

Knowledge, Attitude, and Practice of *Rukhsah* in Prayer Among Undergraduate Students at International Islamic University Malaysia Kuantan Campus

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ABSTRACT

Islam is a religion that is based on five pillars which prayer is one of them. Prayer is compulsory for all Muslims, even during sickness. To ease the followers, Islam introduces *rukhsah* to give flexibility to sick people to perform prayer based on their ability. **Objectives:** This study aimed to determine the level of knowledge, attitude, and practice regarding *rukhsah* in prayer. This study also examined the association between level of knowledge and attitude towards the practice of *rukhsah* in prayer among undergraduate students at the International Islamic University Malaysia (IIUM), Kuantan. **Methodology:** A cross-sectional study was conducted among 129 undergraduate students at IIUM, Kuantan. Stratified random sampling was used to select the respondents among undergraduate students to answers the questionnaire. The obtained data were then entered and coded into IBM SPSS version 24.0 for analysis. **Result:** The findings showed that most of the respondents had high scores for each construct; knowledge (98.4%, n = 127), attitude (99.2%, n = 128) and practice (89.9%, n = 116), regarding *rukhsah* in prayer. Also, a significant positive association between level of knowledge and attitude towards the practice of *rukhsah* in prayer was identified ($p < 0.005$). **Conclusion:** The course and program related to disseminating *rukhsah*'s knowledge should be continued to ensure that the students are well versed with its theory and practices. As a potential frontline who will be assisting the patient in the future, knowledge regarding *rukhsah* is imperative to fulfil the patients' needs.

Keywords: Muslim Patients, Prayers, *Rukhsah*

INTRODUCTION

In Islam, prayers play an essential role as it helps Muslims to get rid of their sins. Prayers also bring them closer to Allah (s.w.t) and encourage them to do good things. In addition, prayers can purify the heart and the soul and shape human behaviours (1). Allah (s.w.t) mentioned in chapter 35 of the Qur'an verses 30 to 31:

"Surely, only those who follow the Qur'an and observe prayer and spend out of what We have provided for them, secretly and openly, hope for a bargain which will never fail; so that He may give them their full rewards, and even increase them out of His bounty. He is surely Most Forgiving, Most Appreciating" (2).

Furthermore, Muslims can communicate with Allah through prayers, such as asking forgiveness, getting rid of illness, and seeking well-being. From Abu Hurairah (r.a), the Messenger of Allah (PBUH), said, "There is no disease that Allah (s.w.t) has created, except that He also has created its treatment." (Sahih al-Bukhari 5678). The statement above shows that there is a cure for every ailment, but a person needs to seek treatment and ask from Allah (s.w.t).

Based on the literature review, there was a lack of studies regarding *rukhsah* in prayer conducted

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among undergraduate students studying in the healthcare field. Therefore, this study focused on undergraduate students at IIUM, Kuantan. The objectives of this study were to determine the level of knowledge, attitude, and practice regarding *rukhsah* in prayer among undergraduate students at IIUM, Kuantan

METHOD

A) Study Design

A quantitative cross-sectional study design was used to conduct the study among 129 undergraduate students at IIUM, Kuantan, between March and June 2020.

B) Sampling

Stratified random sampling was used to select the respondents from the student's name list, provided by the administration of each kulliyah (faculty). The selected respondents were contacted through WhatsApp, and they were asked to answer the online questionnaire. The questionnaire was developed using Google Form. The inclusion criteria for this study were undergraduate students at IIUM, Kuantan, able to answer the questionnaire in the Malay language, willingly participating in the study, and Muslim. Those who were on study leave or non-Muslim were excluded from this study.

C) Study Instrument

The study was conducted using a questionnaire developed by Dr. Mohd Hafiz bin Jaafar on Knowledge, Attitude, and Practice towards Religious Obligations among Healthcare Workers in Hospital Langkawi, Malaysia. The questionnaire was modified, and the reliability of this questionnaire was calculated using Cronbach's Alpha with a value of 0.86. The questionnaire consisted of four-part, which included socio-demographic data, knowledge, attitude, and practice towards *rukhsah* in prayers.

The socio-demographic data consisted of seven elements: age, gender, level of education, course of study, year of study, availability attending religious school, and program regarding *rukhsah* in prayer.

