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Implementation of Islamic Educational Practices within Families and Their Association with Student Mental Health

(Implementasi Praktik Pendidikan Islam Dalam Keluarga dan Hubungannya dengan Kesehatan Mental Siswa)

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ABSTRACT

Student mental health is a public health issue influenced by family and psychosocial factors. This study examined the relationship between Islamic education in the family and the mental health of 100 vocational high school students in Palembang, Indonesia. Using a quantitative cross-sectional design, data were collected through structured questionnaires and analyzed using descriptive statistics, Pearson correlation, independent t-test, and simple linear regression. The results showed that Islamic education in the family was generally well implemented, with moral education showing the highest distribution. Students' mental health was also mostly in the good category, although inner peace remained the weakest aspect. Male students and those aged 17–19 years had higher mental health scores, with moderate effect sizes. Family Islamic education had a positive and significant relationship with student mental health ($p < 0.05$) and contributed 7.5% to its variance, while 92.5% was explained by other factors. These findings indicate that Islamic education in the family may support students' mental health, although broader psychosocial factors remain more dominant. Therefore, parents, schools, and families need to strengthen open communication, religious values, intellectual development, physical education, and psychosocial support to reduce academic stress, especially among female students and those aged 15–16 years.

Keywords:
Family education; islamic education; mental health; religiosity; student

How to Cite:

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ABSTRAK

Kesehatan mental siswa merupakan isu kesehatan masyarakat yang dipengaruhi oleh faktor keluarga dan psikososial. Penelitian ini mengkaji hubungan antara pendidikan Islam dalam keluarga dan kesehatan mental 100 siswa SMK di Palembang, Indonesia. Dengan menggunakan desain kuantitatif cross-sectional, data dikumpulkan melalui kuesioner terstruktur dan dianalisis menggunakan statistik deskriptif, korelasi Pearson, independent t-test, dan regresi linear sederhana. Hasil penelitian menunjukkan bahwa pendidikan Islam dalam keluarga secara umum telah diterapkan dengan baik, dengan pendidikan akhlak menunjukkan distribusi tertinggi. Kesehatan mental siswa juga sebagian besar berada dalam kategori baik, meskipun ketenangan batin masih menjadi aspek terlemah. Siswa laki-laki dan siswa berusia 17–19 tahun memiliki skor kesehatan mental yang lebih tinggi, dengan effect size sedang. Pendidikan Islam dalam keluarga memiliki hubungan positif dan signifikan dengan kesehatan mental siswa ($p < 0,05$) serta berkontribusi sebesar 7,5% terhadap variansnya, sedangkan 92,5% dijelaskan oleh faktor lain. Temuan ini menunjukkan bahwa pendidikan Islam dalam keluarga dapat mendukung kesehatan mental siswa, meskipun faktor psikososial yang lebih luas tetap lebih dominan. Oleh karena itu, orang tua, sekolah, dan keluarga perlu memperkuat komunikasi terbuka, nilai-nilai keagamaan, pengembangan intelektual, pendidikan jasmani, serta dukungan psikososial untuk mengurangi stres akademik, terutama pada siswa perempuan dan siswa berusia 15–16 tahun.

Kata kunci:
Kesehatan mental; pendidikan islam; pendidikan keluarga; religiusitas; remaja

Introduction

In Indonesia, Student mental health has shown an alarming trend. The Indonesia-National Student Mental Health Survey (I-NAMHS) reported that one in three Indonesian adolescents experienced mental health problems,

while approximately 5.5% met the criteria for a diagnosed mental disorder within the previous 12 months (Center for Reproductive Health Universitas Gadjah Mada et al., 2022). Furthermore, the Global School-based Student Health Survey (GSHS) conducted in collaboration with WHO Indonesia indicated that the prevalence of suicidal ideation among school-going adolescents aged 13–17 increased significantly from 5.4% in 2015 to 8.5% in the latest assessment report (WHO, 2023). These metrics demonstrate that Student mental health has escalated into a critical public health issue in the post-pandemic era, necessitating promotive and preventive approaches tailored heavily within family and social environments (WHO, 2025).

