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Eating Disorders in Islamic Law Perspective: Study of Anorexia, Bulimia and Binge Eating among Muslims

Sri Nurhayati Selian

Universitas Muhammadiyah Aceh, Banda Aceh, Indonesia
email: seliansrinurhayati@gmail.com

Barmawi

Universitas Islam Negeri Ar-Raniry, Banda Aceh, Indonesia
email: barmawi774@gmail.com

Fanny Rizkiyani

Universitas Islam Nusatara, Kota Bandung, Indonesia
email: fanny.rizkiyani@uninus.ac.id

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Abstract

This study examines the phenomenon of eating disorders, specifically anorexia, and bulimia, from an Islamic legal perspective with two main objectives: first, to identify awareness, familiarity, and experience of eating disorders among Muslims; second, to obtain an interpretation of Islamic law on eating disorders; The research method is qualitative with case study approach, involving six key informants consisting of one patient of anorexia nervosa, one patient of bulimia nervosa, and four patients of binge eating. The results show that awareness of eating disorders among Muslims is still limited, with many individuals and families not fully understanding the medical and psychological nature of these conditions. From an Islamic legal perspective, eating disorders are understood as conditions that require serious attention, in accordance with the principle of *maqāṣid syarī'ah* which emphasizes the importance of maintaining physical and mental health. However, there is still a

Author correspondence email: seliansrinurhayati@gmail.com
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lack of specific Islamic legal guidance related to eating disorders. The role of family and religious leaders is very important in providing support but still needs to be improved to reduce stigma and facilitate treatment. In conclusion, eating disorders require a holistic approach, combining professional help, family support, and a faith-based approach to improve the well-being of patients. This study opens up opportunities for further studies involving cross-disciplinary perspectives and focusing on the development of Islamic guidelines related to eating disorders.

Keywords:

Anorexia; Bulimia; Eating disorders; Islamic law perspective

Introduction

In recent years, mental health issues and eating disorders such as anorexia nervosa and bulimia nervosa have become increasingly pressing global concerns. In the era of social media, the pressure to achieve the “ideal body” is increasingly intense, especially among teenagers and young adults. Platforms such as Instagram and TikTok often promote unrealistic beauty standards, which can indirectly trigger eating disorders. A survey showed that many teenagers reported trying extreme dieting methods, which often lead to serious eating disorders.¹ In addition to the obvious physical impacts, such as malnutrition and organ damage, these disorders also take a toll on patients’ psychological and social well-being. Unfortunately, social stigma and a lack of understanding about eating disorders often prevent individuals from seeking professional help.

Eating disorders are mental health conditions characterized by abnormal or disturbed eating patterns, often accompanied by excessive concern about weight, body shape, and body image.² These disorders can cause serious physical and emotional health problems

¹ Rinda A’anisah and Dini Rahma Bintari, “Welas Asih Diri dan Gejala Gangguan Makan: Infleksibilitas Psikologis Sebagai Mediator,” *Psyche 165 Journal* 16, no. 4 (2023): 256–63, <https://doi.org/10.35134/jpsy165.v16i4.287>.

² Martine F Flament et al., “Weight Status and DSM-5 Diagnoses of Eating Disorders in Adolescents From the Community,” *Journal of the American Academy of Child & Adolescent Psychiatry* 54, no. 5 (2015): 403–11, <https://doi.org/https://doi.org/10.1016/j.jaac.2015.01.020>.

and can even be life-threatening. Eating disorders are usually related to psychological, social, cultural, and biological factors.³ There are several types of eating disorders, but the two most common and often discussed in medical and psychological contexts are Anorexia Nervosa and Bulimia Nervosa.⁴

Anorexia Nervosa is an eating disorder characterized by significant weight loss due to extreme restriction of food intake, an intense fear of gaining weight, and a disturbance in the way a person views and feels about their own body.⁵ Individuals with anorexia often view themselves as overweight, even though they may be very thin. Characteristics of individuals with anorexia nervosa include drastic weight loss and being below normal weight, severely restricted diet or self-starvation, an extreme fear of gaining weight or becoming fat, body image disturbance,⁶ such as feeling always fat despite being thin, and physical symptoms such as hair loss, dry skin, fatigue, heart problems, and amenorrhea (cessation of menstruation in women).

Bulimia Nervosa, meanwhile, is an eating disorder characterized by episodes of binge eating followed by compensatory behaviors such as self-induced vomiting, laxative use, excessive fasting, or excessive exercise to prevent weight gain.⁷ People with bulimia often feel a loss of control when eating and then feel shame or guilt about their behavior. Characteristics of people with bulimia include recurrent episodes of binge eating, in which a person eats

³ Katherine Schaumberg et al., "The Science Behind the Academy for Eating Disorders' Nine Truths About Eating Disorders," *European Eating Disorders Review* 25, no. 6 (2017): 432-50, <https://doi.org/https://doi.org/10.1002/erv.2553>.

⁴ Elda Umi Suryana, Wulandari, and Ahmad Soleh Sakni, "Gangguan Makan Anorexia Nervosa dan Bulimia Nervosa Pada Remaja Putri," *The Ushuluddin International Student Conference* 1, no. 2 (2023): 706-16, <https://proceedings.radenfatah.ac.id/index.php/UInScof2022/article/view/954>.

⁵ Patricia Westmoreland, Mori J. Krantz, and Philip S. Mehler, "Medical Complications of Anorexia Nervosa and Bulimia," *American Journal of Medicine* 129, no. 1 (2016): 30-37, <https://doi.org/10.1016/j.amjmed.2015.06.031>.

⁶ Kara A. Christensen and Kelsey E. Hagan, "Taking a Bite Out of Eating Disorders: Facts and Myths," *Frontiers for Young Minds* 8, no. 1 (2020): 1-8, <https://doi.org/10.3389/frym.2020.545034>.

