carried out within the data reduction stage. To establish credibility, this study applied source triangulation by comparing information from institutional managers, ustadz or study mentors, and adolescent participants, and technique triangulation by cross-checking the findings of observation, in-depth interviews, and documentation.

Research Results

This section presents the field findings obtained through observation, in-depth interviews, and documentation studies at several Islamic study institutions in Surabaya, presented descriptively without theoretical interpretation. The interpretation and discussion of these findings are presented separately in the Discussion section. The informants in this study consisted of study institution managers, ustaz or ustazah mentors, and adolescent study participants residing in several areas of Surabaya, with participants aged between fifteen and twenty-two years. Informants were selected purposively, considering their active involvement in study activities and their willingness to share experiences related to their understanding of HIV/AIDS risk. The study involved observation of several adolescent study institutions spread across a number of sub-districts in Surabaya, with various forms of activity ranging from regular weekly studies and monthly thematic studies to small-group mentoring programs for adolescents identified as having a history of risky social interactions. Table 1 summarizes the profile of the informants, and Table 2 summarizes the forms of study activities observed.

Table 1. Profile of Informants

Informant category		Role and characteristics	Data collection
Study institution managers		Organizers of the adolescent Islamic studies at the institutions observed in Surabaya	Interview, documentation
Ustaz or ustazah mentors		Study mentors who deliver the material and provide individual counseling	Interview, observation
Adolescent study participants		Aged 15–22 years, residing in several areas of Surabaya; actively involved in the studies	Interview, observation

Informant category	Role and characteristics	Data collection
Parents of participants	Parents of adolescent participants	Interview

Note: Informants were selected purposively based on their active involvement in study activities and willingness to share experiences related to HIV/AIDS risk.

Table 2. Forms of Study Activities Observed

Form of study activity	Frequency and duration	Participants
Regular weekly studies	Once or twice a week, 60–90 minutes per meeting	Adolescents attending majelis taklim and adolescent religious gatherings
Monthly thematic studies	[frequency and duration]	Adolescent participants
Small-group mentoring programs	[frequency and duration]	Adolescents identified as having a history of risky social interactions

Source: field observation and documentation.

Islamic Study Management as an Effort to Prevent HIV/AIDS among Adolescents

Field observations at several majelis taklim and adolescent religious gatherings in Surabaya show that studies are generally held regularly, once or twice a week, lasting sixty to ninety minutes per meeting. Informants consisting of institutional managers, ustaz mentors, and adolescent participants stated that the topic of HIV/AIDS has begun to be included as part of the question-and-answer sessions, although it has not yet become the main subject of every meeting. The research findings show that integrating HIV/AIDS material into these studies improved adolescents' understanding of the dangers of promiscuity, injecting drug abuse, and the importance of maintaining social interactions in accordance with Islamic values. The documentation of activities obtained by the researcher shows attendance records, lecture materials, and several simple evaluation sheets used by managers to monitor the development of participants' understanding.

Islamic Study Planning Based on the Needs of At-Risk Adolescents

The planning stage begins with identifying participants' characteristics, forms of risky behavior, and information needs regarding HIV/AIDS. Study managers develop a curriculum that combines material on aqidah, akhlak, fiqh of social interaction, reproductive health, and the dangers of HIV/AIDS. The material not only explains Islamic law on adultery (zina), intoxicants (khamr), and drugs, but also provides scientific explanations of the mechanisms of HIV transmission, risk factors, and preventive measures. Interviews with study managers show that the process of identifying participants' needs is generally carried out informally, through direct observation and casual conversation before or after study sessions, rather than through standardized needs assessment instruments. Some managers said that the preparation of materials still relies heavily on the personal experience of the mentoring ustaz, so the depth of HIV/AIDS material is not entirely uniform from one institution to another.

Organizing Islamic Studies

The organization of the studies involves coordination among mosque administrators, ustaz, health workers, adolescent counselors, schools, and parents. This study found that resource persons from among health workers help explain the scientific facts about HIV/AIDS,

while ustaz provide the normative foundation based on the Qur'an and Hadith. Informants stated that this combination increases participants' trust in the material delivered. Field findings show that collaboration with local community health center (puskesmas) staff has only been carried out incidentally, for example on World AIDS Day, and has not been scheduled routinely throughout the year. Some of the parents interviewed admitted that they were not fully aware of the material delivered in the studies because of limited communication between institutional managers and participants' families.

