

Behavioral Change through Spiritual Guidance: Smoking Cessation Initiatives of the Qadiriyyathun Nabaviyyah Thareeqa in Galle and Beruwala, Sri Lanka

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Abstract

Smoking cessation remains a major public health challenge, yet limited research has explored how faith-based communities facilitate behavioral change through spiritual and social mechanisms. This qualitative case study investigates smoking cessation initiatives by the Nabaviyyah Awareness Team, affiliated with the Qadiriyyathun Nabaviyyah Thareeqa in Galle and Beruwala, Sri Lanka. Data were collected through semi-structured interviews with 25 purposively selected participants, supported by observation and documentary analysis, and analyzed thematically. The findings show that smoking cessation was promoted through spiritual guidance, religious counseling, community mobilization, mosque-based interventions, family engagement, and public awareness campaigns. Religious leaders strengthened moral commitment, self-discipline, and supportive socio-spiritual environments, reducing the social acceptability of smoking. Behavioral change emerged through the interaction of spiritual motivation, social support, communal accountability, and shifting social norms. The study demonstrates how a Sufi-affiliated Islamic community

mobilizes spiritual and social resources to promote healthier behaviors and communal well-being.

Keywords: Behavioral Change, Nabaviyyah Awareness Team, Qadiriyyathun Nabaviyya Thareeqa in Sri Lanka, Smoking Cessation, Spiritual Guidance

Abstrak

Berhenti merokok masih menjadi tantangan utama dalam kesehatan masyarakat, namun penelitian mengenai bagaimana komunitas berbasis agama memfasilitasi perubahan perilaku melalui mekanisme spiritual dan sosial masih terbatas. Penelitian studi kasus kualitatif ini mengkaji inisiatif penghentian merokok yang dilakukan oleh Tim Kesadaran Nabaviyyah, sebuah gerakan komunitas yang berafiliasi dengan Tarekat Qadiriyyathun Nabaviyyah di Galle dan Beruwala, Sri Lanka. Data dikumpulkan melalui wawancara semi-terstruktur terhadap 25 partisipan yang dipilih secara purposif, didukung observasi dan analisis dokumen, kemudian dianalisis menggunakan analisis tematik. Hasil penelitian menunjukkan bahwa upaya berhenti merokok dilakukan melalui bimbingan spiritual, konseling keagamaan, mobilisasi komunitas, intervensi berbasis masjid, pelibatan keluarga, dan kampanye penyadaran publik. Para pemimpin agama memperkuat komitmen moral, disiplin diri, serta lingkungan sosio-spiritual yang mendukung, sehingga mengurangi penerimaan sosial terhadap kebiasaan merokok. Perubahan perilaku muncul melalui interaksi antara motivasi spiritual, dukungan sosial, akuntabilitas komunal, dan perubahan norma sosial. Penelitian ini menunjukkan bagaimana komunitas Islam yang berafiliasi dengan tarekat sufi mampu memobilisasi sumber daya spiritual dan sosial untuk mendorong perilaku hidup yang lebih sehat serta meningkatkan kesejahteraan bersama.

Kata kunci: Bimbingan Spiritual, Perubahan Perilaku, Penghentian merokok, Tarekat Qadiriyyathun Nabaviyyah di Sri Lanka, Tim Kesadaran Nabaviyyah

Introduction

Tobacco use remains one of the most significant public health challenges worldwide and continues to be a major cause of preventable morbidity and mortality. Tobacco smoke contains thousands of chemicals, many of which are toxic and carcinogenic, contributing to a wide range of diseases including cardiovascular diseases, respiratory illnesses, and various forms of cancer (U.S. Department of Health and Human Services, 2010). According to the World Health Organization (*Tobacco*, 2025), more than 1.3 billion people use tobacco globally, and tobacco-related illnesses cause over 7 million deaths each year, including approximately 1.6 million deaths resulting from exposure to secondhand smoke. Beyond its health consequences, tobacco use generates substantial social and economic burdens by increasing healthcare expenditures, reducing productivity, and negatively affecting the well-being of families and communities (Hersi et al., 2024; West & Shiffman, 2016). The burden is particularly pronounced in low- and middle-income countries, where nearly eighty

percent of tobacco users reside and where smoking prevalence often intersects with broader patterns of socioeconomic inequality (Dobbie, 2022; Ng et al., 2014).

