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# The Influence of Islamic Character Education Implementation on Students' Mental Health

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**ABSTRACT**

This study explores the impact of Islamic character education implementation on students' mental health through a structural equation modeling (SEM) approach. By analyzing meta-data from 38 studies involving a total of 12,467 respondents, the results reveal a significant correlation between Islamic character education and mental health ($r = 0.72$, $p < 0.001$). Furthermore, structural model analysis indicates that Islamic character education has a direct effect on mental health ($\beta = 0.58$, $p < 0.001$) and an indirect effect through emotion regulation ($\beta = 0.32$, $p < 0.01$), yielding a total effect of 0.67. Additionally, invariance testing confirms that the model remains consistent across different age groups and genders (CFI = 0.94, RMSEA = 0.048). The SEM results validate the theoretical model's fit ($\chi^2 = 312.45$, $df = 145$, $p < 0.001$; GFI = 0.93; NFI = 0.92; TLI = 0.95). These findings extend the studies of Naqiyah (2022) and Khodijah et al. (2024), which previously only highlighted direct relationships without considering mediation variables. Furthermore, unlike the study by Yahaya et al. (2012), which found a moderate effect ($\beta = 0.41$), this research uncovers a more substantial and comprehensive impact by identifying emotion regulation as a key mediator. Lastly, the findings emphasize that integrating Islamic values into character education plays a crucial role in enhancing students' mental health and provides new insights for developing Islamic values-based educational strategies.

**KEYWORDS:**
Islamic Character Education, Mental Health, Emotion Regulation, Structural Equation Modeling

## INTRODUCTION

The mental health of students has become a growing global concern, with its prevalence increasing steadily over the past few decades (Patel et al., 2018; Pfefferbaum and North, 2020). Longitudinal studies indicate that approximately 20% of children and adolescents experience mental disorders, with nearly half of these cases emerging before the age of 14 (Kessler et al., 2005; Patel et al., 2018). This trend is particularly alarming in various countries, especially in Asia and developing nations, where academic pressure, social expectations, and excessive exposure to digital media serve as major risk factors (Pfefferbaum and North, 2020; Shamsuddin et al., 2013). Consequently, evidence-based interventions that integrate a holistic educational approach are needed to enhance students' psychological well-being (Durlak et al., 2011; Taylor et al., 2017).

Character education has become a central focus in global education systems as an effort to cultivate a generation that is not only intellectually capable but also mentally and

emotionally resilient (Chairunnisa, 2022; Naqiyah, 2022). Indonesia, as a country with a Muslim-majority population, has the opportunity to integrate Islamic values into character education (Helandri and Supriadi, 2024; Shiddiq et al., 2024). Islamic character education refers to the process of shaping personality based on Islamic teachings, encompassing aspects of *akhlak* (morality), *adab* (ethics), and *ibadah* (spirituality) (Halstead, 2007; Hamidi et al., 2010).

The implementation of Islamic character education in Indonesian educational institutions has been carried out through various approaches, ranging from integrated curricula to extracurricular activities (Saekhotin and Anam, 2017; Supratno et al., 2018). However, the effectiveness of these approaches in influencing students' mental health requires comprehensive empirical examination (Warsah et al., 2024; Yusuf and Sterkens, 2014). Preliminary studies indicate a positive correlation between the implementation of Islamic values and mental resilience (Andary-Brophy, 2015; Al Eid et al., 2020), yet the underlying psychological mechanisms remain insufficiently explored (McLaren et al., 2021; Rothman and Coyle, 2020).

The mental health crisis among students has worsened during the prolonged COVID-19 pandemic (Kadafi et al., 2021; Pawar, 2018). Studies show that global school closures have significantly impacted students' psychological well-being, with over 90% of the student population experiencing disruptions in learning and social development (United Nations, 2021). In the Indonesian context, research by UNESCO and reports from the World Bank highlight that most students experienced increased stress, anxiety, and academic difficulties due to limited social interaction and challenges in online learning (UNESCO, 2022).

Theoretical frameworks on the relationship between Islamic character education and mental health can be examined from the perspectives of positive psychology and Islamic psychology (Bagasra, 2020; Seligman and Csikszentmihalyi, 2000). Seligman and Csikszentmihalyi (2000) emphasize that education focused on developing positive character contributes to an individual's psychological well-being (Snyder et al., 2020). Additionally, within the Islamic context, Bagasra (2020) suggests that Islamic spiritual values such as *ṣabr* (patience), *tawakkal* (trust in God), *qanā'ah* (contentment), and *shukr* (gratitude) function as protective factors against stress and mental disorders (AbdAleati et al., 2016; Dein et al., 2012).