Implementing Islamic Studies

The studies are implemented using interactive lectures, group discussions, case studies, question-and-answer sessions, and individual counseling. The material is delivered persuasively without stigmatizing at-risk groups. The study material includes: Guarding one's honor (iffah); The prohibition of adultery (zina) and risky sexual behavior; The dangers of injecting drugs; Mechanisms of HIV/AIDS transmission; The importance of HIV testing for at-risk groups; Strengthening the values of repentance (taubat), responsibility, and maintaining health. Direct observation of several study sessions shows that participants were more enthusiastic in question-and-answer sessions and small group discussions than in one-way lecture sessions, as seen from the number of questions asked and the discussion time, which was longer than originally allocated.

Evaluation of Islamic Study Management

Evaluation is carried out through observation of changes in participants' behavior, interviews, group discussions, and assessment of understanding before and after attending the studies. The research results show improvements in: Knowledge about HIV/AIDS; Understanding of how HIV is transmitted; Awareness of avoiding promiscuity; Rejection of drug abuse; Empathy toward People Living with HIV/AIDS (PLWHA). In addition to interviews and group discussions, some managers also use simple questionnaires consisting of a few written questions before and after the studies, although these instruments have not been scientifically tested for validity and reliability. The evaluation also shows that some adolescents still believe myths about HIV, so ongoing studies are needed.

Implications of Islamic Study Management

In addition to increasing knowledge, Islamic studies also play a role in reducing stigma toward People Living with HIV/AIDS (PLWHA). The material is delivered by emphasizing the principles of rahmah (mercy), compassion, the prohibition of discrimination, and the obligation to help fellow human beings, so that adolescents begin to understand that HIV is a disease requiring medical treatment and social support, not a reason for ostracism. This study found that after attending Islamic studies, most adolescents began to understand that: HIV does not only affect certain groups; Promiscuous sexual behavior is a major risk factor; Injecting drug use increases the risk of transmission; It is important to maintain social interactions in accordance with Islamic teachings.

Several of the adolescents interviewed revealed that before attending the studies, they had believed that HIV/AIDS could be transmitted through ordinary social contact such as shaking hands or sharing eating utensils, and this mistaken understanding was only corrected after attending a question-and-answer session with a health resource person. Some participants also said that they had begun to dare to share the information obtained from the studies with peers outside the forum, although the dissemination of this information had not been carried out in a structured manner. Overall, the above findings illustrate that the management of Islamic studies has operated at a basic to intermediate level, with its main strengths in the delivery of material and the involvement of resource persons, but it still requires strengthening

in data-based planning, scheduled cross-sector organizing, and the development of more standardized evaluation instruments.

Discussion

This section discusses the research findings presented earlier by relating them to da'wah management theory, the concept of maqāṣid al-syarī'ah, and previous research on HIV/AIDS education among adolescents. The discussion is organized around three questions: why the findings occurred, how they compare with previous studies, and what they imply for the management of Islamic education.

Islamic Study Management as an Effort to Prevent HIV/AIDS among Adolescents

The findings show that Islamic studies in Surabaya already operate as more than a channel of religious knowledge: HIV/AIDS material has entered the question-and-answer sessions, and informants link it to a better understanding of promiscuity, injecting drug use, and social interaction. This is consistent with research stating that Islamic education contributes to shaping adolescents' preventive behavior toward HIV/AIDS through the internalization of the values of the Qur'an and Sunnah (Dimas Rayhan Giffary et al., 2023). It also supports the argument that educational strategies that integrate religious values with health education are more effective than the delivery of health information alone, because they reach the spiritual, moral, and social aspects of adolescents. Why, then, has HIV/AIDS remained a side topic rather than the main subject? A plausible explanation is that planning in the field is flexible and situational rather than formally needs-based, so the topic depends on participants' questions and the initiative of the mentor. This reveals a gap between the ideal of da'wah management, which positions da'wah as a systematically designed process for achieving social and moral change, and everyday practice. For Islamic education management, the implication is that strengthening the managerial capacity of study managers is a precondition for making HIV/AIDS content a planned, rather than incidental, part of the studies.

Parsa et al. (2024) report that a structured HIV/AIDS education program in a pesantren environment increased adolescents' knowledge by 19% and preventive attitudes by 14% (Parsa et al., 2024). What matters for the present findings is the reason behind these gains: the success of the program depended not only on the substance of the material, but on the quality of management at every stage, from planning and organizing to implementing and evaluating. The institutions in Surabaya have the material and the methods, but, as the Results show, they lack the structured planning and evaluation that made the pesantren program measurable. Hifz al-nafs, one of the main objectives of maqāṣid al-syarī'ah, therefore needs to move from a motivational theme to a managerial principle: in planning, it should determine which health risks must appear in the curriculum (transmission routes, early detection, testing, stigma), and in evaluation it should determine what is measured (see Table 3). This is particularly relevant to Surabaya, whose adolescents have diverse social characteristics and patterns of interaction, so that a model of Islamic studies that is adaptive to the dynamics of adolescent life is needed without reducing the substance of the values of Islamic sharia.