⁷ S K Lipson and K R Sonnevile, "Eating Disorder Symptoms among Undergraduate and Graduate Students at 12 U.S. Colleges and Universities," *Eating Behaviors* 24 (2017): 81-88, <https://doi.org/https://doi.org/10.1016/j.eatbeh.2016.12.003>.

large amounts of food in a short period of time, unhealthy compensatory behaviors after binge eating, such as vomiting, laxative use, diuretics,⁸ or excessive exercise, shame, guilt, or self-disgust related to eating, distorted body image and excessive fear of weight gain, and physical symptoms such as chronic sore throat, tooth decay due to stomach acid, digestive problems, and electrolyte imbalances that can be dangerous.⁹

However, eating disorders are important issues in the context of Islamic law, especially in the current era of the *mukbang* phenomenon.¹⁰ The activity of consuming large amounts of food which is often considered entertainment (*Mukbang*),¹¹ is increasingly popular among Muslims, but it indirectly can worsen unhealthy eating behavior that has the potential to become an eating disorder. Meanwhile, Rustam et al stated that bulimia in Bank employees happened due to several factors such as their work requirement.¹² They tried to capture how Islamic law views this phenomena. However, the expert views such as religious leaders were not included in their research. As well as, the research toward eating disorder has been analysed by Hartati et al in the perspective of Psychoanalytic.¹³ Unfortunately, research on eating disorders among Muslims is still very limited, so a more in-depth study is needed to understand this phenomenon in relation to Islamic principles,

⁸ Zhiping Yu and Valerie Muehleman, "Eating Disorders and Metabolic Diseases," *International Journal of Environmental Research and Public Health* 20, no. 3 (2023), <https://doi.org/10.3390/ijerph20032446>.

⁹ Elizabeth Wassenaar, Julie Friedman, and Philip S Mehler, "Medical Complications of Binge Eating Disorder," *Psychiatric Clinics* 42, no. 2 (June 1, 2019): 275-86, <https://doi.org/10.1016/j.psc.2019.01.010>.

¹⁰ Maysa Latifa, Firani Putri, and Charles, "Fenomena Mukbang dalam Perspektif Hadits," *Jurnal El-Rusyd* 8, no. 1 (2023): 12-21, <https://doi.org/https://doi.org/10.58485/elrusyd.v8i1.142>.

¹¹ Haryansyah Setiawan, "Tanggapi Fenomena Mukbang, Bagaimana Konsumsi dalam Islam," *Universitas Airlangga*, January 16, 2023, <https://unair.ac.id/tanggapi-fenomena-mukbang-bagaimana-konsumsi-dalam-islam/>.

¹² Suhartina Rustam, Muhammad Sabir, and Abdul Rahman Qayyum, "Bulimia Nervosa Between Islamic Law and Health Perspective," *Al-Risalah Jurnal Ilmu Syariah dan Hukum* 20, no. 2 (2020): 136-42, <https://doi.org/10.24252/alrisalah.v20i2.19970>.

¹³ Hartati Hartati et al., "Hadith Prohibiting Binge Eating Disorder in Sigmund Freud's Psychoanalytic Perspective," *Mashdar: Jurnal Studi Al-Qur'an dan Hadis* 5, no. 2 (2023): 163-80, <https://doi.org/10.15548/mashdar.v5i2.7141>.

including the regulation of eating behavior and life balance in accordance with *maqāṣid syarī'ah*.

Therefore, this study not only provides new insights into how Muslims understand and deal with eating disorders but also opens up opportunities to integrate *syarī'ah* principles in providing solutions that support physical and mental health, while reducing stigma in society. This study also makes an important contribution to the literature on mental health and Islamic law. Thus, the purpose of this study is to identify awareness, familiarity, and experiences of eating disorders in Muslim communities, and then to obtain the interpretation of Islamic law with eating disorders.

Methods

This study uses a qualitative approach with a case study design to explore the phenomenon of eating disorders, especially anorexia and bulimia, from the perspective of Islamic law and among Muslims in Banda Aceh, Indonesia. Data were collected through in-depth interviews with six key informants selected purposively, including one anorexia nervosa patient, one bulimia nervosa patient, and four binge eating disorder patient. Interviews were conducted in a semi-structured manner to explore their awareness, understanding, and experiences related to eating disorders, as well as how they interpret this condition within the framework of Islamic teachings. In addition, supporting data were obtained from family and religious figures to enrich perspectives. Data analysis techniques were carried out thematically, highlighting the main themes in accordance with the objectives of the study, namely awareness, familiarity, and experience on eating disorders as well as interpretation of Islamic law on this situation. Source triangulation was used to ensure the credibility of the data, while an ethical approach was applied to maintain the anonymity and comfort of informants during the study. The demographics of informants in this study can be seen in Table 1 below.

Table 1. Informants Demography

No.	Initial	Age	Marital Status (Gender)	Characteristics
1.	FT	25	Single (F)	Bulimia nervosa
2.	AS	19	Single (F)	Anorexia nervosa
3.	HD	30	Single (M)	Binge eating
4.	RN	35	Married (F)	Binge eating
5.	AD	22	Single (M)	Binge eating
6.	MM	28	Single (F)	Binge eating

Table 1 above is brief information about the informants of this study. The table describes the informant's initial names, current ages, occupation, marital status, gender and characteristics of each informant's eating disorder.

Result and Discussion

Awareness, Familiarity, and Experience of Eating Disorders among Muslim Community

While awareness of anorexia and bulimia is still relatively low, there are indications that familiarity with eating disorders issues is increasing. This is partly due to mental health campaigns and educational efforts by health agencies working with the Muslim community. Along with it, the role of media and technology, recognition of this issue, and the role of formal and informal education also work well. However, people tend to imagine that eating disorders are issues far away from them and only occur among those with extremely strange eating habits.