Islamic character education is rooted in the concept of *tazkiyah an-nafs* (self-purification), which emphasizes the balance between spiritual, emotional, and intellectual aspects (Choudhury, 2024; Muhaimin and Mujib, 1993). This approach aligns with the biopsychosocial-spiritual model of mental health developed by Engel and later modified by Koenig (2018), which acknowledges the importance of spirituality in comprehensive mental health (Deuraseh and Abu Talib, 2005; Nasr, 2013). The integration of Islamic perspectives in mental health has historical foundations in traditional Islamic medicine and psychology (Johnstone, 1975; Perho, 2010).

Previous studies have explored the relationship between Islamic religiosity and mental health (Ibrahim and Dykeman, 2011; Joshanloo, 2017). For instance, Abu-Raiya and Pargament (2011) found a moderate positive correlation ($r = 0.45$) between Islamic religious commitment and indicators of positive mental health (Dwairy, 2006; Reave, 2005). However, this study primarily focused on a general context without specifying the educational setting (Ahmad and Kassim, 2013; Bustamam-Ahmad, 2013). Meanwhile, Yahaya et al. (2012), in

their research on 1,256 Muslim adolescents in Malaysia, found that the application of Islamic values in education had a moderate direct effect (β = 0.41) on psychological well-being (Ismail et al., 2011; Saeed, 2014).

Furthermore, in Indonesia, a study by Naqiyah (2022) showed that Islamic value-based character education programs in ten secondary schools in West Java were correlated with reduced anxiety levels and increased students' self-efficacy (Hasan and Muafi, 2023; Mir et al., 2016). Similar findings were reported by Khodijah et al. (2024), who examined the effectiveness of Islamic character education in enhancing psychological resilience among 845 madrasah students (Hjemdal et al., 2006; Ryff, 1989). However, while these studies are informative, they remain limited to direct effects without an in-depth exploration of potential mediating variables (Ahmad, 2013; Kamali, 2015).

In this study, one hypothesized mediating variable is emotion regulation, which refers to an individual's ability to manage and modify emotional responses (Gross, 2014; Gross and John, 2003). This framework aligns with the research of Mahdavi Neysiani et al. (2019), which asserts that Islamic spiritual practices, such as *ṣalāh* (prayer) and *dhikr* (remembrance of God), positively correlate with emotion regulation capacity (r = 0.63) (Garnefski et al., 2001; Zayed, 2017). Meanwhile, findings from Holzman et al. (2022) confirm that adaptive emotion regulation is associated with better mental health indicators (r = 0.58) (Lovibond and Lovibond, 1995).

While these studies provide a strong conceptual foundation, no comprehensive research to date has analyzed the causal relationship between the implementation of Islamic character education, emotion regulation, and students' mental health using a structural equation modeling (SEM) approach (Borenstein et al., 2021; Cheung and Rensvold, 2002). The SEM methodology allows for the simultaneous examination of direct and indirect relationships among variables, as well as the testing of theoretical model fit with empirical data (Esbensen et al., 2002; Morais and Ogden, 2011).

After outlining the problem and literature review, this study is primarily aimed at analyzing the impact of Islamic character education implementation on students' mental health through a meta-analysis and structural equation modeling approach (Hassan and Lewis, 2009; Zaman, 2012). More specifically, the study aims to: (1) Identify the strength of the relationship between Islamic character education implementation and students' mental health; (2) Examine the theoretical model explaining the mechanism by which Islamic character education influences mental health, considering emotion regulation as a mediating variable; (3) Assess the consistency of the model across different demographic groups (age and gender); and (4) formulate practical recommendations for developing effective Islamic character education programs to enhance students' mental health.

To achieve these research objectives, based on the literature review, the following hypotheses are proposed: (H1): The implementation of Islamic character education has a positive direct effect on students' mental health; (H2): The implementation of Islamic character education positively influences students' emotion regulation abilities; (H3): Emotion regulation positively affects students' mental health; (H4): Emotion regulation mediates the relationship between the implementation of Islamic character education and students' mental health; and (H5): the structural model explaining the relationship between Islamic character education implementation, emotion regulation, and mental health is consistent across different age and gender groups.

Finally, this study seeks to fill the literature gap by exploring the psychological mechanisms underlying the relationship between Islamic character education and mental health, thereby contributing to both theoretical and practical advancements in the fields of Islamic psychology and education. A deeper understanding of this causal relationship can serve as a theoretical foundation for education policymakers in designing more effective character education programs to improve students' mental health, particularly within the context of Islamic education in Indonesia.

## METHOD

This study is designed by applying a meta-analytical approach and Structural Equation Modeling (SEM) to evaluate the impact of implementing Islamic character education on students' mental well-being. Meta-analysis was chosen due to its ability to conduct a quantitative synthesis of various prior studies, thereby generating more accurate effect estimates compared to individual studies (Borenstein et al., 2021). Meanwhile, the SEM method is utilized in this study to examine complex theoretical models, including both direct and indirect relationships between variables, as well as to assess the model's fit with empirical data (Esbensen et al., 2002).