There were 17 questions regarding knowledge that included the basics of *rukhsah* for sick people, the concept of ablution and tayammum, and the performance of prayer among sick people. The participants were required to choose whether they were 'strongly disagree,' 'disagree,' 'not sure,'

'agree,' or 'strongly disagree' with the given statement. Some questions were used reversed scoring. The questionnaire consisted of 11 questions for the attitude construct to measure the respondents' subjective feelings towards *rukhsah* in prayers. The questions were scored based on the five-point Likert rating scale. For positive statements, the score was 5 for 'strongly agree,' 4 for 'agree,' 3 for 'not sure,' 2 for 'disagree,' and 1 for 'strongly disagree.' For negative statements, the score was 5 for 'strongly disagree,' 4 for 'disagree,' 3 for 'not sure,' 2 for 'agree,' and 1 for 'strongly agree.' The last part of the questionnaire regarded the practice of *rukhsah* in prayer. This part consisted of four subtopics: the performance of daily obligatory prayers, the performance of prayers and ablution among the sick, and the cleanliness of the place for praying and clothing. The score for this part was 2 for 'good practice,' 1 for 'moderate practice,' and 0 for 'bad practice.' Overall, the maximum scores were 85 for knowledge, 55 for attitude, and 8 for practice.

Data Analysis

The data collected were coded and entered into the Statistical Package for Social Science (SPSS) version 24.0. Descriptive statistics, including socio-demographic data, level of knowledge, level of attitude, and level of practice toward *rukhsah* in prayer, were presented as frequency and percentage. A Pearson's correlation analysis ($p < 0.005$) was used to examine the association between level of knowledge and attitude towards the practice of *rukhsah* in prayer among undergraduate students at IIUM, Kuantan.

RESULTS

Table 1 shows 69 female respondents (53.5%) and 60 male respondents (46.5%). Before joining IIUM, most of the respondents studied at the Centre of Foundation Studies (CFS) IIUM, which were 115 respondents (89.1%) -took Sijil Tinggi Pelajaran Malaysia (STPM) and Diploma were 8 (6.2%) and 6 (4.7%), respectively. In terms of kulliyah, 41 (31.8%) respondents were from the Kulliyah of Nursing, 30 (23.3%) respondents were from the Kulliyah of Medicine, and 24 (18.6%) respondents were from the Kulliyah of Allied Health Sciences. Besides, respondents from the Kulliyah of Pharmacy were 14 (10.9%). On the other hand, Kulliyah of Dentistry and Kulliyah of Sciences shared the total number of respondents, 10 (7.8%). For the year of studies, there were 58 (45.0%) respondents in Year 4, 33 respondents (25.6%) in Year 3, and 25 respondents in Year 2 (19.4%). For Year 1 and Year 5, there were 11 (8.5%) and 2 (1.6%) respondents, respectively. Furthermore, 125

(96.9%) of the respondents attended religious school, while 4 (3.1%) did not attend religious school. The obtained data shows that 105 (81.4%) of the respondents joined the program regarding rukhsah, while 23 (17.8%) never joined the program regarding rukhsah in prayer.

Variables		Frequency (n = 129)	Percentage (%)
Gender	Male	60	46.5
	Female	69	53.5
Level of education	STPM	8	6.2
	Matriculation/CFS	115	89.1
	Diploma	6	4.7
Course of study	Kulliyyah of Dentistry	10	7.8
	Kulliyyah of Medicine	30	23.3
	Kulliyyah of Nursing	41	31.8
	Kulliyyah of Pharmacy	14	10.9
	Kulliyyah of Allied Health Sciences	24	18.6
	Kulliyyah of Sciences	10	7.8
Year of study	Year 1	11	8.5
	Year 2	25	19.4
	Year 3	33	25.6
	Year 4	58	45.0
	Year 5	2	1.6
Have you been to a religious school?			
Yes		125	96.9
No		4	3.1
Have you attended any program regarding rukhsah?			
Yes		105	81.4
No		23	17.8

Table 1: Socio-demographic data

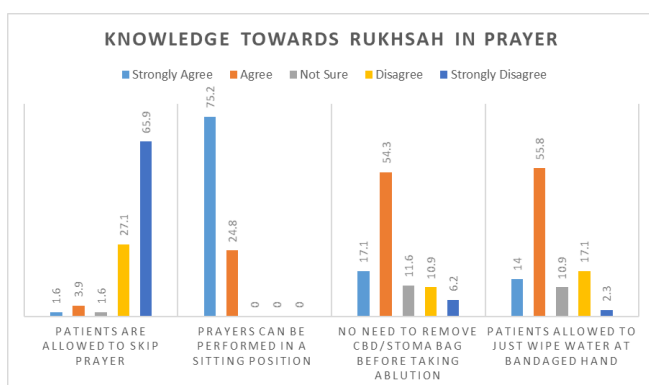


Table 2: Knowledge towards rukhsah in prayer

Table 3 shows that most respondents either agree or strongly agree that they can maintain their spirit by performing prayer if they are sick.

