Journal Evaluation in Education (JEE)
Vol. 6, No. 4, October 2025, pp. 1190~1197
ISSN: 2716-4160, DOI: 10.37251/jee.v6i4.1920

Indonesian Muslim Women's Perception of Sexual and Reproductive Education

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Article Info

Article history:

Received Jun 23, 2025
Revised Sep 02, 2025
Accepted Oct 16, 2025
OnlineFirst Oct 27, 2025

Keywords:

Holistic Education
Islamic Perspective
Muslim Women
Reproductive Health
Sexual Education

ABSTRACT

Purpose of the study: The This study aims to explore Indonesian Muslim women's understanding of sexual and reproductive health education in an Islamic perspective. The study also seeks to identify the factors that cause low levels of knowledge and formulate recommendations to improve sexual and reproductive literacy based on Islamic values.

Methodology: This study used a qualitative approach with an in-depth interview method of four groups of Muslim women of various age ranges. The data is analyzed through interactive analysis techniques that include three stages: data reduction, data presentation, and conclusion drawing and verification.

Main Findings: The results showed that as many as 92.6% of participants had a low understanding of sexual and reproductive health education from an Islamic perspective. The main obstacles include the existence of social and cultural stigma on this issue, the assumption that sexual education is only the responsibility of religious leaders, the lack of education from an early age, and the lack of repetition programs from formal educational institutions.

Novelty/Originality of this study: This study emphasizes the importance of a collaborative approach in Islamic-based sexuality education, by synergistically involving parents, educators, religious leaders, and the government. The uniqueness of this research lies in its approach that combines religious values and social-educational strategies to create a comprehensive and non-fragmented learning system.

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1. INTRODUCTION

Indonesian Muslim women's knowledge of sexual and reproductive education remains very limited, particularly in rural areas where information is often obtained from oral traditions or unverified sources [1]. Misunderstandings regarding basic practices, such as purification rituals, differentiating menstrual blood from istihadhah, and postpartum practices, have direct implications for sexual and reproductive health and the ability to perform religious practices correctly [2]-[4]. These knowledge gaps pose health risks and reinforce social stigma surrounding discussions about reproductive issues.

The main factors contributing to the low understanding among Muslim women include a lack of early education and limited access to reliable information [5]. Additionally, social assumptions that sexual and reproductive health topics are taboo or sensitive further exacerbate the problem [6], [7]. Many families avoid

initiating conversations on these topics, leaving women to navigate complex biological and religious issues independently.

Previous studies consistently report low levels of sexual and reproductive health literacy among women. Research by Pakasi indicated that adolescents have minimal and limited knowledge about sexuality and reproductive health [8]. Kholis further observed that the absence of early education within families and formal educational institutions exacerbates the issue [9]. These findings demonstrate that low literacy in sexual and reproductive health is both systemic and persistent. Bennett highlighted that health education programs often fail to incorporate religious values, which makes them difficult to accept and apply within Muslim communities [10]. Education that neglects cultural and religious contexts risks being irrelevant and ineffective. Religious leaders and educators frequently perceive sexual and reproductive education as an individual responsibility rather than a collective one, which reduces opportunities for repeated and structured learning [11], [12].

Despite these findings, there is a significant research gap regarding Muslim women's understanding of sexual and reproductive education in relation to Islamic practices, including purification rituals, menstruation, puerperium, and istihadhah. Without focused research, women may continue to face both health and social challenges due to misinformation or incomplete knowledge. The lack of empirical studies emphasizing religiously contextualized practices limits the development of effective educational programs.

This situation underscores the urgency of research that integrates Islamic values with modern health sciences. Indonesia, as the country with the largest Muslim population in the world, still lacks culturally sensitive and religion-based sexual and reproductive education. Addressing this issue is essential to enhance health literacy, empower women to make informed decisions, and reduce social stigma associated with reproductive health discussions. This study aims to explore Indonesian Muslim women's understanding of sexual and reproductive health education from an Islamic perspective. It also seeks to identify the factors contributing to low levels of knowledge and provide practical recommendations for improving literacy through a collaborative approach involving parents, educators, religious leaders, and government institutions. By combining Islamic values with contemporary health education, this research aims to provide a comprehensive, culturally relevant, and educationally effective framework.