Previous studies show that Student mental health is shaped by complex interactions between general familial factors and specific spiritual dimensions (Bronfenbrenner, 1979; WHO, 2025). Within the family domain, universal indicators such as poor relationships and a lack of emotional support significantly increase the risk of psychological distress (Keles et al., 2020). Conversely, positive family support structures and an individual's internal religiosity serve as distinct protective factors against depression and anxiety (Yusuf & Bahari, 2015). While religiosity represents personal faith and active spiritual coping in times of stress (Utami, 2012), it is often nurtured through a more structured mechanism: family-based religious education. In the context of Muslim communities, Islamic educational practices within families play a foundational role in initiating this process. Rather than acting merely as general emotional support, Islamic family education specifically shapes mental well-being through the intentional cultivation of aqidah (faith), ibadah (worship rituals), and akhlaq (morality and self-control) from an early age (Abdullah, 2018). Therefore, consistent implementation of these religious practices does not replace general family support; rather, it functions as a distinct socio-spiritual anchor that equips adolescents with the cognitive and ethical frameworks needed to mitigate academic and psychological stress (Yusuf & Bahari, 2015).

Although many studies have discussed factors influencing Student mental health, research examining the multidimensional implementation of Islamic education within families has remained limited. Most previous studies only assessed religiosity as a single, general variable without comprehensively examining specific pedagogical dimensions (Utami, 2012; Abdullah, 2018). The primary novelty of this study lies in its comprehensive integration of Abdullah Nashih Ulwan's classical framework encompassing seven distinct dimensions: faith, moral, physical, intellectual, psychological, social, and sexual education and testing its empirical relevance to Student mental health. The theoretical relevance of these seven dimensions to Student mental health lies in their holistic approach to psychosocial development. First, faith and intellectual education function as cognitive-spiritual anchors that equip adolescents with adaptive appraisal, helping them process academic stressors through spiritual coping rather than despair. Second, moral and social education foster emotional intelligence and pro-social behavior, directly mitigating the risks of interpersonal friction and bullying. Third, psychological education directly addresses emotional regulation, training adolescents to mitigate anxiety and inferiority complexes by cultivating inner peace (tumaninah). Finally, physical and sexual education provide crucial guidance during pubertal transitions, promoting healthy body image and impulse control.

Furthermore, this study addresses a critical contextual gap by focusing specifically on vocational high school students, a demographic group that experiences distinct academic-to-work transition pressures yet remains underrepresented in socio-spiritual research. Therefore, this study aimed to analyze the implementation of Islamic education within families and its association with the mental health of SMK students by: (1) analyzing the distribution of these seven Islamic educational aspects within families, (2) assessing the distribution of student mental health aspects, (3) analyzing the distribution of Student mental health aspects based on gender and age, and (4) analyzing the correlation and contribution of family Islamic education toward student mental health.

Methods

This study employed a quantitative analytic approach with a cross-sectional design. The study population consisted of adolescents aged 15–19 years enrolled at a vocational high school (SMK) in Palembang City, Indonesia. A total of 100 respondents participated in the study and were recruited using an accidental sampling technique. Therefore, the findings should be interpreted within the context of the participating school and may not be generalized to all adolescents in Palembang or Indonesia. The dependent variable was Student mental health, while the independent variable was the implementation of Islamic educational practices within families. Islamic educational practices within families were defined as the process of transmitting Islamic educational values through family-based educational activities and parenting practices. Primary data were collected using self-administered questionnaires. Student mental health was defined as a state of psychological well-being that enables individuals to regulate emotions, think positively, behave adaptively, and maintain healthy social relationships in daily life. Prior to formal data collection, a pilot study was conducted with 100 vocational high school students with identical demographic characteristics to evaluate its psychometric properties.