2 (AS 19 dan RN 35) out of 6 informants supported this assumption. They were not aware that they had experienced eating disorders so far despite the fact that they were familiar with the issue of it. While the other 4 informants said that initially, they did not know that they had an eating disorder before friends and family talked about their strange eating habits. Their testimonies are as follows:

"I actually didn't know that my eating pattern was an eating disorder. I felt like something was wrong, like I could go all day without eating. But I didn't know what it was called or if it was normal. I think it was because I didn't have much accurate information about it. In my environment, not many people talked about eating disorders. I also didn't know where to look for information, so all this time I just guessed."¹⁴

"I just felt like I was overeating, I was often hungry, and my portion sizes were also large. But I never thought of it as an eating disorder. I was never taught about it, either in school or in my environment. I also never investigated it because I thought it was not something important or urgent to learn."¹⁵

Contributing factors to this low awareness include a lack of specific information and education, as well as misconceptions about eating disorders. Valid information about eating disorders is often unavailable or not presented in a way that is accessible and understandable.¹⁶ The topic of mental health, including eating disorders, is also still taboo in some circles, so open discussion and discussion about the issue is rare. Meanwhile, misconceptions about eating disorders range from assumptions perceiving it as a part of life choice or lifestyle irrelevant to the Muslim teachings to weaknesses in faith and lack of self-control, rather than serious medical conditions.

In fact, with the increasing number of reported cases and open sharing of patients' experiences, it is known that eating disorders can affect anyone, including Muslims. This is mainly because causes of these disorders are quite common too. Almost all informants said that their eating disorders, such as overeating (binge eating), were due to their habit of not being able to control their appetite. Their families

¹⁴ AS, A 19-year-old Teenager, Very Concerned with Physical Appearance, *Interview*, December 2, 2023.

¹⁵ RN, A 35-year-old Housewife with Three Children, *Interview*, November 30, 2023.

¹⁶ Mohammad Zakir Hossain, "What Does Islam Say About Dieting?," *Journal of Religion and Health* 53, no. 4 (2014): 1003–12, <https://doi.org/10.1007/s10943-013-9698-x>.

asked them to do fast eating so they could control their desire to eat. This is in accordance with HD's statement:

"My eating pattern is actually a mess. I often can't control my appetite. Sometimes, if there is food in front of me, I keep eating until I can't stop. I know this is unhealthy, but it feels very difficult to control the urge. My family often worries, especially my mother. They say I should start controlling myself and try fasting. They say fasting can help me control my excessive eating urges. At first, I tried it, but it was still difficult because the urge to eat was very strong, especially after breaking the fast. Maybe this has been a habit for a long time. When I'm stressed or bored, food seems to be an escape. I know this is a problem, but I don't know how to overcome it."¹⁷

The excerpt indicates how religious solution is often proposed to cope with eating disorders. It implies how misconceptions can include misunderstandings about the causes, effects, and treatment of eating disorders. As a consequence, there also found belief that eating disorders need to be treated only through religious means such as prayer, fasting,¹⁸ or *zikr* (remembrance of Allah). In fact, while spiritual approaches can be an important part of healing,¹⁹ relying on spiritual remedies alone is often not enough to treat medically complex eating disorders.

This study suggests that Islamic law, with its principles promoting balance between body and soul, actually has the potential to provide a constructive response to the problem of eating disorders. The interpretation that maintaining health is a religious obligation provides the basis for a more inclusive approach to anorexia and

¹⁷ HD, A 30-year-old Muslim Teacher at An Islamic School, *Interview*, November 30, 2023.

¹⁸ Fereidoun Azizi, "Islamic Fasting and Health," *Annals of Nutrition and Metabolism* 56, no. 4 (2010): 273–82, <https://doi.org/10.1159/000295848>.

¹⁹ Yuzana bint Mohd Yusop Sulisty Andarmoyo, Harmy bin Mohamed Yusoff, Berhanudin bin Abdullah, "Islamic Spiritual Guidelines (An Alternative Model to Improve Treatment Compliance with Type 2 Diabetes Mellitus Patients)," *Jurnal Medika Hutama* 1, no. January (2020): 56–62, <http://eprints.umpo.ac.id/id/eprint/5214>.

bulimia. However, the absence of specific *fatwā* hinders a clearer alignment between Islamic legal perspectives and modern medical treatments.

Due to the absence of such *fatwā*, patients search for guidance from religious figures. All informants had the same experience when consulting with ulema about their eating disorders, namely being told that they needed spiritual/religious solutions such as fasting. Meanwhile, when they meet with the health team, they are informed that they need medical intervention because they are considered to have health problems. FT and AD shared their experiences:

“Yes, I once told an ulema in my neighborhood. He said that I might need to get closer to Allah and fast more often. He said that fasting would not only help me spiritually, but it could also control my eating patterns. I felt that it was good advice, but I was still confused about how to practice it consistently. When I met with doctors and psychologists, they said that my problem was more complex. They called it an eating disorder and suggested that I undergo therapy and a medical examination. They said that I needed special treatment because it was not just about self-control, but there were other factors such as stress or emotions that affected my eating patterns.”²⁰

“When I spoke to the ulema, he suggested that I fast regularly. He said that fasting is not only an act of worship but also a way to train myself to be more disciplined and control my desires, including my appetite. I felt that was true, but to be honest, I still had difficulty doing it consistently because my problem was quite severe. Meanwhile, the health team saw this problem as something more serious. They said I needed medical help and perhaps psychological therapy. I was given some suggestions, such as seeing a nutritionist and undergoing cognitive therapy. They said that my eating

²⁰ FT, A 25-year-old Muslim Woman, Grew Up in a Religious and Devout Family, *Interview*, December 1, 2023.

disorder could affect my physical health, so it needed to be handled professionally.”²¹