The uniqueness of this study lies in its holistic approach, emphasizing collaboration among families, educators, religious authorities, and policymakers. By integrating educational and religious dimensions, the study is expected to close existing knowledge gaps, enhance Muslim women's reproductive health literacy, and provide evidence-based recommendations for the development of targeted and sustainable programs and policies.

2. RESEARCH METHOD

This research is a qualitative research with data collection techniques through in-depth interviews to find out the condition of the research object naturally [13] and emphasis on meaning and knowing the complete picture of the problem being researched [14]. Qualitative research is a method used to understand a phenomenon based on the different perspectives of each source. Creswell explained that the qualitative approach aims to explore and understand the meaning of social experiences or phenomena faced by individuals and groups [15]. This approach prioritizes context and background as important factors in shaping the perception and experience of the resource person. In this study, methods such as in-depth interviews and direct observation were used to obtain detailed and comprehensive data. Yin added that the study of phenomena as part of qualitative research is very suitable for analyzing complex issues, as it is able to capture various perspectives and generate in-depth insights [16], [17]. This approach is relevant to explore certain phenomena in detail, such as topics related to sexual and reproductive education in an Islamic perspective.

The researcher employed a purposive sampling technique in selecting the participants of this study [15]. The selection criteria included Muslim women who were categorized into specific age groups, namely adolescents aged 17–19 years, adults aged 25–50 years, and elderly women aged 60–70 years. In addition, the participants were required to volunteer to participate in the research and to have prior experience in study settings, either in formal or informal environments. Based on these criteria, four groups of Muslim women were selected. The groups consisted of one adolescent group with 30 participants, two adult groups with 30 and 20 participants respectively, and one elderly group with 15 participants.

To collect data, the researcher conducted in-depth interviews and sharing sessions with each group. This method was designed to gain comprehensive insights and to allow participants to share their experiences and perspectives openly. The combination of interviews and group discussions ensured that the data obtained were not only rich in detail but also directly relevant to the research objectives. Through this approach, the study was able to capture diverse viewpoints across different age categories, thereby strengthening the validity and depth of the findings [18].

The data collection technique in this study is by in-depth interviews in the form of *semi-structural interview* [19]. Topic-focused interviews [20] sexual and reproductive health education for Muslim women. The

questions have been prepared according to the needs of the interview and can be developed if needed while remaining focused on the topic studied in this study. Furthermore, the results of the interviews that have been obtained are well selected and analyzed in relation to the focus of this research.

This study uses data analysis techniques based on an inductive interactive model developed by Miles and Huberman, which consists of three main stages, namely the process of data reduction, data presentation, and conclusion drawing and verification. The data reduction process is carried out by summarizing, sorting out data that is considered important, ignoring irrelevant data, and focusing on significant information to then identify themes and patterns. Data presentation is carried out by organizing relevant data into research reports in the form of brief descriptions, depictions of relationships between categories, and text narratives. Meanwhile, conclusions and verification are produced through a process of comparison, collection, and alignment of strong evidence to answer the research questions that have been formulated [21].

3. RESULTS AND DISCUSSION

Indonesian Muslim women's knowledge of sexual education and reproduction from an Islamic perspective is still low. Based on the results of interviews with 4 groups of Muslim women, there are 92.6% who do not understand sexual and reproductive education related to the correct way of purification and the laws surrounding menstruation, puberty and istihadah. The first group was a group of teenage women consisting of 30 people. The second group is a group of adult women consisting of 20 people. The third group is a group of adult women consisting of 30 people. The fourth group is a group of elderly women consisting of 15 people.

First Group

The first group is a group of teenagers between the average age of 17-19 years. Of the 30 women interviewed and asked about knowledge about sexual and reproductive education related to proper purification, knowledge about menstruation, puerperium, istihadah and the law around women's fiqh, only 1 woman understood correctly. The remaining twenty-nine women claimed to have very minimal knowledge. Even the mandatory bathing procedures that are in accordance with the sunnah they do not understand. Knowledge about the difference between menstrual blood, puberty and isthadah has not been properly understood. This shows that the Muslim teenager is still very low in knowledge about sexual education and reproduction from an Islamic perspective. One of the interviewees stated:

> *"I feel embarrassed to ask about menstruation and purification procedures, especially to parents. This is considered taboo in our family."*

Other respondents also stated:

> *"I rarely attend studies that discuss women's issues. I only hear a little bit of information from friends, and it's often confusing."*

The results of the interview above show that Muslim women's perceptions of sexual and reproductive education are different and still limited. If percentaged, as many as 96.7% do not understand the purification procedures and menstrual laws adequately.