The instrument measuring Islamic educational practices within families was adapted from Abdullah Nashih Ulwan (2012) distributed across seven dimensions: (1) faith education (*Tarbiyah Imaniyah*), (2) moral education (*Tarbiyah Khuluqiyah*), (3) physical education (*Tarbiyah Jasadiyah*), (4) intellectual education (*Tarbiyah Aqliyah*), (5) psychological education (*Tarbiyah Nafsiyah*), (6) social education (*Tarbiyah Ijtima'iyah*), and (7) sexual education (*Tarbiyah Jinsiyah*). The developed questionnaire consists of 33 items measured on a 4-point Likert scale (ranging from 1 to 4). Furthermore, Confirmatory Factor Analysis (CFA) was performed to assess

construct validity. The measurement model containing the seven indicators yielded an acceptable model fit, as evidenced by the following fit indices: Comparative Fit Index (CFI) = 0.918, Incremental Fit Index (IFI) = 0.920, Goodness of Fit Index (GFI) = 0.885, and McDonald's Fit Index (MFI) = 0.867. All estimated factor loadings exceeded the threshold of 0.45, coupled with a Standardized Root Mean Square Residual (SRMR) of 0.067. The instrument had been tested and demonstrated validity coefficients of r > 0.30 for all items, with a Cronbach's alpha value of 0.854. confirming that the instrument met the established criteria for structural construct validity.

The student mental health instrument was operationally developed as a conceptual adaptation based on the core psychological and spiritual values outlined by Zakiah Darajat (1970). The instrument encompasses seven structural dimensions: (1) inner peace (*sakinah*), (2) self-adjustment ability, (3) personality integration, (4) clarity of life purpose, (5) faith and piety, (6) adherence to religious and social norms, and (7) happiness and life satisfaction. The questionnaire comprises 14 items scored on a 4-point Likert scale (ranging from 1 to 4). To substantiate the structural validity of this conceptually derived scale, a Confirmatory Factor Analysis (CFA) was executed. The CFA results indicated a robust model fit for the seven-indicator construct (CFI = 0.935, IFI = 0.937, GFI = 0.923, and MFI = 0.934). All estimated factor loadings were above 0.32 with an SRMR of 0.0681, Reliability analysis indicated excellent internal consistency, with a Cronbach's alpha of 0.939 and item validity coefficients of r > 0.30 for all items. Establishing that the student mental health measurement model achieved adequate construct validity and met the required goodness-of-fit thresholds.

The data were categorized into low, moderate, and high levels based on the mean and standard deviation of each variable. Scores greater than M + 1SD were classified as high, scores between M − 1SD and M + 1SD as moderate, and scores below M − 1SD as low. For Student mental health mean + SD 47.17+5.941, scores below 41.23 were categorized as low, scores between 41.23 and 53.11 as moderate, and scores above 53.11 as high. For Islamic educational practices within families mean + SD 120.42 + 11.862, scores below 108.56 were categorized as low, scores between 108.56 and 132.28 as moderate, and scores above 132.28 as high

Data analysis employed independent t-tests to analyze differences in Student mental health based on gender and age. According to John W. Santrock, adolescence can be divided into early, middle, and late stages, each characterized by distinct developmental tasks and psychosocial changes. Therefore, grouping participants into middle adolescence (15–16 years) and late adolescence (17–19 years) provides a meaningful basis for examining differences in mental health outcomes. Pearson correlation analysis was conducted to determine the direction and strength of the relationship between Islamic educational practices within families and Student mental health. Furthermore, simple linear regression analysis was used to examine the contribution of Islamic educational practices within families toward Student mental health.

The results of the normality test indicated that the Mental Health variable had a skewness value of -0.688 and a kurtosis value of -1.310. Meanwhile, the Islamic Educational Practices Within Families variable had a skewness value of 0.749 and a kurtosis value of 1.715. Since all skewness values fell within the range of ±2 and all kurtosis values fell within the range of ±7, both variables were considered to be normally distributed. The linearity test showed a Sig. Deviation from Linearity value of 0.110. As this value exceeded 0.05, it indicates that there was no significant deviation from linearity, and therefore the relationship between the variables was linear. Heteroscedasticity was examined using the Glejser test, which yielded a significance value of 0.459. Since this value was greater than 0.05, the model met the assumption of homoscedasticity, indicating the absence of heteroscedasticity.