The excerpts imply how patients seek help from both religious figures and health staff. This can be related to their awareness about what they suffer and or how they think they should do to cope with it. Therefore, they also get two types of diagnosis and advice. While religious leaders recommended fasting or other forms of worship, medical professionals typically advised them to seek therapy or similar services. From a medical standpoint, eating disorders are seen as essentially physical health issues.²² For example, anorexia and bulimia are viewed as disorders caused by problems with eating patterns or body image disturbances. The primary focus of this perspective is on physical symptoms, such as extreme weight loss, malnutrition, or other health problems. This approach typically involves medical interventions, such as nutritional therapy, hospitalization, or medical supervision to address the physical effects of the eating disorder.²³

In contrast, in a psychological or spiritual perspective, eating disorders are perceived as problems related to a person’s mental or spiritual state. They may be viewed as manifestations of internal dissatisfaction, deep emotional problems, or even as spiritual trials. As a result, patients are seen as the ones in need of prayer, spiritual counselling, or adjustments to their spiritual lives. This approach often involves psychological counseling, emotional support, or spiritual interventions,²⁴ such as religious therapy, meditation, or *zikr* (remembrance of Allah). To overcome the challenges posed by this dualistic perspective, it is important to develop a more holistic approach to treating eating disorders, one that includes physical,

²¹ AD, A 22-year-old Muslim Student, Experiencing Binge Eating After Facing Academic Difficulties and Family Pressure, *Interview*, December 2, 2023.

²² Proverawati Atikah, *Obesitas dan Gangguan Perilaku Makan Pada Remaja* (Yogyakarta: Nuha Medika, 2010).

²³ Justina M Steefan, Siddesha G, and Panjugula Madhuri, “Homoeopathic Treatment for Eating Disorders: A Comprehensive Overview and Promising Therapeutic Approach,” *International Journal of Science and Healthcare Research* 8, no. 3 (2023): 227–35, <https://doi.org/10.52403/ijshr.20230333>.

²⁴ Sulistyو Andarmoyo, Harny bin Mohamed Yusoff, Berhanudin bin Abdullah, “Islamic Spiritual Guidelines (An Alternative Model to Improve Treatment Compliance with Type 2 Diabetes Mellitus Patients).”

psychological, and spiritual interventions in an integrated manner. Some steps that can be taken include education and awareness, collaboration between health professionals and religious scholars, development of comprehensive clinical guidelines.

On the contrary, unfortunately, eating disorders are sometimes viewed as not serious symptoms that can prevent patients from getting the professional help they need.²⁵ It can also prevent family and friends from giving them enough attention or support, assuming the condition will resolve on its own. Many people do not realize that eating disorders are usually triggered by a combination of biological, psychological, social, and environmental factors, rather than a single factor such as dieting or a desire to be thin. For example, it is believed that eating disorders only occur because of social pressure to be thin or family imbalance. People tend to view eating disorders as “lifestyle” issues or as a result of a desire to follow a trend, such as wanting to look thin or conform to unrealistic beauty standards.²⁶ While some individuals consider bulimia and anorexia to be medical issues that need to be treated, the majority of people believe that these diseases can be resolved spiritually or religiously.²⁷ They may assume that eating disorders are only a matter of choice for individuals who want to lose weight or achieve an ideal body shape.²⁸ There is an even common belief that eating disorders only affect young women, especially those living in Western countries.

This stereotype ignores the reality that eating disorders can affect people of all ages, genders, and cultural backgrounds, including men, children, and adults including from Muslim communities.²⁹

²⁵ Atikah, *Obesitas dan Gangguan Perilaku Makan Pada Remaja*.

²⁶ Nurajirahbt Abdul Manaf, Coumaravelou Saravanan, and Beevi Zuhrah, “The Prevalence and Inter-Relationship of Negative Body Image Perception, Depression and Susceptibility to Eating Disorders among Female Medical Undergraduate Students,” *Journal of Clinical and Diagnostic Research* 10, no. 3 (2016): 1-4, <https://doi.org/10.7860/JCDR/2016/16678.7341>.

²⁷ Krista M.C. Cline and Kenneth F. Ferraro, “Does Religion Increase the Prevalence and Incidence of Obesity in Adulthood?,” *Journal for the Scientific Study of Religion* 45, no. 2 (2006): 269-81, <https://doi.org/10.1111/j.1468-5906.2006.00305.x>.

²⁸ Marie-Pierre Tavolacci, Pierre Déchelotte, and Joel Ladner, “Eating Disorders among College Students in France: Characteristics, Help-and Care-Seeking,” *International Journal of Environmental Research and Public Health* 17, no. 5914 (2020): 1-11, <https://doi.org/https://doi.org/10.3390/ijerph17165914>.

²⁹ Rustam, Sabir, and Qayyum, “Bulimia Nervosa Between Islamic Law and Health Perspective.”

They can further lead to stigmatization of patients, making them feel ashamed or afraid to seek help. Rather than getting the support they need, patients may feel judged or blamed for their condition, which can worsen their symptoms and slow recovery.

At worst, eating disorders are sometimes mentioned as related to a lack of faith or as a sign of moral weakness. This creates stigma against patients who are often seen as not trying hard enough to address their problems through religious approaches.³⁰ This furthermore leads them to feelings of isolation and shame. Some feel rejected by the community because their condition is seen as inconsistent with Islamic teachings of self-control and patience. Several informants' families in this study said that initially they, did not know about the eating disorder experienced by their children. Finally, they found out from changes in their children's body shape who looked thin or chubby. AS and AD' families respectively said as follow:

"At first, we didn't know anything about this eating disorder. We only saw changes in AS's body, which was getting thinner, even looking unhealthy. We thought she was just on a diet or too busy studying, but over time we felt something was wrong. In addition to her increasingly thin body, we were also worried that she would be marginalized by her friends. Children of her age would often meet friends, but AS began to distance herself from the people around her. We were afraid that society would also think she was different or even view her with a certain stigma."³¹

"We didn't notice anything at first. AD started to look drastically fatter, and we thought it was because he was just eating more. But as we noticed, there was an abnormal pattern of eating, like eating large amounts of

³⁰ Irina A Iles, Anita Atwell Seate, and Leah Waks, "Stigmatizing the Other: An Exploratory Study of Unintended Consequences of Eating Disorder Public Service Announcements," *Journal of Health Psychology* 22, no. 1 (2017): 120-31, <https://doi.org/10.1177/1359105315595453>.