The burden of tobacco use is particularly pronounced in low- and middle-income countries, where nearly 80% of tobacco users reside (*Tobacco*, 2025). Research indicates that smoking prevalence is often higher among populations with lower socioeconomic positions, thereby contributing to broader health inequalities and social disparities (Dobbie, 2022). Consequently, tobacco control has become a major priority within global public health agendas, requiring not only medical interventions but also socially and culturally responsive approaches to behavioral change. Despite widespread awareness of the harmful effects of smoking, cessation remains a complex process due to nicotine dependence, habitual behaviors, psychological factors, and social influences. Individuals attempting to quit smoking frequently encounter barriers such as low self-efficacy, inadequate social support, peer influence, and limited access to effective cessation services (Twyman et al., 2014). As a result, successful smoking cessation often requires a combination of pharmacological, psychological, and social interventions that address both individual and environmental factors influencing smoking behavior (Shruthi et al., 2017).

In recent years, increasing scholarly attention has been directed toward the role of community-based organizations in supporting smoking cessation. Social and Community Service Organizations (SCSOs) have been identified as important settings for delivering cessation support, providing counseling, facilitating access to services, promoting smoke-free environments, and strengthening social support networks (Hull et al., 2012; Visser et al., 2024). These organizations are particularly valuable because they operate within local communities and can engage individuals through trusted relationships and culturally relevant interventions. Studies have demonstrated that community-based approaches may enhance motivation to quit and contribute to sustained behavioral change by creating supportive social environments and reinforcing collective norms regarding healthy behavior (Soulakova et al., 2018; Visser et al., 2024).

Religious organizations constitute a distinctive form of community-based intervention due to their moral authority, social influence, and capacity to mobilize collective action. Religious teachings and faith-based networks can shape health-related behaviors by promoting shared values, encouraging self-discipline, and fostering supportive social environments. Beyond their role in transmitting religious knowledge, faith-based communities often function as spaces of moral

formation where individuals develop self-discipline, accountability, and behavioral commitments. Through spiritual guidance, religious counseling, and collective participation, such communities may influence not only attitudes but also everyday practices and lifestyle choices. From the perspectives of the sociology of religion and community psychology, religious institutions may function as mechanisms of social influence, moral regulation, and behavioral transformation. This perspective is consistent with recent evidence indicating that non-pharmacological and community-based approaches can play a significant role in supporting smoking cessation by strengthening motivation, self-regulation, and social support mechanisms (Nian et al., 2023). However, despite growing recognition of the role of religion in health promotion, relatively limited research has examined how grassroots religious organizations contribute to smoking cessation, particularly within Muslim communities in South Asia.

In Sri Lanka, tobacco use continues to represent an important public health concern despite ongoing tobacco control efforts. Tobacco-related diseases contribute substantially to mortality, healthcare costs, and socioeconomic burdens across the country (*Tobacco Smoking in Sri Lanka*, 2025). While national interventions have largely focused on legislation, taxation, health education, and clinical cessation programs, less attention has been devoted to understanding the contributions of community-based and religious organizations in addressing smoking behavior. Given Sri Lanka's diverse religious and cultural landscape, such organizations may play a significant role in shaping health-related attitudes and behaviors within local communities.

Although previous studies have examined smoking cessation through medical treatment, behavioral interventions, public health policies, and community service organizations, important theoretical and empirical gaps remain. Existing research has largely focused on Western contexts and has concentrated on institutional services, individual behavior change, or general forms of social support. Consequently, limited attention has been given to how spiritual guidance, religious authority, community mobilization, and culturally embedded social mechanisms interact to facilitate behavioral change among smokers. While existing studies acknowledge the influence of religiosity on health behavior (Bochniarz & Atroszko, 2025), fewer studies have examined how Islamic community organizations translate spiritual values into practical strategies that encourage smoking cessation and sustain behavioral transformation. Furthermore, the role of grassroots Islamic organizations in facilitating behavioral transformation through

spiritually informed interventions remains under-explored. Addressing this gap, the present study examines the initiatives of the Nabaviyyah Awareness Team in Galle and Beruwala, Sri Lanka. The study seeks to understand how religious and community-based mechanisms contribute to smoking cessation and behavioral change, thereby contributing to scholarship in public health, sociology of religion, and community psychology.