Results

This study analyzed the implementation of Islamic educational practices within families and Student mental health among students. The results are presented descriptively to illustrate the distribution of each aspect of Islamic education and mental health, followed by inferential analyses examining differences based on demographic characteristics and the relationship between Islamic educational practices within families and Student mental health. The findings are presented in Tables 1–5 below.

Table 1. Distribution of the Implementation of Islamic Educational Practices within Families

Variable	n	Low *f (%)*	Moderate *f (%)*	High *f (%)*
Faith Education	100	4 (4.0)	10 (10.0)	86 (86.0)
Moral Education	100	2 (2.0)	4 (4.0)	94 (94.0)
Physical Education	100	5 (5.0)	16 (16.0)	79 (79.0)
Intellectual Education	100	5 (5.0)	16 (16.0)	79 (79.0)
Psychological Education	100	6 (6.0)	5 (5.0)	89 (89.0)
Social Education	100	0 (0.0)	12 (12.0)	88 (88.0)
Sexual Education	100	0 (0.0)	17 (17.0)	83 (83.0)
Total Islamic Education within Families	100	1 (1.0)	11 (11.0)	88 (88.0)

The results in Table 1 showed that the majority of respondents demonstrated good implementation of Islamic educational practices within families across all measured dimensions. The dimension with the highest percentage in the good category was moral education. Meanwhile, the aspects that still required attention were physical education, intellectual education, and sexual education.

Table 2. Distribution of Student Mental Health Aspects

Variable	n	Low *f (%)*	Moderate *f (%)*	High *f (%)*
(IP) Inner Peace	100	35 (35.0)	36 (36.0)	29 (29.0)
(AA) Adjustment Ability with the Environment	100	8 (8.0)	39 (39.0)	53 (53.0)
(PI) Personality Integration	100	9 (9.0)	46 (46.0)	45 (45.0)
CLP) Clear Life Purpose Based on Religious Values	100	4 (4.0)	21 (21.0)	75 (75.0)
(FP) Faith and Piety as a Source of Psychological Strength	100	2 (2.0)	22 (22.0)	76 (76.0)
(BRS) Behavior According to Religious and Social Norms	100	3 (3.0)	25 (25.0)	72 (72.0)
(HLS) Happiness and Life Satisfaction	100	4 (4.0)	19 (19.0)	77 (77.0)
Total Mental Health	100	3 (3.0)	26 (26.0)	71 (71.0)

Table 2 showed that most adolescents had mental health aspects categorized as good. However, inner peace remained the aspect requiring greater attention because a considerable proportion of adolescents were still categorized in the low category.

Table 3. Distribution of Student Mental Health Aspects Based on Gender and Age

Characteristic	IP	AA	PI	CLP	FP	BRS	HLS
	Mean (SD)	*Mean (SD)*	*Mean (SD)*	*Mean (SD)*	*Mean (SD)*	*Mean (SD)*	*Mean (SD)*
Total (n=100)	5.60 (1.58)	6.48 (1.31)	6.41 (1.24)	7.19 (1.03)	7.20 (1.02)	7.05 (1.11)	7.24 (1.13)
Gender							
Male (n=44)	6.05 (1.59)	6.57 (1.24)	6.45 (1.21)	7.30 (0.82)	7.39 (0.89)	7.16 (0.98)	7.27 (1.20)
Female (n=56)	5.25 (1.50)	6.41 (1.37)	6.38 (1.28)	7.11 (1.17)	7.05 (1.10)	6.96 (1.20)	7.21 (1.09)
Age							
15–16 years (n=20)	4.60 (1.35)	6.00 (1.12)	5.95 (0.88)	7.10 (1.11)	7.10 (1.07)	6.85 (1.08)	6.70 (1.17)
17–19 years (n=80)	5.85 (1.55)	6.60 (1.33)	6.53 (1.30)	7.21 (1.01)	7.23 (1.01)	7.10 (1.12)	7.37 (1.09)

Note: *IP = Inner Peace, AA = Adjustment Ability, PI = Personality Integration, CLP = Clear Life Purpose Based on Religious Values, FP = Faith and Piety as Psychological Strength, BRS = Behavior According to Religious and Social Norms, HLS = Happiness and Life Satisfaction.*

Table 3 showed differences in Student mental health aspects based on gender and age. Based on gender, male adolescents had higher mean scores than females across most mental health aspects. Based on age, adolescents aged 17–19 years tended to have higher mean scores than those aged 15–16 years across almost all mental health aspects.