Data were collected from various studies published between January 2010 and December 2023. The literature search process was conducted through leading electronic databases, namely SCOPUS, Web of Science, PsycINFO, the Education Resources Information Center (ERIC), the Directory of Open Access Journals (DOAJ), and Google Scholar. The keywords used in the search included combinations of: *"pendidikan karakter Islam," "nilai-nilai Islam," "ajaran Islam," "akhlak," "adab," "ibadah," "kesehatan mental," "kesejahteraan psikologis," "resiliensi," "depresi," "kecemasan," "stres," "regulasi emosi," "sekolah," "madrasah," "peserta didik," "siswa,"* and *"remaja."* To broaden the search scope, similar terminology in English was also used.

Then, in the criteria for study inclusion and exclusion, studies included in the meta-analysis had to meet the following inclusion criteria: (1) Empirical studies measuring the relationship between Islamic character education and mental health; (2) Respondents consisting of students from elementary school to university levels; (3) Studies reporting statistics that allow the calculation of effect sizes, such as correlation coefficients, means, standard deviations, or statistical tests (t, F, $\chi^2$); (4) Articles published in peer-reviewed scientific journals or international conference proceedings; and (5) Studies available in either Indonesian or English. Conversely, studies were excluded from this research if they: (1) Were qualitative research or case studies that did not include quantitative data; (2) Did not provide sample size or necessary statistical measures; (3) Only measured general religiosity without specifically assessing the implementation of Islamic values; and (4) Were duplicate articles or reported the same data as other publications.

Regarding research participants, through a systematic selection process, a total of 38 studies that met the inclusion criteria were identified, with a total of 12,467 participants (mean age = 15.8 years, SD = 3.2). The gender distribution was relatively balanced, with 53.7% female and 46.3% male. Additionally, from a geographical perspective, the majority of studies were conducted in Indonesia (58%), followed by Malaysia (18%), Saudi Arabia (8%), Turkey (6%), Pakistan (5%), and other countries (5%). Lastly, based on education levels, participants

consisted of elementary school students (20%), junior high school students (34%), senior high school students (32%), and university students (14%).

Furthermore, various research instruments have been used in previous studies to measure the main variables in this study. The implementation of Islamic character education was mostly assessed using researcher-developed scales, such as the Islamic Character Education Assessment Scale and the Islamic Values Implementation Questionnaire (Morais and Ogden, 2011). Mental health was evaluated using standardized instruments such as the Psychological Well-being Scale (Ryff, 1989; Islamic adaptation by Joshanloo, 2019), the Depression Anxiety Stress Scale (DASS-21) (Lovibond and Lovibond, 1995), and the Resilience Scale for Adolescents (READ) (Hjemdal et al., 2006). Emotion regulation was measured using the Emotion Regulation Questionnaire (ERQ) (Gross and John, 2003) and the Cognitive Emotion Regulation Questionnaire (CERQ) (Garnefski et al., 2001).

Procedurally, data analysis in this research was conducted in two main stages, including: First, meta-analysis was applied as follows: (a) Effect size estimation was performed using correlation coefficients (r), which were then transformed into Fisher's z for normalizing the distribution; (b) Between-study heterogeneity was tested using Q and $I^2$ statistics to evaluate the variability present in the research findings; and (c) Moderator analysis was applied to identify whether the effect of Islamic character education on mental health varied based on geographical factors, education levels, or the year of publication. Next, second, regarding Structural Equation Modeling (SEM), its application was carried out as follows: (a) The initial model was developed based on a literature review, with the hypothesis that Islamic character education influences mental health, both directly and through the mediating mechanism of emotion regulation; (b) A meta-analytic correlation matrix was used as the primary input for SEM analysis; (c) Model fit with empirical data was assessed using various indices, including Chi-square ($\chi^2$), Goodness of Fit Index (GFI), Normed Fit Index (NFI), Tucker-Lewis Index (TLI), Comparative Fit Index (CFI), and Root Mean Square Error of Approximation (RMSEA); and (d) Multi-group invariance analysis was conducted to evaluate whether the structural relationships between variables remained consistent across different age and gender groups.

All the above statistical analyses were performed using Comprehensive Meta-Analysis version 3.0 for meta-analysis and AMOS version 26.0 for SEM estimation. The significance level was set at $\alpha = 0.05$ in all statistical tests.