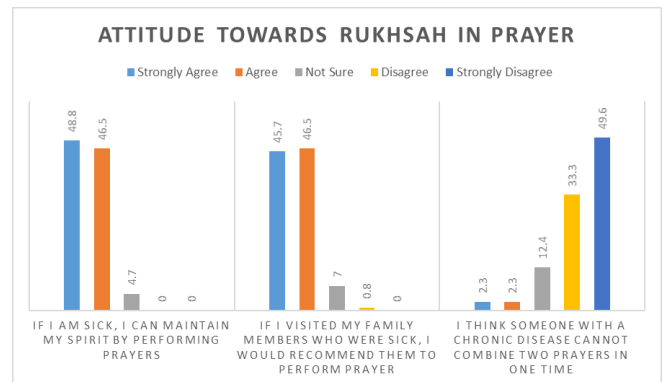


Table 3: Attitude regarding rukhsah in prayer

Table 4 shows that almost 100% of respondents performed prayer five times a day without missing even a single prayer at home.

Practice regarding Rukhsah in Prayer	Percentage (%)
Pray (at home)	
• I performed prayer five times a day	99.2
• I performed prayer one until four times only a day	0.8
Pray during sick (if warded)	
• I performed every prayer according to time if I am sick and admitted to the ward	79.8
• Sometimes I performed every prayer depends on my ability only if I am sick and admitted to the ward	19.4
• I do not perform prayer if I am sick and admitted to the ward	0.8
Purify during sick	
• I take ablution/tayammum every time before performing prayer during inward	88.4
• Sometimes I take ablution/tayammum depends on my ability when inward	11.6
Cleanliness and purity of places and prayer clothes when sick and in the ward	
• I ensure my prayer cloth and place always clean	98.4
• I will be performed prayer if I feel comfortable with the surrounding without considering the cleanliness	1.6

Table 4: Practice towards rukhsah in prayer

Table 5 shows that most undergraduate students at IIUM, Kuantan, have high knowledge of rukhsah, with 127 (98.4%) out of 129 respondents. Only 2 (1.6%) respondents have a moderate level of knowledge in rukhsah in prayer. Next, more than half of the respondents, 128 (99.2%), recorded a high attitude towards rukhsah in prayer. There was only 1 (0.8%) respondent who had a moderate

attitude towards *rukhsah* in prayer. 116 (89.9%) of the respondents had high practice regarding *rukhsah* in prayer, while only 13 (10.1%) of 129 respondents showed moderate practice towards *rukhsah* in prayer.

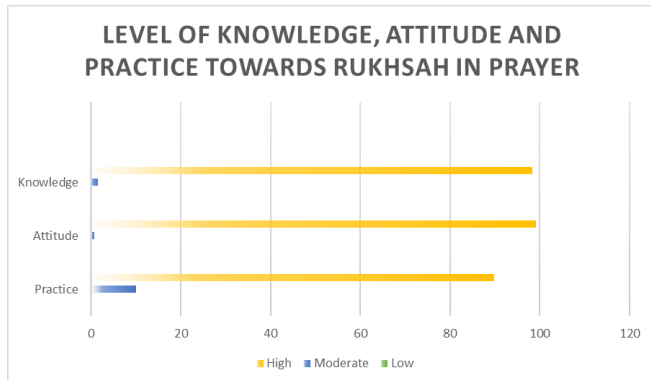


Table 5: Level of Knowledge, Attitude and Practice towards *Rukhsah* in Prayer

Table 6 showed a significant association between level of knowledge and level of attitude ($p < 0.001$). Additionally, the association between level of knowledge and level of practice was also significant ($p = 0.007$). Lastly, the association between level of attitude and level of practice was also significant ($p < 0.006$).

	Level of knowledge	Level of attitude	Level of practice
Level of knowledge		0.787 (< 0.001)	0.236 (0.007)
Level of attitude			0.241 (0.006)
Level of practice			

* $p < 0.05$

Table 6: Association between the level of knowledge and attitude towards the practice of *rukhsah* in prayer

DISCUSSION

A majority of the respondents were female (53.5%), and 46.5% were male respondents. The results showed that most of the respondents studied at the Centre of Foundation Studies (CFS) IIUM before joining the main campus to pursue their bachelor's degrees. In CFS, courses in Islamic Studies are offered to students of all programs to enhance further their knowledge and understanding of basic fundamental knowledge in Islam. Students will also be exposed to other religions and belief systems in Malaysia to instil tolerance towards other religions in the contemporary world (3). Furthermore, most respondents reported they had been in religious school either in primary or secondary school (96.9%) and had experience attending a program related to *rukhsah* in prayer (81.4%). This data, in other words, indicates that most of the respondents had a good religious academic background that might influence their response to this survey very much.