Table 4. Association Student Mental Health Aspects with Gender and Age

Characteristic		IP	AA	PI	CLP	FP	BRS	HLS
Gender	*t*	2.553	0.593	0.315	0.905	1.625	0.867	2.553
	d	0.514	0.119	0.063	0.182	0.327	0.175	0.514
	Sig.	0.012[a]*	0.555[a]	0.753[a]	0.368[a]	0.107[a]	0.388[a]	0.012[a]*
Age	*t*	-3.300	-1.848	-2.337	-0.434	-0.486	-0.897	-2.430
	d	0.825	0.462	0.584	0.108	0.121	0.224	0.608
	Sig.	0.001[a]*	0.068[a]	0.024[b]*	0.665[a]	0.628[a]	0.372[a]	0.017[a]

Note: [a] Equal variances assumed (Levene's test, $p > 0.05$); [b] Equal variances not assumed (Levene's test, $p < 0.05$); **significance at alpha 5%; IP = Inner Peace, AA = Adjustment Ability, PI = Personality Integration, CLP = Clear Life Purpose Based on Religious Values, FP = Faith and Piety as Psychological Strength, BRS = Behavior According to Religious and Social Norms, HLS = Happiness and Life Satisfaction.*

Table 4 showed these findings indicate that age is associated with differences in several dimensions of Student mental health, particularly inner peace, personality integration, and happiness and life satisfaction. Gender differences, meanwhile, appear to be limited to inner peace and happiness and life satisfaction. Based on

Cohen's *d* values, differences in mental health based on gender generally demonstrated small effect sizes, except for the aspects of Inner Peace (IP) and Happiness and Life Satisfaction (HLS), which showed moderate effect sizes. Meanwhile, age-based differences revealed the largest effect on Inner Peace (IP), with a large effect size, followed by Happiness and Life Satisfaction (HLS) and Personality Integration (PI), both indicating moderate effect sizes. These findings suggest that age exerts a stronger association with variations in Student mental health than gender.

Table 5. Regression Analysis of Islamic Educational Practices within Families on Student Mental Health

Predictor Variable	*B*	*SE*	*β*	*t*	*Sig.*	*R*	R^2	*Adjusted* R^2
Constant	30.603	5.886	–	5.200	<0.001*	0.275	0.075	0.066
Islamic Education within Families	0.138	0.049	0.275	2.828	0.006*			

Note: *significance alpha 5%.

Table 5 showed that families were significantly associated with Student mental health. The regression model was statistically significant, with an R^2 value of 0.075, indicating that family-based Islamic educational practices accounted for a modest 7.5% of the variance in the student mental health variable. This finding suggests that family-based Islamic educational practices accounted for a modest proportion of the variation in mental health.

Table 6. The Association of Islamic Educational Practices within Families on Student Mental Health Based on Each Aspect

Education Variable	*r*	*95% CI for r (Lower-Upper)*	*Sig.*
Faith Education	0.319	0.131 - 0.485	0.001*
Moral Education	0.337	0.151 - 0.500	0.001*
Physical Education	0.273	0.081 - 0.446	0.006*
Intellectual Education	0.225	0.030 - 0.404	0.025*
Psychological Education	0.314	0.125 - 0.481	0.001*
Social Education	0.186	-0.011 - 0.369	0.065
Sexual Education	0.264	0.071 - 0.438	0.008*

Note: *significance alpha 5%

Table 6 shows the bivariate correlations between dimensions of Islamic educational practices within families and Student mental health. Significant positive correlations were observed for faith education, moral education, physical education, intellectual education, psychological education, and sexual education. Among these dimensions, moral education exhibited the strongest association with student mental health, followed by faith education and psychological education. However, social education was not significantly associated with student mental health. Although the observed correlations were statistically significant, their magnitudes were generally low to moderate.