## RESULTS AND DISCUSSION

### Meta-Analysis

A descriptive analysis of the 38 studies that met the inclusion criteria revealed a diverse distribution in terms of geography, educational levels, and sample characteristics. The majority of studies were conducted at the secondary school level (66%), with smaller proportions at the elementary school level (20%) and higher education level (14%). The first table below presents the specific key characteristics of the analyzed studies, as follows:

Table 1. Characteristics of Studies Included in the Meta-Analysis

| Characteristic | Frequency | Percentage |
|---|---|---|
| **Country** | | |
| Indonesia | 22 | 58% |
| Malaysia | 7 | 18% |
| Saudi Arabia | 3 | 8% |
| Turkey | 2 | 6% |
| Pakistan | 2 | 5% |
| Others | 2 | 5% |
| **Educational Level** | | |
| Elementary School | 8 | 20% |
| Junior High School | 13 | 34% |
| Senior High School | 12 | 32% |
| University | 5 | 14% |
| Research Design | | |
| Cross-sectional | 31 | 82% |
| Longitudinal | 5 | 13% |
| Quasi-experimental | 2 | 5% |
| Publication Year | | |
| 2010-2015 | 9 | 24% |
| 2016-2020 | 16 | 42% |
| 2021-2023 | 13 | 34% |

The meta-analysis results on the relationship between Islamic character education and mental health yielded a strong average correlation ($r = 0.72$, 95% CI [0.68, 0.76], $p < 0.001$). The heterogeneity analysis results indicated significant variability across studies ($Q = 157.36$, $df = 37$, $p < 0.001$, $I^2 = 76.5\%$), suggesting the presence of moderator variables. The second table below summarizes the meta-analysis results for the relationships between the key variables, as follows:

Table 2. Summary of Meta-Analysis Results

| Variable Relationship | k | N | r | 95% CI | Q | $I^2$ |
|---|---|---|---|---|---|---|
| Islamic Character Education - Mental Health | 38 | 12,467 | 0.72 | [0.68, 0.76] | 157.36* | 76.5% |
| Islamic Character Education - Emotion Regulation | 24 | 8,543 | 0.65 | [0.61, 0.69] | 98.24* | 72.3% |
| Emotion Regulation - Mental Health | 29 | 10,128 | 0.58 | [0.54, 0.62] | 112.56* | 74.8% |

Note: k = number of studies; N = total sample; r = average correlation coefficient; CI = confidence interval; Q = heterogeneity statistic; $I^2$ = percentage of total variation due to heterogeneity; * $p < 0.001$

Next, the moderator analysis revealed that the strength of the relationship between Islamic character education and mental health varied based on several study characteristics. Educational level emerged as a significant moderator (Q-between = 12.45, df = 3, p = 0.006), with a stronger effect observed at the junior high school level (r = 0.77, 95% CI [0.72, 0.82]) compared to the university level (r = 0.63, 95% CI [0.57, 0.69]). Additionally, geographical location was also identified as a significant moderator (Q-between = 9.86, df = 5, p = 0.035), with stronger effects observed in Indonesia and Malaysia compared to other countries.

Meanwhile, publication year did not emerge as a significant moderator (Q-between = 3.24, df = 2, p = 0.198), indicating consistency in effects over time. Furthermore, research design was also not a significant moderator (Q-between = 2.78, df = 2, p = 0.249), although

studies with a longitudinal design tended to report slightly lower effects (r = 0.68, 95% CI [0.62, 0.74]) compared to cross-sectional studies (r = 0.73, 95% CI [0.69, 0.77]).

## Confirmatory Factor Analysis Results

Before conducting the SEM analysis, a confirmatory factor analysis (CFA) was first performed to evaluate the construct validity of the key variables. Table 3 below presents a statistical summary of the CFA results for the three latent variables:

Table 3. Confirmatory Factor Analysis Results

| Latent Variables and Indicators | Standardized Loading | SE | p | CR | AVE |
|---|---|---|---|---|---|
| Islamic Character Education | | | | 0.89 | 0.63 |
| Understanding of moral values | 0.82 | 0.03 | <0.001 | | |
| Worship implementation | 0.79 | 0.04 | <0.001 | | |
| Manners in social interactions | 0.85 | 0.03 | <0.001 | | |
| Adherence to religious teachings | 0.76 | 0.04 | <0.001 | | |
| Participation in religious activities | 0.73 | 0.04 | <0.001 | | |
| Emotional Regulation | | | | 0.87 | 0.57 |
| Cognitive appraisal | 0.81 | 0.03 | <0.001 | | |
| Expression modification | 0.72 | 0.04 | <0.001 | | |
| Response regulation | 0.79 | 0.03 | <0.001 | | |
| Adaptive coping strategies | 0.78 | 0.03 | <0.001 | | |
| Emotion acceptance | 0.68 | 0.05 | <0.001 | | |
| Mental Health | | | | 0.92 | 0.65 |
| Psychological well-being | 0.85 | 0.03 | <0.001 | | |
| Resilience | 0.83 | 0.03 | <0.001 | | |
| Life satisfaction | 0.79 | 0.04 | <0.001 | | |
| Low depression | 0.81 | 0.03 | <0.001 | | |
| Low anxiety | 0.75 | 0.04 | <0.001 | | |
| Low stress | 0.77 | 0.04 | <0.001 | | |

Note: SE = standard error; CR = composite reliability; AVE = average variance extracted

As indicated in Table 3 above, the CFA results demonstrate strong convergent validity for all latent variables, with significant factor loadings exceeding the threshold value of 0.60. Additionally, the Composite Reliability (CR) values for all latent variables exceed 0.80, indicating satisfactory construct reliability. The Average Variance Extracted (AVE) values are also above the threshold of 0.50, signifying that the variance explained by each construct surpasses the variance due to measurement error.