Second Group

The second group is a group of adult women with an average age of 25-50 years. There were 20 women interviewed according to questions about sexual education and reproduction from an Islamic perspective. Eighteen of the 20 women did not understand the correct procedures of purification, knowledge of menstruation, puerperium, istihadah and the laws surrounding women's jurisprudence. Only two women understood sexual and reproductive education as per the questions asked. This suggests that this group has very limited knowledge about sexual education and reproduction from an Islamic perspective. The results of the interview showed that one of the participants stated:

> *"I know a little bit about purification, but there are a lot of rules that I'm not sure are true or not. I often just imitate other people."*

Among other Participants also stated:

> *"Information about reproductive health where I live is very lacking. I just rely on what my mother taught me in the past."*

When percentaged, as many as 85% of participants showed a low understanding of the practice of purification and postpartum law. Many rely on information from friends or social media without verification.

Third Group

The third group is a group of adult women with an average age of 25-50 years. The results of the interviews showed that 28 women out of 30 women still did not understand sexual education and reproduction from an Islamic perspective. The twenty-eight women admitted that they had not properly studied the matter of purification properly. The knowledge of the 28 women about menstruation is still very low, for example,

knowledge about the minimum period of menstruation and puerperium, the maximum period of menstruation and puerperium, and also the problem of istihadah. In general, the 28 women are in dire need of information related to sexual health and reproductive education from an Islamic perspective. One participant stated:

> *"I have never received a repetition of material about the law of purification since I was a teenager. Because of that, I forgot a lot."*

Other participants stated:

> *"When I faced reproductive health problems, I was confused about who to ask. I feel that the information provided by religious leaders is not detailed enough and there is also rarely a repetition of material on this topic."*

The results of the above interview showed that as many as 93.3% of the participants had difficulty distinguishing between the laws of menstruation, puerperium, and istihadhah. Most of them admitted that they had never received a repetition of material from religious leaders or educators.

Fourth Group

The fourth group is a group of elderly women with an average age of 60-70 years. The results of the interviews showed that 13 out of 15 elderly women still had an Islamic perspective. One of the reasons is the lack of motivation to study religion in depth. The thirteen women admitted that practicing the method of purification was only based on the knowledge they had or only followed along from their friend's parents, even though it was not necessarily true according to religion. One participant said:

> *"I followed my parents' habits without knowing if it was in accordance with religious teachings or not."*

Other participants also stated that:

> *"At this age, I feel like it's too late to learn more. But I hope that the younger generation will be given more educational guidance on this."*

The results of interviews with group 4, showed that as many as 86.7% relied on habits taught from generation to generation without a deep understanding of this topic. This problem makes the participants have limited knowledge about this topic. Participants hope that the next generation needs to understand and needs to be facilitated to understand this topic. Based on the results of interviews with the 4 groups above, all groups have different perceptions in understanding sexual and reproductive education. Understanding of these problems is still limited. The results of the interviews can be summarized in the following Table 1.

Table 1. Overview of Participant Understanding

Age Group	Good Understanding (%)	Low Comprehension (%)
Adolescent	3.3	96.7
Adult 1	15.0	85.0
Adult 2	6.7	93.3
Elderly	13.3	86.7

Causes of Muslim Women's Limited Knowledge of Sexual Education and Reproduction Islamic Perspective

The results of interviews with a number of respondents revealed that there are several factors that affect the limited knowledge of Muslim women about sexual and reproductive education from an Islamic perspective. From a total of 95 respondents interviewed, the researchers selected several similar statements, then summarized the answers to identify the main factors that led to the limited knowledge of Muslim women on this topic. One of the main factors expressed by some respondents is that there is still an assumption that understanding this topic is only the obligation of ustadz or religious leaders. One of the respondents stated:

> *"I used to still think that the only person who is obliged to study religion is an Ustadz or a religious teacher. And I'm sure a lot of people still think that way. So, ordinary women don't feel the need to learn these things in detail. In fact, Islam has taught us to seek knowledge, including issues related to sexual and reproductive health."* He added, *"We must know the laws about menstruation, puerperium, and the procedure of purification, because they are part of our daily lives, especially women."*