³¹ SS, AS's Mother is A Well-known Boutique Entrepreneur in Her Area, *Interview*, December 8, 2023.

food and then feeling guilty. That's when we started to think that this might be more than just a normal eating habit. We were worried that AD would feel isolated from his friends or even society. We knew that kids his age often judge each other based on physical appearance. We didn't want AD to feel embarrassed or insecure because of his changing body shape."³²

Theoretically, stigma stems from a variety of factors, including a lack of understanding, stereotypes, and misperceptions about eating disorders. Stigma can lead to social isolation, worsen mental health conditions, and prevent individuals from seeking the help they need. In this case, stigma often causes individuals with eating disorders to feel marginalized or isolated by their family, friends, and community. They may feel ashamed or afraid to speak up about their problems for fear of being judged, ridiculed, or treated differently. This isolation can worsen eating disorder symptoms and lead to additional mental health problems, such as depression or anxiety.

In line with this, in many Muslim communities, there is a strong cultural value around maintaining family honor. When a family member experiences an issue such as an eating disorder, the family may feel ashamed or worried about their reputation in the community.³³ This can lead to isolation of the affected individual, either directly or indirectly, as a way to "hide" the problem.

Families who receive education about eating disorders are more likely to provide positive support to the patients. Religious leaders who understand the disorders also tend to provide more inclusive and non-judgmental advice, which helps reduce stigma and encourage sufferers to seek help. Unfortunately, informant families have relatively little understanding of eating disorders and the best way to deal with them, so they cannot understand the emotional and

³² DD, AD's Mother is A High School Teacher at A Public School, *Interview*, December 9, 2023.

³³ Iles, Seate, and Waks, "Stigmatizing the Other: An Exploratory Study of Unintended Consequences of Eating Disorder Public Service Announcements"; Rahila Iftikhar, Muhammad Albar, and Mahdi Qadi, "Obesity and Lifestyle Recommendations in the Light of Islam," *Journal of Family Medicine and Disease Prevention* 2, no. 2 (2016): 1-6, <https://doi.org/http://dx.doi.org/10.23937/2469-5793/1510034>.

psychological conditions of the sufferer. Despite of this, they acknowledged that the role of the family is very important in dealing with eating disorders. It is hoped that families can help create a supportive environment and seek the help they need. One informant's family said:

“To be honest, we didn't really understand what eating disorders were and how best to deal with them. We knew it was a serious problem, but we didn't know where to start to help AS. We had a hard time understanding what she was going through. Sometimes she seemed fine, but other times she would become very withdrawn and emotional. Because we didn't know enough about the disorder, we were at a loss as to how to support her, especially emotionally and psychologically. We tried talking to her, but most of the time she didn't want to talk about her problems. We also thought about seeking professional help, such as a doctor or psychologist, but we didn't know where to start. We realized that we needed to understand more in order to help her in the right way.”³⁴

The study highlights the importance of the community's role in supporting people with eating disorders. Support from family, friends, and religious leaders can help reduce feelings of isolation and increase access to medical services. Awareness campaigns involving Muslim *ulema* and health organizations could be an effective way to address stigma and promote more inclusive approaches to care.

Islamic Law Perspective on Eating Disorders

As there are currently no specific *fatwā* that discuss anorexia or bulimia in detail, it leads to differences in interpretation in combining Islamic legal views with modern medical approaches to treating eating disorders. Scholars' views on eating disorders vary widely, reflecting a spectrum of different interpretations of how Islam views physical and mental health.³⁵ Most of the *ulema* interviewed stated

³⁴ SS, AS's Mother is A Well-known Boutique Entrepreneur in Her Area, *Interview*, December 8, 2023.

³⁵ Sinem Akgül, Orhan Derman, and Nuray Ö Kanbur, “Fasting During Ramadan: A Religious Factor as a Possible Trigger or Exacerbator for Eating

that anorexia and bulimia are included in the category of diseases that threaten the health of the body. Therefore, they accentuate how Islamic law requires efforts to maintain physical health as part of a Muslim's responsibility.³⁶ Several informants in this study such as HD, RN, and MM have the same point regarding the views of the ulema they consulted with on eating disorders. They said that the ulema they met also asked them to seek treatment from health departments such as nutrition professionals because they need to be treated with the right medical approach. This is as stated by MM as follows:

"Yes, I have talked to several ulemas about this issue. Initially, I was hoping they could provide a spiritual solution. However, some of them advised me to consult a health professional instead, such as a nutritionist or a doctor. They said that while spirituality is important, eating disorders are a health issue that requires proper medical treatment. According to them, religion encourages us to take care of our bodies and health, so seeking medical help is not against religious values. I felt that this advice made sense. The ulema gave me an understanding that this issue is not only about self-control or worship, but there are also medical aspects that need to be addressed. So, I tried to follow their advice by seeing a health professional."³⁷

Scholars who support this view likely refer to basic principles in Islam, such as preserving health and life ("*hifz al-nafs*") as part of the *maqāsid syarī'ah* (primary objectives of the *syarī'ah*).³⁸ They emphasize that seeking treatment is obligatory if one is sick based on

Disorders in Adolescents," *International Journal of Eating Disorders* 47, no. 8 (2014): 905–10, <https://doi.org/https://doi.org/10.1002/eat.22255>.

³⁶ Adigun Wasilat Fayokemi, "Food Prohibition in Islam: A Step Towards Good Health," *International Journal of Scientific and Research Publications (IJSRP)* 10, no. 2 (2020): p9814, <https://doi.org/10.29322/ijsrp.10.02.2020.p9814>.