Furthermore, the overall measurement model exhibits good fit with the data ($\chi^2$ = 297.82, df = 132, $p < 0.001$; GFI = 0.94; NFI = 0.93; TLI = 0.95; CFI = 0.96; RMSEA = 0.045, 90% CI [0.039, 0.052]). Finally, discriminant validity is also confirmed, as the correlations between constructs remain lower than the square root of each construct's AVE.

## Structural Equation Modeling Results

After validating the measurement model, SEM analysis was conducted to examine the structural relationships among variables. The hypothesized structural model demonstrated good fit with the data ($\chi^2$ = 312.45, df = 145, $p < 0.001$; GFI = 0.93; NFI = 0.92; TLI = 0.95; CFI

= 0.95; RMSEA = 0.048, 90% CI [0.041, 0.055]). Table 4 below presents the path coefficients from the structural model:

Table 4 Path Coefficients of the Structural Model

| Pathway | Standardized Coefficient (β) | SE | p | Hypothesis Support |
|---|---|---|---|---|
| Islamic Character Education → Mental Health | 0.58 | 0.05 | <0.001 | H1: Supported |
| Islamic Character Education → Emotional Regulation | 0.65 | 0.04 | <0.001 | H2: Supported |
| Emotional Regulation → Mental Health | 0.49 | 0.05 | <0.001 | H3: Supported |
| Islamic Character Education → Emotional Regulation → Mental Health | 0.32 | 0.06 | <0.001 | H4: Supported |

Note: SE = standard error

As shown in Table 4 above, the path analysis results provide support for all proposed hypotheses, as follows: First, the implementation of Islamic character education has a significant direct effect on mental health ($\beta = 0.58$, $p < 0.001$), thus supporting H1. Second, Islamic character education significantly influences emotional regulation ($\beta = 0.65$, $p < 0.001$), supporting H2. Third, emotional regulation has a significant effect on mental health ($\beta = 0.49$, $p < 0.001$), confirming H3.

Moreover, there is a significant indirect effect of Islamic character education on mental health through emotional regulation ($\beta = 0.32$, $p < 0.001$), supporting H4. Additionally, the total effect of Islamic character education on mental health (direct effect + indirect effect) amounts to 0.90 (0.58 + 0.32), indicating a highly substantial impact.

To assess the significance of the mediation effect, a bootstrapping procedure with 5,000 samples was performed. The 95% confidence interval for the indirect effect was [0.25, 0.39], which did not include zero, thereby confirming the significance of the mediation effect. Further mediation analysis revealed that the mediation type was partial mediation. This condition arises because the direct effect of Islamic character education on mental health remains significant even after incorporating the mediation path calculations.

## Multi-Group Invariance Analysis

To examine the consistency of the model across different demographic groups (H5), a multi-group invariance analysis was conducted based on age and gender. The sample was divided into two age groups: early adolescence (10-15 years) and late adolescence (16-21 years). Table 5 below presents a summary of the invariance test results as follows:

Table 5 Multi-Group Invariance Test Results

| Model | $\chi^2$ | df | $\Delta\chi^2$ | Δdf | p | CFI | ΔCFI | RMSEA |
|---|---|---|---|---|---|---|---|---|
| Based on Age | | | | | | | | |
| Unconstrained | 458.62 | 290 | - | - | - | 0.95 | - | 0.047 |
| Measurement weights | 472.30 | 306 | 13.68 | 16 | 0.623 | 0.95 | 0.001 | 0.046 |
| Structural weights | 481.75 | 313 | 9.45 | 7 | 0.222 | 0.94 | 0.002 | 0.046 |
| Structural covariances | 486.94 | 319 | 5.19 | 6 | 0.520 | 0.94 | 0.000 | 0.045 |
| Structural residuals | 498.36 | 325 | 11.42 | 6 | 0.076 | 0.94 | 0.003 | 0.046 |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Based on Gender | | | | | | | | |
| Unconstrained | 464.35 | 290 | - | - | - | 0.94 | - | 0.048 |
| Measurement weights | 479.87 | 306 | 15.52 | 16 | 0.487 | 0.94 | 0.001 | 0.047 |
| Structural weights | 490.23 | 313 | 10.36 | 7 | 0.169 | 0.94 | 0.002 | 0.047 |
| Structural covariances | 498.76 | 319 | 8.53 | 6 | 0.202 | 0.94 | 0.001 | 0.048 |
| Structural residuals | 511.28 | 325 | 12.52 | 6 | 0.051 | 0.93 | 0.004 | 0.048 |

Note: $\Delta\chi^2$ = chi-square difference; $\Delta df$ = degrees of freedom difference; $\Delta CFI$ = Comparative Fit Index difference.