Against this background, the present study examines the smoking cessation initiatives of the Nabaviyyah Awareness Team, a community-based movement affiliated with the Qadiriyyathun Nabaviyyah Thareeqa in Galle and Beruwala, Sri Lanka. Specifically, the study seeks to explore how spiritual guidance, community participation, and religiously informed social mechanisms contribute to smoking cessation and behavioral change. It also investigates the roles of religious leaders, families, peer networks, and community engagement in supporting healthier lifestyles and discouraging smoking within local Muslim communities.

This study contributes to the growing literature on religion, health, and behavioral change by examining how a Sufi-affiliated Islamic community organization promotes smoking cessation through spiritual guidance and community engagement. By focusing on the Nabaviyyah Awareness Team, the study provides empirical evidence regarding the interaction between religious authority, moral accountability, social support, and collective participation in shaping health-related behavior. The study is significant from an interdisciplinary perspective, as it brings together insights from public health, sociology of religion, and community psychology. It demonstrates how religious institutions and community networks can shape health-related behaviors through culturally embedded and spiritually informed interventions. In doing so, the study expands current understanding of smoking cessation beyond individual level behavior change by highlighting the importance of collective social processes and community engagement.

From a practical perspective, the findings offer valuable insights for policymakers, public health practitioners, religious leaders, and community organizations seeking culturally relevant approaches to tobacco control. The identified strategies may inform the development of community-based health promotion programs that complement existing clinical and policy-oriented interventions. Furthermore, the study addresses an important empirical gap by focusing on a South Asian Muslim community, a context that remains underrepresented in the international smoking cessation literature. It also

provides a foundation for future research exploring the relationship between religion, community action, and health behavior change, including comparative studies across different religious traditions, regions, and organizational settings.

Smoking cessation is a multidimensional behavioral process influenced by psychological, social, cultural, and environmental factors. Theoretical perspectives such as Social Support Theory, Social Control Theory, and Behavioral Change Theory explain that individuals are more likely to adopt healthy behaviors when they receive emotional encouragement, social accountability, and supportive community environments. These theories provide a useful framework for understanding how community organizations, social networks, and religious institutions can contribute to smoking cessation efforts.

The reviewed literature demonstrates that smoking cessation is influenced by social support, behavioral interventions, community engagement, and broader sociocultural factors. Existing studies consistently show that supportive relationships, community-based organizations, and behavioral counseling positively influence smoking cessation outcomes. Recent literature has also highlighted the growing potential of religious and spiritually informed interventions in promoting healthier behaviors among Muslim populations. Within faith-based settings, these theoretical perspectives help explain how spiritual guidance and religious communities may function as catalysts for behavioral transformation.

Nevertheless, several important gaps remain. First, most smoking cessation studies have been conducted in Western contexts, limiting understanding of culturally and religiously distinct settings such as Muslim communities in South Asia. Second, relatively little research has examined how Islamic community organizations employ spiritual guidance and community participation to encourage smoking cessation. Third, the interaction between religious authority, social support, moral accountability, and behavioral change remains insufficiently explored. Addressing these gaps, this study investigates the smoking cessation initiatives of the Nabaviyyah Awareness Team in Galle and Beruwala, Sri Lanka, to understand how spiritually informed community interventions contribute to behavioral change and healthier lifestyles.