Several other respondents expressed their view that the discussion of sexual and reproductive education is a taboo discussion. Among respondents when asked if he felt taboo discussing this topic?, respondents replied:

> *"Yes, that's right. Many Muslim women feel embarrassed to talk about this, even with their fellow women. I used to feel that way too, but after I learned, I realized that this is important to understand."*

Respondents also added:

> *"Even in the time of the Prophet, women like Aisha (may Allah be pleased with her) were not ashamed to ask the Prophet directly about sexual and reproductive health issues."*

Another cause of Muslim women's limited knowledge on this topic is the lack of education from an early age. One of the respondents who was also interviewed, talked about the importance of introducing sexual education from an early age. He stated:

> *"I think it is a wrong view not to introduce sexual education from an early age. Children need to be taught from an early age. For example, when they already know about their body parts and the differences between males and females. It is also important to teach them how to maintain the privacy of their bodies and teach proper purification ordinances."*

Another causative factor is that the information obtained is still limited and the truth cannot always be ascertained. The results of the interview with one of the respondents, stated:

> *"To be honest, I feel that the information I have gotten so far is still limited. Sometimes it's just from parents or friends, but it's not always the truth. I hope there is a counseling program or a more specific study for this issue, so that it can be understood more deeply and clearly."*

This respondent also suggested that the ustadz or religious leaders repeat the material on the procedure of purification and the law of menstruation or postpartum periodically. He emphasized:

> *"I think a lot of Muslim women feel confused or forget about these laws because there are not enough reminders or repetitions."*

The last causal factor is the existence of more systematic socialization, recitation or counseling on sexual and reproductive education in an Islamic perspective. One of the respondents stated:

> *"I hope there are more opportunities to learn together, such as through classes or special studies. We want to get the right and more in-depth information from experts, be it in the field of religion or health. With a clear program or study, we can be more confident and not misunderstand."*

Based on the results of this interview, it can be concluded that the limited knowledge of Muslim women about sexual education and reproduction from an Islamic perspective is due to various factors, including the assumption that this is only the obligation of religious leaders, the existence of a taboo stigma against the discussion, and the lack of clear and systematic information. Respondents wanted more intensive counseling, repetition of materials, and special classes that could help them better understand matters related to sexual and reproductive education from an Islamic perspective.

This study explored the level of understanding that Indonesian Muslim women have regarding sexual and reproductive health education from an Islamic perspective. The results revealed that the majority of participants demonstrated limited knowledge of essential aspects such as purification, the distinctions between menstruation, puerperium, and istihadhah, as well as the fiqh rulings that regulate reproductive health. Only a small proportion, about 7.4%, showed adequate knowledge. This finding underscores the critical gap in education and highlights the urgency of developing a more systematic approach that integrates health and religious teachings [22], [23]. When compared to previous research, these findings are consistent with the study conducted by Pakasi, which found that reproductive health education among Muslim adolescents is minimal and often not integrated with religious education. Similarly, DeJong et al. noted that in many Muslim-majority countries, sexual and reproductive health education is neglected because it is perceived as contrary to religious or cultural norms [24], [25]. The present study reinforces this argument by showing that the lack of structured education leaves women with fragmented knowledge that does not equip them to manage reproductive issues effectively.

At the same time, this study challenges perspectives that suggest women already gain sufficient reproductive knowledge through informal religious gatherings or family-based teachings. For instance, A'laudina argued that women may learn indirectly about sexual and reproductive matters through Islamic recitations or discussions about women's jurisprudence [26]. While this may provide partial understanding, the results of this study demonstrate that such informal mechanisms remain inadequate. The participants' limited comprehension of purification laws and reproductive cycles indicates that implicit forms of education do not translate into comprehensive knowledge. Therefore, unlike earlier studies, this research provides stronger evidence for the need to move beyond informal channels toward structured and systematic educational interventions.