³⁷ MM, A 28-year-old Muslim Woman Who Works as An Office Worker, *Interview*, December 2, 2023.

³⁸ Hossain, "What Does Islam Say About Dieting?"; Rustam, Sabir, and Qayyum, "Bulimia Nervosa Between Islamic Law and Health Perspective."

the *ḥadīṣ* of the Prophet Muhammad (*pbuh*) which states, “For every disease there is a cure” (Narrated by Bukhari and Muslim).

Apart from it, eating disorders are also considered as a form of test or deal given by Allah to examine a Muslim’s patience, steadfastness, and faith.³⁹ This view often occurs in the context of the broader Islamic belief that all trials or illnesses are tests from Allah that aim to elevate one’s spiritual standing or cleanse one’s sins. This approach often refers to verses in the Qur’an that talk about trials and tests from Allah, such as in Surah Al-Baqarah (2:155-156), “And indeed We will give you trials, with a little fear, hunger, lack of wealth, souls and fruits. And convey good news to those who are patient.”

Accordingly, as assumed by common people, eating disorders are also perceived as a sign of weak faith or spiritual deficiency. Proponents of this opinion may argue that anorexia or bulimia are the result of a lack of closeness to Allah, self-dissatisfaction, or other moral issues. They may refer to the concept that humans should accept their bodies as Allah’s creation and should not harm them.⁴⁰ They may consider self-destructive behavior to be a sign of a lack of gratitude or weak faith, as stated in Surah Al-Baqarah (2:195): “And do not throw yourselves with your own hands into destruction.”

While previously mentioned opinions seem to show in partial way of thinking, others advocate a more holistic approach, combining medical and spiritual aspects in treating eating disorders.⁴¹ They argue that while eating disorders require medical treatment, it should also consider patients’ spiritual dimension. This approach often refers to the Islamic principle of balance (*tawāzun*) and the *ḥadīṣ* of the Prophet Muhammad (PBUH) which advocates a balance between worldly and spiritual needs. They believe that a combination of medical treatment and spiritual strengthening can help patients recover more quickly and more comprehensively.

³⁹ Rustam, Sabir, and Qayyum, “Bulimia Nervosa Between Islamic Law and Health Perspective.”

⁴⁰ Crystal Amiel M. Estrada et al., “Religious Education Can Contribute to Adolescent Mental Health in School Settings,” *International Journal of Mental Health Systems* 13, no. 1 (2019): 1–6, <https://doi.org/10.1186/s13033-019-0286-7>.

⁴¹ Iftikhar, Albar, and Qadi, “Obesity and Lifestyle Recommendations in the Light of Islam.”

In line with this, other scholars emphasize the importance of empathy and compassion (*rahmah*) in treating eating disorders.⁴² They argue that patients should be treated with compassion, understanding, and encouragement to seek help without feeling judged or ostracized by their community. Commonly cited examples include the Prophet Muhammad's (PBUH) compassionate attitude to those who are suffering or in need, as well as verses from the Qur'an that teach us to help one another in goodness and piety, one of which is Surah Al-Mā'idah: 2.

Various views cited above imply that to effectively address eating disorders in Muslim communities, it is important to take a holistic approach, combining medical care with spiritual support while reducing stigma and providing an environment of empathy and compassion. Collaboration between scholars, health professionals, and the community can provide a middle ground that allows patients to receive comprehensive care consistent with their beliefs.⁴³ More importantly, a good collaboration can prevent any case of eating disorders.

All participants in this study admitted that they had an unbalanced lifestyle. In fact, when they heard a lecture from the ulema about physical health being considered a mandate (responsibility) from Allah to maintain, they realized that they had been excessive in their lifestyle habits. One example is AS who is very concerned with her physical appearance and fitness. She drastically reduced her food portions and did excessive exercise. AS said as follows:

"I once heard a lecture from an ulema discussing the importance of maintaining a healthy body. He said that our body is a trust from Allah that must be taken care of properly. At that time, I felt shocked because so far, I had often been excessive. I often reduced my food portions drastically, even to the point of feeling weak, because I

⁴² Rustam, Sabir, and Qayyum, "Bulimia Nervosa Between Islamic Law and Health Perspective."

⁴³ Iftikhar, Albar, and Qadi, "Obesity and Lifestyle Recommendations in the Light of Islam"; Nasruddin Yusuf et al., "The Difficulty of Finding Halal Food for Muslim Minorities: Analysis of Maqasid Sharia," *Al-Istinbath: Jurnal Hukum Islam* 8, no. 2 (2023): 325–46, <https://doi.org/10.29240/jhi.v8i2.8182>.

wanted to look thinner. In addition, I also did excessive exercise, almost every day without enough rest. I thought that was the right way to live healthily, but after hearing the lecture, I realized that I was actually destroying my own body. The lecture made me think again. If this body is a trust, it means I should not torture it, even in the name of "being healthy." I started to learn to be more balanced, such as eating sufficient portions and not pushing myself to exercise."⁴⁴

The excerpt indicates that people tend to exclude eating disorders from religious discussion as they think no connection between it and religious teaching. In fact, they do have close relationship with one another, as the healthy body assures for good situation to do worship and do good deeds for others. Relating to this, an *ulema* mentions that in classical Islamic literature, there is no term that directly refers to eating disorders such as anorexia or bulimia as follows:

"In classical Islamic literature, there is actually no term that specifically refers to eating disorders such as anorexia or bulimia. Until now, I am also not aware of any specific *fatwā* that discusses this issue in detail. However, Islam has general principles that can be used as a guide. Islam emphasizes balance in all aspects of life. In the Qur'an and Hadith, excessive actions—whether in terms of consumption, such as eating and drinking, or in attitudes toward something—are prohibited. This principle teaches that the body is a trust from Allah that must be maintained properly. Torturing the body, either by overeating or refraining from eating to the point of damaging one's health, is not in accordance with Islamic teachings. If someone experiences conditions such as anorexia or bulimia, they need to seek medical or psychological help, because maintaining the health of the body is part of carrying out Allah's trust. Islam supports