Program sustainability explains why incidental studies are not enough. Studies held only occasionally tend to produce short-term knowledge gains, whereas behavior change requires mentoring, reinforcement, and continuous evaluation. Community-based programs involving continuous mentoring have been reported to improve HIV health literacy and to build adolescents' collective awareness in preventing HIV/AIDS (Wilandika, 2019), and collaboration among families, schools, mosques, youth organizations, and health workers has been associated with higher self-efficacy, greater concern for reproductive health, and a better ability to refuse risky behavior. For Islamic study management, this means that the studies

should be treated as a continuing program with a follow-up cycle rather than as a series of separate meetings.

Islamic Study Planning Based on the Needs of At-Risk Adolescents

The planning findings show a curriculum that already combines *aqidah*, *akhlak*, *fiqh* of social interaction, reproductive health, and HIV/AIDS, but also a needs identification that is informal and a depth of material that depends on the personal experience of the mentor. This pattern is in line with the general criticism of community-based education programs that rely on managers' intuition rather than empirical data, which reduces the consistency of material quality across institutions. It matters because education programs designed around adolescents' characteristics significantly improve knowledge, attitudes, and preventive behavior, as shown by the meta-analysis of Ratnawati et al. (2024) HIV education based on participants' needs produces a more significant improvement in knowledge and preventive behavior than programs that use general materials (Maris Bakara et al., 2023). A needs assessment allows managers to identify knowledge gaps, misconceptions about HIV/AIDS (such as the belief, found in this study, that it spreads through handshakes), and forms of risky behavior, so that materials are built on empirical data rather than assumptions. Planning should also consider learning approaches suited to today's adolescents, who tend to learn better through interactive, experience-based, and digital-media-supported methods than through one-way lectures. Group discussions, case studies, simulations, and audiovisual media can explain HIV/AIDS from religious and health perspectives while encouraging critical thinking about negative influences from the social environment.

Planning must also integrate the spiritual and the scientific. The prohibition of adultery (*zina*), guarding one's honor (*hifz al-'ird*), and protecting life (*hifz al-nafs*) become more meaningful when accompanied by a scientific explanation of the mechanisms of HIV transmission, the importance of early detection, and medically based prevention, because adolescents then see that Islamic teachings on self-protection are relevant to the health of individuals and society. To make this integration operational rather than rhetorical, *hifz al-nafs* can be translated into three concrete curriculum requirements at the planning stage: (1) every study cycle includes a module on transmission, prevention, and testing; (2) each module links a normative basis from the Qur'an and Hadith with a medically verified explanation prepared together with health workers; and (3) the content is adjusted to a needs assessment of the participants. The absence of a standardized needs assessment instrument, as found in this study, means that none of these requirements is currently guaranteed. Simple yet systematic instruments, for example observation sheets or short structured interviews, are therefore an important recommendation so that planning is based on the real conditions of local adolescents.

Organizing Islamic Studies

The organizing findings show a division of roles that works in substance: health workers explain the scientific facts, *ustaz* provide the normative foundation from the Qur'an and Hadith, and informants say that this combination increases trust in the material. This is consistent with research on HIV/AIDS education strategies, which confirms that collaboration among educational institutions, communities, and health workers increases the effectiveness of adolescent health promotion. However, collaboration with *puskesmas* staff that takes place only on World AIDS Day shows that the organizing function has not yet made partnership a permanent part of the program structure; it remains an annual ceremonial activity. Likewise, limited communication between managers and parents indicates weak family coordination channels, even though the family is an important element in reinforcing the values adolescents acquire outside the study forum. The implication is that organizing should be understood as building structures (schedules, agreements, and communication channels) and not merely as

coordination among individuals; such structures create the positive social control that strengthens adolescents' commitment to avoid behavior that puts them at risk of HIV/AIDS transmission.

Family and community-based interventions contribute significantly to the effectiveness of HIV prevention programs among adolescents because they strengthen social support and the sustainability of behavior change (Kamplang et al., 2021). The success of prevention therefore depends not only on increasing adolescents' knowledge, but also on a social environment that consistently provides support, supervision, and role models. In Islamic study management, synergy among families, mosques, schools, and communities is thus an organizing function in its own right: it creates a sustainable ecosystem of guidance in which the studies serve not only to transfer religious knowledge but also to build social support that encourages adolescents to avoid risky behavior.