Discussion

The high implementation of moral education within families in this study indicated that from the perspective of the surveyed students, practical moral values were heavily emphasized in their daily domestic life compared to other dimensions of Islamic education. Based on the item responses, the most highly rated aspects of moral education included habituating children to speak honestly, communicate politely, respect older people, greet others with salam, ask for permission, and practice discipline in daily activities. These forms of education were likely reported with higher frequency because they are concrete in nature, directly observable through parental role modeling, and deeply embedded in Indonesian social culture, which highly values politeness and respect for elders. From the perspective of social learning theory, adolescents tend to internalize and imitate behaviors frequently observed in their immediate family environment; therefore, moral habituation becomes an educational aspect rapidly formed through parental modeling and reinforcement (Bandura, 1977). This trend aligns with a study by Siroj et al. (2019), which noted that the religious function of families is most dominantly reflected in adolescents' daily moral and observable behavioral outcomes.

Other studies also found that Muslim parents tended to emphasize character and moral education because these were considered the primary foundation for children's educational success compared to physical, intellectual, or sexual education, which were often perceived as more sensitive and complex to discuss within families (Hidayati, 2016). Substantively, physical education often received less attention because parents frequently assumed that physical aspects had already been fulfilled through school or daily activities, and therefore were not consciously integrated into family education (Ainiyah, 2013; Nizar, 2009). Many families also emphasized behavioral obedience more than the development of critical and reflective thinking, as not all parents

had sufficient time, communication skills, or educational backgrounds to optimally support adolescents' intellectual stimulation. In addition, aspects of Islamic education such as sexual and intellectual education required more open communication and more specific parenting knowledge (Siroj et al., 2019; Hidayati, 2016).

The inner peace aspect in this study showed the highest proportion of low-category scores compared to other mental health dimensions. Field findings indicated that many adolescents still experienced difficulties remaining calm when facing learning challenges and easily felt anxious when dealing with school-related problems. This finding suggests that academic pressure remains one of the primary sources of stress among adolescents, particularly during a developmental stage characterized by achievement demands, social competition, and unstable emotional changes. Adolescents frequently experience anxiety related to academic performance, school assignments, examinations, and expectations from parents and the surrounding environment, which subsequently affects their psychological calmness.

Previous studies have reported similar patterns, showing that emotional dimensions such as anxiety, academic stress, and psychological distress are among the most vulnerable aspects of Student mental health compared to social or spiritual dimensions (Keles et al., 2020) A study conducted by Antika (2025) among senior high school students in Palembang found that low family social support was associated with increased academic stress among adolescents. In addition, excessive social media use has also been reported to worsen inner peace by increasing tendencies toward overthinking, social pressure, and social comparison with others (Keles et al., 2020). Unlike dimensions such as life purpose or religiosity, which are more easily influenced through the habituation of religious values within the family, inner peace requires more complex emotional regulation abilities, stress coping mechanisms, and psychosocial support. Therefore, although most adolescents may possess good religious values and positive social behaviors, they may not necessarily be able to maintain emotional calmness when facing academic pressure and everyday school-related problems.

Based on Table 4, male students in this sample demonstrated higher mean scores than females across several mental health aspects, particularly in inner peace (IP) and happiness and life satisfaction (HLS), which both yielded statistically significant differences (t = 2.553, p = 0.012). Rather than implying a universal vulnerability among females, this condition indicates that within this specific study sample, female students reported higher susceptibility to emotional pressure and academic anxiety during their educational process. Empirically, this trend aligns with contemporary literature suggesting that Student girls often report higher sensitivity to academic demands and social expectations (Salk et al., 2017). However, the calculated effect sizes for these significant gender differences are moderate (*Cohen's d* = 0.514 for both IP and HLS). This moderate effect indicates that while distinct gender-based statistical variations exist within this group, gender should not be overgeneralized as a definitive or absolute predictor of universal Student mental health vulnerability.