⁴⁴ AS, A 19-year-old Teenager, Very Concerned with Physical Appearance, *Interview*, December 2, 2023.

treatment efforts as long as they do not conflict with the shari'a."⁴⁵

The excerpt further implies challenges in combining religious views and medical approaches amidst the absence of specific *fatwā*. *Fatwā* are usually issued to address specific questions or issues that are often urgent or have a significant impact on the lives of Muslims, such as matters of worship, finances, politics, or social etiquette. Eating disorders may not have been considered a pressing or widespread issue in the Muslim community and therefore have not received the special attention required to issue a *fatwā*. A comprehensive *fatwā* on eating disorders would require a thorough knowledge of both modern medical science and Islamic law. Scholars may find it difficult to reconcile these two perspectives, especially since eating disorders involve complex factors such as psychology, nutrition, behavior, and spirituality. Without a specific *fatwā* recognizing eating disorders as a legitimate medical condition, it is likely that these disorders will not be taken seriously or will be misunderstood within the Muslim community. This can exacerbate existing stigma, making patients feel ashamed or reluctant to seek necessary medical or psychological help. Collaboration between scholars and medical experts is needed to enrich scholars' understanding of eating disorders and how these conditions can fit with Islamic principles. This dialogue can help produce relevant and practical *fatwā* that support sufferers of eating disorders.

Conclusion

The study found that awareness of eating disorders among Muslims is still limited, with many individuals and families not fully understanding the medical and psychological nature of these conditions. Further, social stigma and misconceptions that consider eating disorders as a weakness of faith or a moral problem prevent patients from seeking help. Islamic law, which emphasizes the importance of maintaining physical and mental health, views eating disorders as conditions that require serious attention. Based on an analysis of the principles of *maqāṣid syarī'ah*, health-damaging

⁴⁵ MN, An Ulama and Professor of Usul Fiqh at a State University, *Interview*, December 11, 2023.

behaviors causing disease such as anorexia and bulimia, are not in line with Islamic teachings. *Fatwā* or specific guidelines related to eating disorders are still non-existent, so further efforts are needed to provide a clear and relevant religious basis for Muslims. The results also show that families play an important role in supporting or worsening the condition of sufferers through social pressure or lack of understanding. This study has several limitations, such as a limited number of informants that may not fully represent the diversity of experiences of Muslims across cultural and geographical contexts. Future research is recommended to involve more informants from various cultural and regional backgrounds and research can also focus on developing Islamic-based educational programs aimed at raising awareness and reducing the stigma associated with eating disorders among Muslims.

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Bibliography

- A'anisah, Rinda, and Dini Rahma Bintari. "Welas Asih Diri dan Gejala Gangguan Makan: Infleksibilitas Psikologis Sebagai Mediator." *Psyche 165 Journal* 16, no. 4 (2023): 256–63. <https://doi.org/10.35134/jpsy165.v16i4.287>.
- Akgül, Sinem, Orhan Derman, and Nuray Ö Kanbur. "Fasting During Ramadan: A Religious Factor as a Possible Trigger or Exacerbator for Eating Disorders in Adolescents." *International Journal of Eating Disorders* 47, no. 8 (2014): 905–10. <https://doi.org/https://doi.org/10.1002/eat.22255>.
- Atikah, Proverawati. *Obesitas dan Gangguan Perilaku Makan Pada Remaja*. Yogyakarta: Nuha Medika, 2010.
- Azizi, Fereidoun. "Islamic Fasting and Health." *Annals of Nutrition and Metabolism* 56, no. 4 (2010): 273–82. <https://doi.org/10.1159/000295848>.
- Christensen, Kara A., and Kelsey E. Hagan. "Taking a Bite Out of

- Eating Disorders: Facts and Myths." *Frontiers for Young Minds* 8, no. 1 (2020): 1-8. <https://doi.org/10.3389/frym.2020.545034>.
- Cline, Krista M.C., and Kenneth F. Ferraro. "Does Religion Increase the Prevalence and Incidence of Obesity in Adulthood?" *Journal for the Scientific Study of Religion* 45, no. 2 (2006): 269-81. <https://doi.org/10.1111/j.1468-5906.2006.00305.x>.
- Estrada, Crystal Amiel M., Marian Fe Theresa C. Lomboy, Ernesto R. Gregorio, Emmy Amalia, Cynthia R. Leynes, Romeo R. Quizon, and Jun Kobayashi. "Religious Education Can Contribute to Adolescent Mental Health in School Settings." *International Journal of Mental Health Systems* 13, no. 1 (2019): 1-6. <https://doi.org/10.1186/s13033-019-0286-7>.
- Fayokemi, Adigun Wasilat. "Food Prohibition in Islam: A Step Towards Good Health." *International Journal of Scientific and Research Publications (IJSRP)* 10, no. 2 (2020): p9814. <https://doi.org/10.29322/ijsrp.10.02.2020.p9814>.
- Flament, Martine F, Katherine Henderson, Annick Buchholz, Nicole Obeid, Hien N T Nguyen, Meagan Birmingham, and Gary Goldfield. "Weight Status and DSM-5 Diagnoses of Eating Disorders in Adolescents From the Community." *Journal of the American Academy of Child & Adolescent Psychiatry* 54, no. 5 (2015): 403-11. <https://doi.org/https://doi.org/10.1016/j.jaac.2015.01.020>.
- Hartati, Hartati, Khoirul Anam, Ahmed Abdul Malik, and Nurul Azizah Dwi Yanti. "Hadith Prohibiting Binge Eating Disorder in Sigmund Freud's Psychoanalytic Perspective." *Mashdar: Jurnal Studi Al-Qur'an dan Hadis* 5, no. 2 (2023): 163-80. <https://doi.org/10.15548/mashdar.v5i2.7141>.
- Hossain, Mohammad Zakir. "What Does Islam Say About Dieting?" *Journal of Religion and Health* 53, no. 4 (2014): 1003-12. <https://doi.org/10.1007/s10943-013-9698-x>.
- Iftikhar, Rahila, Muhmmad Albar, and Mahdi Qadi. "Obesity and Lifestyle Recommendations in the Light of Islam." *Journal of Family Medicine and Disease Prevention* 2, no. 2 (2016): 1-6. <https://doi.org/http://dx.doi.org/10.23937/2469-5793/1510034>.
- Iles, Irina A, Anita Atwell Seate, and Leah Waks. "Stigmatizing the Other: An Exploratory Study of Unintended Consequences of Eating Disorder Public Service Announcements." *Journal of*