The concept of ta'dib explains why continuity in organizing matters. In Islamic education, ta'dib is oriented not only toward the transfer of knowledge but also toward instilling values, forming good manners (adab), and developing a personality that reflects noble character (Halstead, 2004). It takes place through habituation within a continuous educational environment. Organizationally, this means that a mentoring routine with consistent mentors, a regular schedule, and follow-up with families is a condition for ta'dib rather than an administrative extra. This is in line with the word of Allah Swt. in QS. At-Tahrim verse 6: "O you who believe! Protect yourselves and your families from the fire of Hell..." (QS. At-Tahrim [66]: 6) (Shihab, 2002).

This verse shows that Islam places on every individual and family the responsibility to protect, guide, and educate the younger generation so that they avoid behavior that harms themselves and their social environment. In HIV/AIDS prevention, the effort to protect oneself (hifz al-nafs) can therefore be understood as part of implementing Islamic teachings in protecting the health, honor, and continuity of human life. Because this responsibility is shared by families and study institutions, families need to be included in the organizing structure of the studies.

Pesantren and majelis taklim environments function not only as places for delivering religious knowledge, but also as spaces for character formation through role modeling (uswah hasanah), moral guidance, and supervision of students' behavior. The principle of role modeling is based on the word of Allah Swt. in QS. Al-Ahzab verse 21: "Indeed, in the Messenger of Allah you have an excellent example for you..." (QS. Al-Ahzab [33]: 21) (Shihab, 2002). This verse affirms that character education in Islam is carried out through real examples from educators and the educational environment, not only through the delivery of theory. Study managers therefore have a strategic role in creating an environment that supports responsible adolescent behavior, including in maintaining reproductive health and avoiding risky social behavior, which in practice means selecting and training mentors who can model non-judgmental and health-aware conduct.

Organizing should therefore be oriented not only toward delivering material, but also toward forming a religious culture that strengthens adolescents' awareness of taking care of their health as a trust (amanah) from Allah Swt. This is in accordance with maqāṣid al-syarī'ah, particularly hifz al-nafs (protection of life), which places the protection of human life and health among the main objectives of Islamic sharia. Allah Swt. says in QS. Al-Ma'idah verse 32: "Whoever saves the life of one human being, it is as if he had saved the lives of all mankind..." (QS. Al-Ma'idah [5]: 32) (Shihab, 2002). This verse provides the basis that every effort aimed at maintaining health and preventing harm to human beings is part of Islamic values. Islamic study management that integrates religious education, health education, and social mentoring can thus become a preventive strategy for raising adolescents' awareness of the risk of HIV/AIDS.

Implementing Islamic Studies

The implementation findings show a consistent pattern: material on guarding honor, the prohibition of adultery, the dangers of injecting drugs, HIV transmission, testing, and repentance is delivered through interactive and persuasive methods without stigmatizing at-risk groups, and participants respond more actively to participatory formats than to one-way lectures. The participatory approach gives adolescents room to ask about issues that have long been considered taboo, which explains why question-and-answer sessions and group discussions generated more enthusiasm than lectures in this study: adolescents want to be actively involved rather than remain passive listeners. This is consistent with the meta-analysis by Ratnawati et al. (2024), which shows that interactive education produces a significant improvement in knowledge, attitudes, and HIV preventive behavior compared with conventional lecture methods (Ratnawati et al., 2024). It also reflects the holistic orientation of Islamic education described by Sahin (2018), in which knowledge, moral values, and life practice are integrated so that education produces not only intellectual understanding but also changes in attitudes and behavior that reflect religious values (Sahin, 2018). Communicative and humanistic implementation is therefore an important strategy for raising adolescents' awareness of HIV/AIDS risk while strengthening their religious character.

Implementation should also follow the principle of *da'wah bil hikmah*, namely conveying religious messages in an educational, empathetic, and non-judgmental manner. This has operational consequences: adolescents with experience of risky social interactions need a safe space for dialogue so that they can discuss health and moral issues without feeling ostracized, and the avoidance of stigmatizing language observed in this study is the practical expression of *hikmah*. From an Islamic perspective, guidance aims not only to punish deviant behavior but also to direct individuals toward change through advice, mentoring, and the strengthening of spiritual awareness, in accordance with QS. An-Nahl verse 125: "Invite (all) to the way of your Lord with wisdom and good instruction..." (QS. An-Nahl [16]: 125) (Shihab, 2002). Implementation that integrates HIV/AIDS education with the values of morality, responsibility, and compassion will thus be more effective in building adolescents' awareness. Digital platforms also deserve consideration, given that adolescents access most information through their devices: HIV/AIDS content based on Islamic values, packaged as short videos, infographics, or live streams, has the potential to extend the reach of the studies to adolescents who are not yet active in religious forums.