Several factors were identified as barriers to women's knowledge. One of the strongest is the belief that reproductive health education belongs solely to religious leaders. Interviews revealed that many participants considered it inappropriate for ordinary women to engage with this knowledge. This perception contradicts Islamic principles that emphasize the obligation for every Muslim to seek knowledge in all aspects of life, including health [27], [28]. Another barrier lies in the persistence of social taboos. Many women reported feelings of embarrassment and discomfort when discussing reproductive issues, even among peers. This aligns with the work of Khosla and Dua, who found that cultural taboos silence discussions of sexuality in Muslim societies [29]. However, research by Cense et al. showed that when reproductive health is taught within an Islamic framework, stigma can be reduced and women become more willing to engage [30], [31]. This suggests that addressing cultural taboos requires not avoidance, but a reframing of education through accepted religious values.

The lack of early sexual education also emerged as a significant factor. Studies such as those by Martina et al. show that education from an early age can enhance awareness and provide protection against sexual abuse [32]-[35]. Yet, many participants in this study reported having no such education in their childhood or adolescence. Without early exposure, misconceptions persisted into adulthood. Critics like Lin et al. argue that early sexual education can sometimes increase risky behaviors [33]. However, this study supports the view that ignorance is more harmful than controlled exposure, as lack of knowledge results in improper practices and potential health risks. Thus, age-appropriate, culturally sensitive, and value-based sexual education is not only acceptable but necessary.

Another factor limiting women's understanding is the absence of structured and repetitive educational programs. Many participants indicated that information, if received at all, was provided only once and not reinforced. This resonates with findings by Humaira, who noted that repetition of knowledge is essential to long-term retention [34]. Without sustained efforts, initial lessons are quickly forgotten, leading to persistent misconceptions. The present study expands on this by showing that repetition is not only important but must be integrated into broader community-based programs to ensure that knowledge is systematically reinforced over time [36]-[42]. The contribution of this study lies in highlighting that Muslim women's limited understanding of sexual and reproductive health cannot be attributed solely to cultural taboos or lack of early education, as suggested in prior research. Instead, this study demonstrates that the issue is multi-dimensional, involving perceptions about authority, structural limitations in education, and the absence of integrated health and religious frameworks. Unlike earlier studies that emphasized singular factors, this research underscores the importance of collaborative, multi-stakeholder approaches that combine the roles of religious leaders, educators, parents, and government agencies. This integrated approach can ensure that sexual and reproductive health education is both religiously acceptable and practically effective.

This study has several limitations that must be acknowledged. The participants were drawn from a limited number of groups and may not fully represent the diversity of Indonesian Muslim women across different cultural, educational, and geographical contexts. The qualitative design provided rich insights but restricts the generalizability of the findings. Moreover, the study focused only on women's perspectives, without incorporating the views of male family members or religious authorities, both of whom play significant roles in shaping women's access to knowledge. Future research should expand the sample to include diverse regions, employ mixed-methods approaches to strengthen the validity of findings, and integrate the perspectives of men and community leaders. Such efforts will provide a more holistic understanding of the challenges and potential solutions for improving Muslim women's reproductive health education.

4. CONCLUSION

This study concludes that Indonesian Muslim women's understanding of sexual and reproductive health education from an Islamic perspective remains significantly limited, with only 7.4% of participants demonstrating adequate knowledge. The knowledge gaps identified in purification practices, distinctions between menstruation, puerperium, and istihadhah, as well as related fiqh rulings, indicate that reproductive health literacy among Muslim women has not yet been systematically integrated into either religious or formal education. The findings of this study contribute to new conceptual insights by emphasizing that reproductive health education should not be viewed solely as the responsibility of religious leaders but as a collaborative effort that combines religious authority, formal education, family involvement, and government support. This integrated framework represents a shift from fragmented approaches to a holistic model of Islamic-based reproductive health education. The implications of this research are both practical and theoretical. Practically, it calls for the development of structured, age-appropriate, and Islamic-value-based educational programs that can be accepted socially and culturally. It also suggests the use of repeated teaching methods and digital platforms to reach wider audiences, particularly younger generations. Theoretically, this study expands the discourse on reproductive health education in Muslim contexts by introducing the concept of collaborative, interdisciplinary, and religion-sensitive education as a pathway to improving women's health literacy.

ACKNOWLEDGEMENTS

The author would like to thank the Institute for Research and Community Service of Al-Irsyad University Cilacap for the implementation of this research. Hopefully the results of this research can contribute to the world of education, especially in the fields of religion and health sciences, especially sexual health education and reproduction from an Islamic perspective.

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