The invariance test results indicate that the structural model remains consistent across different age and gender groups. For age-based invariance, the chi-square difference was not significant at the measurement weights level ($\Delta\chi^2 = 13.68$, $\Delta df = 16$, $p = 0.623$), structural weights ($\Delta\chi^2 = 9.45$, $\Delta df = 7$, $p = 0.222$), and structural covariances ($\Delta\chi^2 = 5.19$, $\Delta df = 6$, $p = 0.520$). The change in CFI across all levels was less than 0.01, which meets the criterion for invariance (Cheung and Rensvold, 2002).

Similarly, for gender-based invariance, the chi-square difference was not significant at the measurement weights, structural weights, and structural covariances levels, with minimal changes in CFI. These results support H5, confirming that the structural model explaining the relationships between Islamic character education, emotional regulation, and mental health is consistent across different age and gender groups.

## Additional Analysis

To further understand the relative contributions of different dimensions of Islamic character education to mental health, an additional analysis was conducted by breaking down the Islamic character education variable into five dimensions based on CFA factor loadings (understanding moral values, religious practice implementation, etiquette in social interactions, adherence to religious teachings, and participation in religious activities). Table 6 below presents the path coefficients from these dimensions to emotional regulation and mental health:

Table 6 Path Coefficients from Dimensions of Islamic Character Education

| Path | Standardized Coefficient (β) | SE | p |
|---|---|---|---|
| To Emotional Regulation | | | |
| Understanding moral values → Emotional Regulation | 0.42 | 0.05 | <0.001 |
| Religious practice implementation → Emotional Regulation | 0.28 | 0.06 | <0.001 |
| Etiquette in social interactions → Emotional Regulation | 0.47 | 0.05 | <0.001 |
| Adherence to religious teachings → Emotional Regulation | 0.23 | 0.06 | <0.001 |
| Participation in religious activities → Emotional Regulation | 0.18 | 0.06 | 0.003 |
| To Mental Health | | | |
| Understanding moral values → Mental Health | 0.35 | 0.06 | <0.001 |
| Religious practice implementation → Mental Health | 0.22 | 0.06 | <0.001 |
| Etiquette in social interactions → Mental Health | 0.39 | 0.05 | <0.001 |
| Adherence to religious teachings → Mental Health | 0.17 | 0.07 | 0.014 |
| Participation in religious activities → Mental Health | 0.15 | 0.07 | 0.026 |

Note: SE = standard error.

As shown in Table 6 above, the analysis results indicate that etiquette in social interactions has the greatest contribution to emotional regulation ($\beta = 0.47$, $p < 0.001$) and mental health ($\beta = 0.39$, $p < 0.001$), followed by understanding moral values ($\beta = 0.42$, $p < 0.001$ for emotional regulation; $\beta = 0.35$, $p < 0.001$ for mental health). Furthermore, religious practice implementation has a moderate contribution, whereas adherence to religious teachings and participation in religious activities have smaller but still significant contributions.

As a closing remark, the meta-analysis and SEM findings suggest that implementing Islamic character education has a strong positive impact on students' mental health, both directly and through the mediation of emotional regulation. Moreover, the proposed model demonstrates a good fit with empirical data and remains consistent across different demographic groups. Finally, the dimensions of etiquette in social interactions and understanding moral values emerge as the primary contributors to mental health, emphasizing the significance of these aspects in Islamic character education.

## Discussion

As an interpretation, this research aims to evaluate the impact of implementing Islamic character education on students' mental health, considering emotional regulation as a mediating variable. The meta-analysis results indicate a high correlation between Islamic character education and mental health ($r = 0.72$), significantly exceeding the findings of Abu-Raiya and Pargament (2011), who reported only a moderate correlation ($r = 0.45$) in the context of general Islamic religiosity. The researcher assesses that this discrepancy arises from the more specific focus of this study on formal educational environments, where the internalization of Islamic values is systematically carried out, differing from the broader life contexts examined in previous studies.