As expected, 100% of respondents reported that they either agree or strongly agree to pray in a sitting position as one of the *rukhsah* in prayer. In normal conditions, Muslims are obliged to stand still when performing fardu prayers; however, the exception is given to sick people who cannot do it (4), like suffering from severe dizziness and hypostatic pressure. If a person does not stand during the prayer, from the initial takbir to the final salam, and has no valid excuse, their prayer is invalid. Allah says: "And stand before Allah with obedience" [al-Baqarah 2:238]. They can perform prayer by sitting on a chair or in any preferable position to minimize the harm. During Prophet Muhammad's time, one of his companions suffered from hemorrhoids. He felt pain when performing prayer, and Prophet Muhammad told him to perform prayer in a sitting position or lying down if the issues were still not resolved. As a Muslim, giving the best effort to perform a prayer is an excellent tribute. In Chapter 64 of the Quran, Allah mentioned verses 16, "So have Taqwa of Allah as much as you can" (2). Therefore, this verse reflects that everyone does not leave a prayer without a solid reason. Patients with quadriplegia plus bedridden, for instance, are not permitted to leave a prayer but use an eye movement as an alternative. Blinking the eye would indicate the movement of one position to another position (e.g., standstill to ruku'). Amazingly, most of the respondents well known for this guideline reflected their response in this survey by rejecting the idea of allowing sick people to skip prayer.

Referring to attitude regarding *rukhsah* in prayer, most respondents (95.3%) believe they can strengthen their inner side well-being by performing prayer. This use of worship as a way of coping can be clarified through the psychological functions of religiosity and devotion, as a finding of one studies in Moroccan Descent (5), prayer could help them in: (a) finding meaning, (b) being master over their circumstances and controlling their emotions, (c) finding comfort and closeness to God, (d) experiencing intimacy with others and closeness to God, and (e) transforming their way of life. In Islam, Allah mentioned in chapter 29 of the Quran, verse 45: "Recite, (O Muhammad), what has been revealed to you of the Book and establish prayer. Indeed, prayer prohibits immorality and wrongdoing, and the remembrance of Allah is greater. And Allah knows that which you do".

The majority of respondents (89.9%) scored a high level of practice *rukhsah* in prayer (Table 5). Most respondents practice well towards *rukhsah* in prayer if warranted (79.8%). They performed every prayer according to time regardless of the level of their well-being. Similar to a study conducted in

Langkawi in 2014, the majority of the 109 (90.1%) performed their obligatory prayers every day while only 81 (66.9%) participants continued to perform their five times daily prayers while sick (6). In contrast to another study done at Hospital Sultanah Nur Zahirah, Kuala Terengganu in 2011 showed that only 14.4% of the Muslim patients pray during hospitalization (7). There are two main methods practiced by the Muslim community in Malaysia while having difficulties in performing prayer, which is skipping prayer and then replacing it (8); as mentioned before, in a matter how prayer must be performed with the best effort. Therefore, to overcome this matter, not only healthcare providers should play the role, students who will become the health care providers also play a responsibility to convey the message regarding the obligation of prayer and rukhsah in worship. As the respondents of this survey were students in the healthcare discipline, practicing rukhsah in prayer should be a habit in their lives, so disseminating knowledge and being a role model to patients can be executed more efficiently. Role models demonstrate the best behavior, but they also show how to learn from mistakes and failures.

Finally, the positive association between knowledge attitude, knowledge-practice, and attitude-practice in this study reaffirm the relationship between knowledge attitude and practice with rukhsah in prayer. It is concluded that adequate knowledge can lead to a positive attitude resulting in good practices. By conducting consistent proper training and coaching, it is hoped that their level of understanding towards rukhsah can be maintained, and they can teach back generously to the patient in the future.

CONCLUSION

The result of our study demonstrates a vital need to disseminate knowledge on rukhsah and continue whatever program related to it to the students. By acquiring knowledge, the attitude and practice will in line with what it is supposed to do. They will be a part of healthcare professionals in the future, therefore equipping them with this basic knowledge is help them to deal with a patient.

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