Evaluation of Islamic Study Management

The evaluation findings show reported improvements in knowledge about HIV/AIDS, understanding of transmission, awareness of avoiding promiscuity, rejection of drug abuse, and empathy toward People Living with HIV/AIDS (PLWHA), alongside myths that persist among some adolescents. These improvements, however, rest on observation, interviews, and simple before-and-after questionnaires whose validity and reliability have not been tested. The evaluation function is therefore still at an early stage of instrument development, and the reported gains cannot yet be claimed as scientific evidence of measurable program success. The persistence of myths is consistent with a systematic study of Indonesian adolescents' knowledge of HIV/AIDS, which concluded that continuous education is still greatly needed because the level of knowledge is not yet evenly distributed (Alwi et al., 2025). Evaluation should also go beyond information. Rahayu et al. (2023) explain that character education in Islamic education needs to be carried out through the strengthening of values, habituation, and implementation in real life in order to shape individuals with moral and social responsibility, so evaluation needs to capture changes in adolescents' character in protecting themselves and in building behavior in accordance with Islamic values (Rahayu et al., 2023). Evaluation in

Islamic study management therefore has to connect the cognitive, affective, and social-practice aspects: it should ask not only how much participants know, but whether religious values have been embedded in behavior such as the ability to protect oneself, to be responsible, to value health, and to care for others. Developing standardized instruments is an urgent need so that the success of Islamic study management can be accounted for both academically and practically, and *hifz al-nafs* can serve as the organizing principle of such an instrument, as proposed in Table 3.

Table 3. Proposed Evaluation Matrix Based on *Hifz al-Nafs*

Domain (derived from <i>hifz al-nafs</i>)	Indicator	Instrument	Timing
Knowledge (cognitive)	Understanding of transmission routes, prevention, early detection, and testing	Validated pre-test and post-test questionnaire	Start and end of each study cycle
Risk awareness (affective)	Perceived susceptibility and attitude toward risky social interaction	Attitude scale tested for validity and reliability	Each study cycle
Stigma toward PLWHA	Acceptance of and willingness for ordinary social contact with PLWHA	Stigma scale	Each study cycle
Religious character and behavior	Self-control, responsibility (<i>amanah</i>), and ability to refuse risky behavior	Mentor observation rubric and reflective journal	Monthly
Program process	Needs assessment conducted, health worker sessions held, and parent communication carried out	Program checklist	Each semester

Note: Developed by the authors from the findings and the literature discussed in this section.

Implications of Islamic Study Management

Risk awareness is an individual's ability to recognize the possibility of being exposed to a disease based on the behaviors they engage in. In addition to increasing knowledge, Islamic studies also play a role in reducing stigma toward People Living with HIV/AIDS (PLWHA). The material is delivered by emphasizing the principles of *rahmah* (mercy), compassion, the prohibition of discrimination, and the obligation to help fellow human beings, so that adolescents begin to understand that HIV is a disease requiring medical treatment and social support, not a reason for ostracism.

The corrected understanding reported in the Results (that HIV does not affect only certain groups, that promiscuous sexual behavior and injecting drug use are major risk factors, and that social interaction should be maintained in accordance with Islamic teachings) is consistent with research on adolescents' perceptions of HIV prevention which, based on the Health Belief Model, states that risk perception influences preventive behavior. The research results show that the management of Islamic studies has strategic implications for HIV/AIDS prevention through:

1. increased reproductive health literacy based on Islamic values;
2. the formation of religious character;
3. the strengthening of adolescents' self-control;
4. increased awareness of risky behavior;
5. reduced stigma toward PLWHA;
6. stronger collaboration among da'wah institutions, schools, families, and health workers.