This study employed a qualitative case study design to gain an in-depth understanding of the smoking cessation initiatives undertaken by the Nabaviyyah Awareness Team, a community-based movement affiliated with the Qadiriyyathun Nabaviyyah Thareeqa in the Galle and Beruwala areas of Sri Lanka. A qualitative

approach was considered appropriate because the study sought to explore participants' experiences, perceptions, and interpretations regarding spiritual guidance, community engagement, and behavioral change processes associated with smoking cessation. The case study design enabled a detailed examination of how religiously informed community interventions operate within a specific sociocultural context.

The study was conducted in Galle and Beruwala, two areas in Sri Lanka where the Nabaviyyah Awareness Team has actively implemented smoking cessation initiatives. These locations were selected because they constitute the primary operational settings of the organization and provide a relevant context for examining community-based behavioral change efforts within Muslim communities. Participants were selected through purposive sampling to ensure the inclusion of information-rich individuals with direct knowledge of the organization's activities (Patton, 2015). A total of 25 participants were recruited, representing diverse stakeholder groups, including leaders and members of the Nabaviyyah Awareness Team, religious leaders, school principals, medical professionals, local government representatives, community leaders, educators, and civil society actors. The inclusion of participants from different institutional and social backgrounds enabled the collection of diverse perspectives regarding the implementation and perceived impact of the smoking cessation initiatives.

Primary data were collected through semi-structured interviews conducted between 31 October and 4 November 2025. Participants were recruited through direct contact with organizations and community institutions associated with the smoking cessation programs. Each interview lasted approximately 30–60 minutes and followed an interview guide covering organizational strategies, spiritual and religious guidance, community mobilization, social influence mechanisms, and perceived behavioral changes.

To complement interview data, non-participant observation was undertaken during awareness campaigns, community gatherings, and organizational activities conducted by the Nabaviyyah Awareness Team. These observations provided contextual insights into how smoking cessation initiatives were implemented and experienced within the community. Secondary data were obtained from scholarly journal articles, books, policy reports, organizational documents, and credible online sources related to smoking cessation, religion and health, community-based interventions, and behavioral change. These materials were used to contextualize and support the primary findings.

Data were transcribed, organized, and analyzed using thematic analysis following Braun and Clarke's (2006) Six-phase framework. The analytical process involved: (1) familiarization with the data through repeated reading of transcripts; (2) generation of initial codes; (3) identification of potential themes; (4) review and refinement of themes; (5) definition and naming of themes; and (6) production of the final analytical narrative. Coding was conducted manually by the researchers, with ongoing discussions among the research team to enhance interpretive consistency and analytical rigor. Data collection continued until thematic saturation was achieved. Saturation was observed after the twenty-first interview, when no substantially new themes emerged from the data. Four additional interviews were conducted to confirm thematic stability and ensure sufficient depth of understanding (Guest et al., 2006; Hennink & Kaiser, 2022).

Spiritual Guidance and Moral Commitment as a Foundation for Behavioral Change

The findings indicate that smoking cessation initiatives in Galle and Beruwala originated from the spiritual leadership of the Qadiriyyathun Nabaviyyah Thareeqa and gradually developed into a structured community movement. The establishment of the Nabaviyyah Awareness Team in 2019 represented an important institutionalization of these efforts through collaboration among Mubarak Moulana Thakkiya, Thalapitiya Muhyideen Jumma Masjid, Al-Mustafaviyyah Ahlus Sunnah Arabic College, and the Nabaviyyah Islamic Youth Organization. This institutional network transformed smoking cessation from an individual health concern into a collective moral and social project embedded within religious life and community engagement. Rather than functioning solely as a public health campaign, the movement integrated smoking cessation into broader processes of spiritual cultivation, ethical reform, and community development.

Interview data consistently revealed that spiritual guidance constituted the central mechanism through which behavioral change was initiated and sustained. Participants described receiving individualized religious counseling, continuous mentoring, and what they referred to as "Islamic psychological support." These interventions typically involved discussions concerning self-discipline, personal responsibility, family welfare, religious obligations, and the long-term consequences of smoking. Importantly, religious leaders generally avoided framing smoking as evidence of moral failure or personal deficiency. Instead, smoking was

understood as a behavioral challenge that could be gradually overcome through spiritual effort, self-awareness, self-control, and communal support. This non-punitive approach appeared to reduce resistance among smokers and foster greater openness toward behavioral change.