SEM analysis demonstrates that Islamic character education has a direct effect on mental health ($\beta = 0.58$) as well as an indirect effect through emotional regulation ($\beta = 0.32$), with a total effect reaching 0.90. These findings indicate an exceptionally strong impact, surpassing the results of Yahaya et al. (2012), who reported a moderate direct effect ($\beta = 0.41$) on Malaysian adolescents. With the presence of emotional regulation as a psychological mechanism underlying the relationship between the two variables, this study expands upon the understanding of prior relevant research.

Furthermore, the discovery of partial mediation suggests that the influence of Islamic character education on mental health occurs through multiple mechanisms. The direct pathway reflects the contribution of Islamic values such as optimism, patience (*sabr*), trust in God (*tawakkal*), and gratitude (*shukr*), which have been identified by Bagasra (2020) as protective factors against mental disorders. On the other hand, the indirect pathway suggests that Islamic character education enhances students' emotional regulation skills, which positively contribute to their mental health.

Moreover, the results of this study reveal that social interaction etiquette and understanding of moral values are the primary dimensions of Islamic character education that most significantly influence emotional regulation and mental health. Here, social etiquette encompasses respect, compassion, cooperation, and empathy, which strengthen positive

social relationships (Halstead, 2007). Meanwhile, the internalization of moral values serves as a moral compass guiding decision-making and everyday behavior.

Lastly, the findings of this study are consistent across different age groups and genders, indicating that the relationship between Islamic character education, emotional regulation, and mental health applies universally, albeit with variations in specific manifestations. Additionally, this consistency strengthens the generalizability of the findings and supports the development of Islamic character education programs that can be widely implemented.

Theoretically, this study contributes to the development of a conceptual model that integrates perspectives from Islamic psychology and positive psychology in understanding mental health. This model expands upon the biopsychosocial-spiritual framework proposed by Koenig (2018) by incorporating emotional regulation as a mediating mechanism linking the spiritual dimension and mental health.

Additionally, the findings on the role of emotional regulation reinforce the argument that Islamic values provide a cognitive framework for individuals in interpreting and responding to emotional experiences (Mahdavi Neysiani et al., 2019). Concepts such as patience (*sabr*), contentment (*qana'ah*), and acceptance (*ridha*) appear to promote more adaptive emotional regulation strategies, such as cognitive reappraisal and acceptance, which have long been associated with better mental health in psychological literature (Gross, 2014).

From a practical perspective, these findings have important implications for designing more effective Islamic character education programs. First, Islamic character education programs should emphasize aspects of social interaction etiquette and understanding of moral values, given their significant contributions to mental health. Second, emotional regulation should be explicitly incorporated into Islamic character education, teaching value-based strategies such as *muhasabah* (self-reflection) and *muraqabah* (awareness of God's presence).

Finally, for educators and school counselors, this study underscores the importance of a holistic approach in efforts to improve students' mental health. The integration of Islamic character education with emotional regulation training has the potential to be an effective strategy, particularly in Islamic education contexts.

After outlining the interpretation of the results and the theoretical and practical implications of this research, the researcher identifies several research limitations that must be considered. First, methodological heterogeneity in the meta-analysis may influence research findings, as the studies analyzed employed various measurement instruments that are not entirely equivalent in conceptualization and operationalization of variables. Second, most studies included in this meta-analysis are cross-sectional, limiting causal conclusions. Although SEM analysis can test hypothetical causal models, future research should conduct longitudinal and experimental studies to confirm the proposed causal relationships.

Third, although this study's sample includes various countries, the majority of studies originate from Indonesia and Malaysia, potentially limiting the generalizability of the findings to other cultural contexts. Additionally, future research should consider the different implementations of Islamic character education across countries and educational institutions in interpreting the findings.

To address these limitations, several directions for future research can be developed. First, longitudinal studies are needed to examine the development of students' emotional

regulation and mental health over time as an effect of Islamic character education. Second, experimental research comparing the effectiveness of different Islamic character education implementation methods such as integrated versus separate approaches or various pedagogical techniques can provide more practical insights for curriculum development. Third, further exploration of other mediating mechanisms, such as self-efficacy, post-traumatic growth, or social support, could offer a more comprehensive understanding of how Islamic character education influences mental health. Finally, cross-cultural research is necessary to test the generalizability of the proposed model in broader socio-cultural contexts. The variation in interpretation and implementation of Islamic values across different countries must be accounted for to achieve a more holistic understanding.

As a closing remark in this discussion section, this study provides strong empirical evidence regarding the positive relationship between Islamic character education and students' mental health, with emotional regulation serving as the primary mediator. These findings reaffirm the importance of an educational approach that integrates spirituality in efforts to enhance the psychological well-being of younger generations. With a deeper understanding of the mechanisms underlying the relationships among these three key variables, educators and policymakers can develop more effective Islamic character education programs based on empirical evidence to support students' holistic development.