Reduced stigma is a central implication. Education that combines health aspects with religious values helps adolescents understand that HIV/AIDS is a health problem requiring a medical approach, social support, and a humane attitude, not discriminatory action; from an Islamic perspective, respecting human dignity and supporting individuals suffering from illness are part of the values of rahmah and social care. The research of Simon et al. (2024) shows that the level of adolescents' knowledge about HIV/AIDS is related to their attitudes toward PLWHA, so that increasing HIV/AIDS literacy is an important strategy for reducing stigma and building more positive social behavior (Simon et al., 2024). The misconceptions about transmission through ordinary social contact found in this study show why accurate information needs to be delivered repeatedly in Islamic studies, because such misunderstandings are one of the main roots of stigma toward PLWHA. By correcting them early in forums that adolescents trust, Islamic institutions can act as agents of social change that not only reduce the risk of transmission but also build a society that is more inclusive of PLWHA.

Model for Sustainable Islamic Studies-Based Management for HIV/AIDS Prevention

Synthesizing the findings and the literature discussed above, this study proposes a Model for Sustainable Islamic Studies-Based Management for HIV/AIDS Prevention. The model treats planning, organizing, implementing, and evaluating as one continuous cycle that is supported by a structured partnership among community health centers (puskesmas), religious institutions, schools, and families, so that it can be replicated by Islamic study institutions in other regions. It is derived from the gaps identified in the field and has yet to be tested empirically. Its components are as follows:

1. Needs-based and values-integrated planning

Conduct a standardized, anonymous needs assessment at the start of each study cycle; adopt a minimum HIV/AIDS module in the curriculum, with hifz al-nafs translated into curriculum requirements; and prepare the module together with puskesmas health workers.

2. Structured partnership in organizing.

Formalize cooperation through a written agreement: puskesmas provide scheduled sessions throughout the year (not only on World AIDS Day) and referral to testing and counseling; the mosque or majelis taklim acts as host and coordinator; schools align the studies with guidance and counseling programs; and families are involved through a regular parent forum and an open communication channel.

3. Participatory and non-stigmatizing implementation

Train mentors in da'wah bil hikmah, non-judgmental communication, and basic HIV/AIDS literacy; use discussions, case studies, and individual counseling in a safe space; and extend the reach through digital content based on Islamic values.

4. Standardized and stigma-sensitive evaluation

Use validated instruments based on the matrix in Table 3, including stigma toward PLWHA as a success indicator, and report the results to all partners.

5. Sustainability through a feedback loop

Use evaluation results to revise the next plan, hold periodic review meetings among the partners, document the process for replication, and regenerate mentors so that the program does not depend on individuals.

Limitations and Future Research

This study has two main limitations. First, evaluation in the institutions studied relies on observation, interviews, and simple questionnaires without standardized and validated instruments, so the reported improvements in knowledge, attitudes, and empathy cannot be treated as measurable program effects. Second, the study was conducted only at several Islamic study institutions in Surabaya, so its geographical generalizability is limited and the findings cannot yet be applied to similar institutions in other cities with different social and cultural contexts. As a qualitative study, it also aims at depth of understanding rather than statistical generalization. Future research should use validated instruments, involve a broader range of institutions in several cities, and apply quantitative or mixed-methods designs to test the proposed model and to measure program effectiveness in a measurable way.

Overall, the above discussion shows that the management of Islamic studies plays an important role in raising HIV/AIDS risk awareness among adolescents engaged in risky social interactions through four interrelated management functions, namely planning, organizing, implementing, and evaluating. Planning based on adolescents' needs is the starting point of program success, while organizing, which involves various stakeholders, strengthens the quality and credibility of the material delivered. In addition, the scheduled involvement of health workers and adolescent counselors has the potential to strengthen the scientific credibility of the study material while opening access to reproductive health services for adolescents who need further assistance. Implementation that is carried out in a participatory and humanistic manner increases adolescents' acceptance of religious and health messages, while continuous evaluation ensures that changes in knowledge and attitudes are truly achieved and can be sustained. By integrating these four management functions within the framework of Islamic values, particularly the concept of *maqāṣid al-syarī'ah*, and by supporting them with a structured partnership among *puskesmas*, religious institutions, schools, and families, Islamic studies can become a contextual and replicable preventive strategy rooted in the culture of Indonesian society in addressing HIV/AIDS among adolescents.

Conclusion

This study analyzed how Islamic study institutions in Surabaya manage their programs to raise HIV/AIDS risk awareness among adolescents engaged in risky social interactions. The findings show that planning, organizing, implementing, and evaluating are all carried out, but they are not yet systematically integrated into curricula and youth development programs. Planning relies on informal needs identification, and the depth of HIV/AIDS material depends on the personal experience of mentors. Organizing involves *ustaz*, health workers, schools, and parents, but collaboration with community health centers (*puskesmas*) remains incidental and communication with families is limited. Implementation emphasizes moral development and is participatory and non-stigmatizing, yet the delivery of HIV/AIDS risk information is limited by the sensitivity of the issue and by stigma. Evaluation reports improvements in knowledge, risk awareness, and empathy toward People Living with HIV/AIDS (PLWHA), but it depends on observation, interviews, and simple questionnaires whose validity and reliability have not been tested.