Students aged 17–19 years demonstrated higher mean scores than those aged 15–16 years across almost all mental health aspects, particularly in inner peace, adjustment ability, personality integration, and happiness and life satisfaction. This finding suggested that late adolescents tended to have better emotional maturity, coping abilities, and social adaptation compared to early adolescents. In the educational context, older students generally had more experience in dealing with academic pressure, better emotional regulation, and more stable thinking patterns, resulting in better mental health conditions. In contrast, students aged 15–16 years were still in a phase of psychological transition that made them more vulnerable to academic stress, identity confusion, and school environmental pressures (Steinberg, 2014). These findings indicated that students' mental health was strongly influenced by developmental stage and gender differences; therefore, schools and families needed to provide more adaptive psychosocial support, especially for female students and younger adolescents who were more vulnerable to emotional problems.

The correlation analysis revealed that social education (*tarbiyah ijtima'iyah*) within the family did not yield a statistically significant relationship with Student mental health in this sample. While conventional literature emphasizes social education as a vital cornerstone, its non-significant value requires a nuanced contextual interpretation. From a developmental psychology perspective, SMK students are in late adolescence, a stage where the primary agent of social orientation and emotional attachment naturally shifts from parents to peer groups (Brown & Larson, 2009). Consequently, domestic social conditioning may be overshadowed by immediate peer social dynamics. Furthermore, the unique institutional climate of SMK education which demands early professional maturation, internship adaptation, and acute readiness for the workforce creates performance driven anxieties (Salami, 2011). Therefore, general family-based instruction on social etiquette may not directly resonate with or alleviate the complex, systemic psychological distress faced by these students.

The results of the correlation and regression analyses showed that Islamic educational practices within families had a positive and significant relationship with Student mental health. Based on the correlation analysis, almost all aspects of Islamic education within families were positively correlated with mental health, particularly moral education, faith education, and psychological education. These findings indicated that better implementation of religious education within families was associated with better Student mental health conditions. Religious education within families played an important role in developing self-control, emotional regulation, psychological calmness, and adolescents' coping abilities through the habituation of spiritual and moral values in daily life (Koenig, 2012).

The regression analysis showed that Islamic educational practices within families served as a significant

statistical predictor of student mental health, with a contribution of 7.5%. Although the contribution was categorized as low to moderate, the findings confirmed that the family remained an important protective factor in shaping Student mental health. The relatively low contribution indicated that Student mental health was influenced not only by religious education within families, but also by other factors such as academic pressure, social environment, digital media use, peer relationships, and individual psychological conditions (Keles et al., 2020; Pascoe et al., 2020; Twenge et al., 2019). These findings were consistent with previous studies showing that religiosity and family support had significant relationships with psychological well-being, resilience, and reduced risk of emotional disorders among adolescents (Rahmatullah et al., 2023).

Furthermore, structural elements like the school climate, family socioeconomic background, and the availability or underutilization of school-based counseling services may play a significantly larger role in mitigating or exacerbating student anxiety (Aldridge & McChesney, 2021). Therefore, the implementation of Islamic educational practices within families remained an important approach in strengthening Student mental health, particularly through the development of moral values, spirituality, and emotional support within the family environment.

Conclusion

This study demonstrates that the implementation of Islamic educational practices within families is generally well-established and shares a significant positive association with the mental health of vocational high school students. Moral education emerged as the aspect with the highest descriptive distribution because its practical values are readily integrated into daily domestic routines and parental role modeling, whereas physical and intellectual education reported relatively lower implementation metrics. Most students within this sample demonstrated adequate mental health scores, particularly in religiosity, life satisfaction, and clarity of life purpose. Conversely, inner peace remained the weakest empirical dimension. Statistically significant differences were also identified based on gender and age, with male and older students reporting higher mental health scores than female and younger students. In conclusion, within the limits of this cross-sectional framework, family based Islamic education serves as a modest but meaningful socio-spiritual asset that correlates positively with student well-being. Parents need to provide comprehensive Islamic education, particularly through open communication and developing adolescents' intellectual thinking, while integrating physical education to help them achieve inner stability and avoid academic anxiety. Additionally, schools and families must synergize to provide adaptive psychosocial support, especially for female and younger students (aged 15–16), to mitigate anxiety stemming from academic pressure.

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Conflict of Interests

The authors declare that there is no conflict of interest regarding the publication of this article.

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