- Health Psychology* 22, no. 1 (2017): 120–31.
<https://doi.org/10.1177/1359105315595453>.
- Latifa, Maysa, Firani Putri, and Charles. “Fenomena Mukbang dalam Perspektif Hadits.” *Jurnal El-Rusyd* 8, no. 1 (2023): 12–21.
<https://doi.org/https://doi.org/10.58485/elrusyd.v8i1.142>.
- Lipson, S K, and K R Sonnevile. “Eating Disorder Symptoms among Undergraduate and Graduate Students at 12 U.S. Colleges and Universities.” *Eating Behaviors* 24 (2017): 81–88.
<https://doi.org/https://doi.org/10.1016/j.eatbeh.2016.12.003>.
- M Steefan, Justina, Siddesha G, and Panjugula Madhuri. “Homoeopathic Treatment for Eating Disorders: A Comprehensive Overview and Promising Therapeutic Approach.” *International Journal of Science and Healthcare Research* 8, no. 3 (2023): 227–35. <https://doi.org/10.52403/ijshr.20230333>.
- Manaf, Nurajirahbt Abdul, Coumaravelou Saravanan, and Beevi Zuhrah. “The Prevalence and Inter-Relationship of Negative Body Image Perception, Depression and Susceptibility to Eating Disorders among Female Medical Undergraduate Students.” *Journal of Clinical and Diagnostic Research* 10, no. 3 (2016): 1–4.
<https://doi.org/10.7860/JCDR/2016/16678.7341>.
- Rustam, Suhartina, Muhammad Sabir, and Abdul Rahman Qayyum. “Bulimia Nervosa Between Islamic Law and Health Perspective.” *Al-Risalah Jurnal Ilmu Syariah dan Hukum* 20, no. 2 (2020): 136–42. <https://doi.org/10.24252/al-risalah.v20i2.19970>.
- Schaumberg, Katherine, Elisabeth Welch, Lauren Breithaupt, Christopher Hubel, Jessica H. Baker, Melissa A. Munn-Chernoff, Zeynep Yilmaz, et al. “The Science Behind the Academy for Eating Disorders’ Nine Truths About Eating Disorders.” *European Eating Disorders Review* 25, no. 6 (2017): 432–50.
<https://doi.org/https://doi.org/10.1002/erv.2553>.
- Setiawan, Haryansyah. “Tanggapi Fenomena Mukbang, Bagaimana Konsumsi dalam Islam.” *Universitas Airlangga*, January 16, 2023.
<https://unair.ac.id/tanggapi-fenomena-mukbang-bagaimana-konsumsi-dalam-islam/>.
- Sulistyo Andarmoyo, Harmy bin Mohamed Yusoff, Berhanudin bin Abdullah, Yuzana bint Mohd Yusop. “Islamic Spiritual Guidelines (An Alternative Model to Improve Treatment Compliance with Type 2 Diabetes Mellitus Patients).” *Jurnal Medika Utama* 1, no. January (2020): 56–62.

- <http://eprints.umpo.ac.id/id/eprint/5214>.
- Tavolacci, Marie-Pierre, Pierre Déchelotte, and Joel Ladner. "Eating Disorders among College Students in France: Characteristics, Help-and Care-Seeking." *International Journal of Environmental Research and Public Health* 17, no. 5914 (2020): 1-11. <https://doi.org/https://doi.org/10.3390/ijerph17165914>.
- Umi Suryana, Elda, Wulandari, and Ahmad Soleh Sakni. "Gangguan Makan Anorexia Nervosa dan Bulimia Nervosa Pada Remaja Putri." *The Ushuluddin International Student Conference* 1, no. 2 (2023): 706-16. <https://proceedings.radenfatah.ac.id/index.php/UInScof2022/article/view/954>.
- Wassenaar, Elizabeth, Julie Friedman, and Philip S Mehler. "Medical Complications of Binge Eating Disorder." *Psychiatric Clinics* 42, no. 2 (June 1, 2019): 275-86. <https://doi.org/10.1016/j.psc.2019.01.010>.
- Westmoreland, Patricia, Mori J. Krantz, and Philip S. Mehler. "Medical Complications of Anorexia Nervosa and Bulimia." *American Journal of Medicine* 129, no. 1 (2016): 30-37. <https://doi.org/10.1016/j.amjmed.2015.06.031>.
- Yu, Zhiping, and Valerie Muehleman. "Eating Disorders and Metabolic Diseases." *International Journal of Environmental Research and Public Health* 20, no. 3 (2023). <https://doi.org/10.3390/ijerph20032446>.
- Yusuf, Nasruddin, Suprijati Sarib, Evra Willya, and Rosdalina Bukido. "The Difficulty of Finding Halal Food for Muslim Minorities: Analysis of Maqasid Sharia." *Al-Istinbath: Jurnal Hukum Islam* 8, no. 2 (2023): 325-46. <https://doi.org/10.29240/jhi.v8i2.8182>.