To reduce stigma, these functions need to be reformed systematically: (1) planning should use a standardized, anonymous needs assessment and a co-developed, non-stigmatizing HIV/AIDS module; (2) organizing should rest on formal, scheduled partnerships with health workers and on trained, non-judgmental mentors; (3) implementation should provide private small-group and individual counseling framed by the values of *rahmah* and *hifz al-nafs*; and (4) evaluation should be standardized and should include stigma toward PLWHA as a success indicator. Together with the involvement of schools and families, these reforms form the Model

for Sustainable Islamic Studies-Based Management for HIV/AIDS Prevention proposed in this study.

Theoretically, this study positions the management of Islamic studies not merely as an administrative-normative function but as an instrument of social intervention management that is adaptive to adolescent reproductive health issues in urban areas, in which the principles of *hifz al-nafs*, *ta'dib*, and *da'wah bil hikmah* are translated into planning, organizing, implementing, and evaluating. Practically, the proposed model and evaluation matrix can be adopted by Islamic study institutions and replicated in other regions. When integrated systematically with reproductive health knowledge and supported by a structured partnership among puskesmas, religious institutions, schools, and families, the management of Islamic studies has significant potential as a value-based means of HIV/AIDS prevention that also reduces stigma toward PLWHA.

This study has limitations. It was conducted at several Islamic study institutions in Surabaya, so its geographical generalizability is limited, and its qualitative descriptive design aims at an in-depth understanding of managerial practice rather than at measuring the effectiveness of the programs.

Future research is recommended to use quantitative or experimental designs, such as quasi-experimental studies with comparison groups, to measure the effectiveness of Islamic study-based interventions on adolescents' knowledge, attitudes, and behavior; to develop and validate standardized evaluation instruments, including a stigma scale; and to test the proposed model in other cities and institutional settings.

References

- Alwi, M. A., Hamzah, H., Syarifuddin, S., & Karlina, L. (2025). Knowledge of HIV/AIDS Among Adolescents in Indonesia: A Systematic Review. *Healthy Tadulako Journal (Jurnal Kesehatan Tadulako)*, 11(1), 132–140. <https://doi.org/10.22487/htj.v11i1.1556>
- Aspers, P., & Corte, U. (2019). What is Qualitative in Qualitative Research. *Qualitative Sociology*, 42(2), 139–160. <https://doi.org/10.1007/s11133-019-9413-7>
- Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3(2), 77–101. <https://doi.org/10.1191/1478088706qp063oa>
- Dimas Rayhan Giffary, Tegar Aditya Darma, & Ridho Naufal Manaf. (2023). Pola Pendidikan Islam dalam Upaya Menurunkan Angka Penyebaran HIV/AIDS pada Remaja di Indonesia. *Journal of Creative Student Research*, 1(5), 384–392. <https://doi.org/10.55606/jcsrpolitama.v1i5.2727>
- Halstead, M. (2004). An Islamic concept of education. *Comparative Education*, 40(4), 517–529. <https://doi.org/10.1080/0305006042000284510>
- Ismail, I. (2016). Character Education Based on Religious Values: An Islamic Perspective. *Ta'dib: Jurnal Pendidikan Islam*, 21(1), 41–58. <https://doi.org/10.19109/td.v21i1.744>
- Kamplang, H., Baumeister, H., Bengel, J., & Mittag, O. (2021). Prevention of depression in adults with long-term physical conditions. *Cochrane Database of Systematic Reviews*, 2021(3). <https://doi.org/10.1002/14651858.CD011246.pub2>
- Maris Bakara, S., Sahara Lubis, E., & Fitriani, Y. (2023). ADOLESCENT KNOWLEDGE AND PERCEPTION OF HIV/ AIDS STIGMATIZATION IN THE INDONESIAN