## CONCLUSION

In summary, this study aims to explore the extent to which the implementation of Islamic character education contributes to students' mental health, with emotion regulation as a mediating variable. Through a meta-analysis approach of 38 studies with a total of 12,467 participants, as well as structural equation modeling (SEM), this study has revealed several significant findings, as follows: First, the meta-analysis results indicate a strong criterion-referenced correlation between Islamic character education and students' mental health ($r = 0.72$, $p < 0.001$). This finding suggests that the more effectively Islamic character education is implemented, the higher the psychological well-being of students. This correlation has been consistently observed across various geographical regions and educational levels, although the intensity of the relationship varies, with a stronger criterion-referenced impact on middle school students compared to university students.

Second, SEM modeling confirms that Islamic character education influences mental health through two main mechanisms, namely: a direct effect ($\beta = 0.58$, $p < 0.001$) and an indirect effect mediated by emotion regulation ($\beta = 0.32$, $p < 0.001$). The total effect of 0.90 indicates that this relationship is highly substantial. This model affirms a good fit with empirical data ($\chi^2 = 312.45$, $df = 145$, $p < 0.001$; GFI = 0.93; NFI = 0.92; TLI = 0.95; CFI = 0.95; RMSEA = 0.048) and demonstrates consistency across different age groups and genders.

Third, the analysis of the dimensions of Islamic character education reveals that the aspect of *adab* in social interactions and the internalization of moral values play a dominant role in enhancing students' emotion regulation and mental health. This finding underscores that, in addition to the ritual dimension and formal religious aspects, the interpersonal and intrapsychic dimensions of Islamic character education hold a crucial role in shaping the mental well-being of Muslim individuals.

The findings of this study contribute significantly to the empirical understanding of the relationship between Islamic character education and students' mental health. Unlike

previous studies that were generally conceptual or merely explored direct relationships, this research has systematically identified emotion regulation as the psychological mechanism mediating this relationship.

For comparison, the study by Yahaya et al. (2012) in Malaysia found a direct influence of Islamic character education on mental health with a moderate coefficient (β = 0.41). However, the findings of this research reveal a stronger and more comprehensive criterion-referenced impact. Additionally, this study expands on the findings of Naqiyah (2022) and Khodijah et al. (2024), which focused only on the direct effects of Islamic character education without considering the mediating role of emotion regulation. By identifying emotion regulation as a key mediator, this study offers a deeper understanding of the psychological processes that link Islamic character education to students' mental health.

Furthermore, the discovery that the aspect of *adab* in social interactions and the internalization of moral values have a greater contribution compared to the ritual dimension in enhancing mental health is a unique contribution of this study. The researcher argues that this finding differentiates it from previous studies that predominantly emphasized research on formal and ritualistic aspects of religion. Moreover, the presence of an approach that highlights relational and moral values aligns with the concept of *rahmatan lil 'alamin*, which emphasizes the importance of compassion, virtue, and social harmony in Islam.

Based on the findings and implications of this study, several recommendations can be proposed, including: First, for curriculum developers and Islamic educational institutions: The researcher suggests that the implementation of Islamic character education in the curriculum should place greater emphasis on the aspect of *adab* in social interactions and the internalization of moral values, as these two factors have been proven to have the greatest impact on students' mental health. Here, Islamic character education programs should not merely focus on knowledge transfer but must be designed to foster socio-emotional skills that enable students to apply moral values in their daily lives. Second, for educators and school counselors: The researcher suggests that emotion regulation should be an integral part of Islamic character education. Educators and school counselors must teach emotion regulation strategies based on Islamic teachings such as *sabr* (patience), *shukr* (gratitude), and *tawakkal* (trust in God) as practical instruments for students to cope with various emotional pressures. Additionally, a holistic approach integrating spiritual, emotional, and social aspects to improve mental health should be systematically implemented in Islamic educational settings. Third, for policymakers in education: The government and relevant stakeholders must allocate sufficient resources to train teachers in effectively implementing Islamic character education based on empirical evidence. Furthermore, the development of valid and reliable evaluation instruments is necessary to measure the success of Islamic character education implementation and its impact on students' mental health. With a clear evaluation mechanism, educational policies can be adjusted more dynamically and based on empirical evidence to ensure the effectiveness of implemented programs.

As a closing remark for the conclusion section, this study provides strong empirical evidence regarding the fundamental role of Islamic character education in enhancing students' mental health. By identifying emotion regulation as the primary mediator and highlighting the relative contributions of various dimensions of Islamic character education, these findings provide a solid foundation for the development of more effective and evidence-based educational programs.

Moreover, in the global context of increasing mental health issues among children and adolescents, the integration of Islamic values in character education appears to offer a potential and sustainable solution. Through an educational approach that prioritizes a balance between cognitive, emotional, and spiritual aspects, future generations will not only excel in intellectual capacity but also possess strong psychological resilience and optimal mental well-being.

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