- CONTEXT: Hubungan Tingkat Pengetahuan dan Persepsi Remaja Terhadap Stigma Kepada Orang Dengan HIV/AIDS Di Indonesia. *Jurnal Berkala Epidemiologi*, 11(3), 287–294. <https://doi.org/10.20473/jbe.V11I32023.287-294>
- Munawir, M., Ahmad, W. M. A., & Athirah, Z. (2024). Pengaruh Pendidikan Islam terhadap Pembentukan Karakter Peserta Didik. *Jurnal Basicedu*, 8(2), 1420–1427. <https://doi.org/10.31004/basicedu.v8i2.7361>
- Muslimin, K. D., Baso, Y. S., Hidayanty, H., Syarif, S., Aminuddin, A., & Bahar, B. (2022). Effect of HIV/AIDS education prevention using web-based she smart on knowledge, attitudes, and practice in adolescent girls. *International journal of health & medical sciences*, 5(1), 31–36. <https://doi.org/10.21744/ijhms.v5n1.1830>
- Nindyaswari, D. A. (2024). *Badan Pusat Statistik Kota Surabaya (2024)*. Publikasi Statistik Daerah (STATDA).
- Nowell, L. S., Norris, J. M., White, D. E., & Moules, N. J. (2017). Thematic Analysis: Striving to Meet the Trustworthiness Criteria. *International Journal of Qualitative Methods*, 16(1), 1609406917733847. <https://doi.org/10.1177/1609406917733847>
- Parensa, V. I., Winarni, S., Djuwadi, G., & Rachman, M. Z. (2024). KAMPANYE PENCEGAHAN HIV/AIDS MENGGUNAKAN BUKU SAKU PADA REMAJA DI PONDOK PESANTREN MAMBA'U SYAFA'ATIL QUR'AN KOTA BLITAR. *Jurnal Pendidikan Kesehatan*, 13(2), 95. <https://doi.org/10.31290/jpk.v13i2.3966>
- Pemerintah Kota Surabaya. (2025). *Surabaya Perluas Layanan Tes HIV, Angka AIDS Turun 10 Persen*. <https://www.surabaya.go.id/id/berita/24527/surabaya-perluas-layanan-tes-hiv-angka-aids-turun-10-persen>
- Peni Meivita, La Ode Ahmad Arafat, Achmad Aziz Effendy, Eko Susanto, Arih Thooyibatul Izdihar, & Putri Sheilah Wardani. (2024). *PROVINSI JAWA TIMUR DALAM ANGKA Jawa Timur Province in Figures 2024*. Badan Pusat Statistik Provinsi Jawa Timur.
- Rahayu, W., Zukri, A., Maimunah, A., Mayang Sari, D., Jannah, R., & Ikhlas, M. (2023). Character Education in Islamic Education: Strengthening and Implementing in the Digital Age. *At-Tarbawi: Jurnal Kajian Kependidikan Islam*, 8(2), 125–138. <https://doi.org/10.22515/attarbawi.v8i2.7498>
- Ratnawati, D., Huda, M. H., Mukminin, M. A., Widyatuti, W., & Setiawan, A. (2024). Meta-analysis of the effectiveness of educational programs about HIV prevention on knowledge, attitude, and behavior among adolescents. *Narra J*, 4(2), e870. <https://doi.org/10.52225/narra.v4i2.870>
- Rosidah, C. (2024). Descriptions of Adolescent Holistic Knowledge About HIV/AIDS at State Islamic Junior High School 2 Jember. *Preventia: The Indonesian Journal of Public Health*, 9(2). <https://doi.org/10.17977/um044v9i22024p38-46>
- Sahin, A. (2018). Critical Issues in Islamic Education Studies: Rethinking Islamic and Western Liberal Secular Values of Education. *Religions*, 9(11), 335. <https://doi.org/10.3390/rel9110335>

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- Shihab, M. Q. (2002). *Tafsir Al-Mishbah: Pesan, Kesan, dan Keserasian Al-Qur'an* (1–7). Lentera Hati.
- Simon, M. G., Hepilita, Y., & Mariati, L. H. (2024). The Relationship Between Adolescent Knowledge About HIV/AIDS and Stigma Toward PLWHA at the Faculty of Health Sciences. *Dunia Keperawatan: Jurnal Keperawatan dan Kesehatan*, 12(3), 254–262. <https://doi.org/10.20527/jdk.v12i3.718>
- Wilandika, A. (2019). Religiosity and Self-Efficacy in the Prevention of HIV-Risk Behaviours among Muslim University Students. *Jurnal Ners*, 13(2), 138–143. <https://doi.org/10.20473/jn.v13i2.6531>
- Yastutik, I. Y., & Setyowati, R. (2024). Educational Strategy in Preventing HIV/AIDS: Analysis of Social, Cultural, and Digital Media Influence. *The Journal of Educational Development*, 12(1), 10–22. <https://doi.org/10.15294/jed.v12i1.3374>