This finding further suggests that spiritual guidance contributed to the crucial role in cultivating moral commitment among smokers. Through repeated counseling sessions, religious reminders, and sustained mentorship, participants increasingly internalized anti-smoking values and developed a stronger sense of accountability toward themselves, their families, and God. Behavioral change therefore emerged not merely through external regulation or social pressure but through an internal process of ethical self-regulation grounded in spiritual reflection and moral responsibility. This process is particularly significant because it highlights the transition from externally imposed behavioral expectations to internally motivated self-transformation. In this regard, the findings resonate with Religious Coping Theory, which posits that religious beliefs, practices, and relationships can provide individuals with psychological resources for confronting personal difficulties and modifying maladaptive behaviors (Pargament, 1997). Religious coping has been shown to strengthen resilience, enhance self-control, and provide meaning-oriented frameworks through which individuals reinterpret life challenges and behavioral struggles (Ano & Vasconcelles, 2005).

The present findings are also consistent with a growing body of literature examining the relationship between religiosity and smoking cessation in Muslim societies. A systematic review conducted by Azmi et al. (2021) found that religiosity and participation in religious activities were positively associated with reduced tobacco consumption and increased cessation efforts among Muslim populations. Similarly, Widyaningrum and Yu (2018) reported that individuals who actively participated in Islamic religious practices were less likely to smoke and demonstrated stronger intentions to quit. Research conducted during Ramadan further suggests that religious observance can strengthen self-regulation and facilitate smoking cessation by enhancing spiritual motivation and behavioral discipline (Ismail et al., 2016). Collectively, these studies demonstrate that religious commitment may function as a protective factor against tobacco use.

However, the present study extends existing scholarship in several important ways. Much of the current literature focuses primarily on individual religiosity as a predictor of smoking behavior, emphasizing personal beliefs, religious practices, or levels of religious commitment. In contrast, the findings

presented here demonstrate how spiritual guidance becomes institutionalized through a community-based religious structure capable of sustaining long-term behavioral transformation. The Qadiriyyathun Nabaviyyah Thareeqa did not merely encourage individual piety. It created organizational mechanisms through which religious teachings were translated into collective action, social support, and continuous behavioral reinforcement. Consequently, spiritual guidance operated not only as a personal coping resource but also as a socially embedded system of behavioral regulation and moral development. In Sufi literature, this form of religious coping can be achieved through the practice of *maqamat*, which involves disciplined self-control under the guidance of a teacher (Himawan & Wardhani, 2020).

Furthermore, the findings indicate that smoking cessation was understood by participants not merely as the elimination of an unhealthy habit but as part of a broader process of self-improvement and moral refinement. Participants frequently described quitting smoking as a journey toward becoming a more disciplined, responsible, and spiritually conscious individual. Such perspectives reflect broader Islamic understandings of ethical self-cultivation, in which personal transformation is achieved through continuous efforts to regulate desires, strengthen self-control, and cultivate virtuous conduct. This interpretation aligns with contemporary scholarship emphasizing that Islamic approaches to behavioral change often involve processes of moral formation and character development rather than solely compliance with religious norms (Rothman & Coyle, 2018).

Taken together, these findings suggest that the effectiveness of the smoking cessation initiatives cannot be explained solely by health awareness, social pressure, or organizational outreach. Rather, their effectiveness appears to derive from the capacity of spiritual guidance to generate moral commitment, provide existential meaning, strengthen self-regulation, and connect individual behavioral choices to broader religious and communal values. The study therefore proposes that spiritual guidance functions as a foundational mechanism through which behavioral change acquires both personal significance and social legitimacy. In this sense, smoking cessation becomes not merely a health intervention but a process of moral transformation supported by religious authority, communal relationships, and spiritually informed understandings of self-improvement.

Community Mobilization and Social Spiritual Support in Smoking Cessation

The findings further demonstrate that smoking cessation initiatives in Galle and Beruwala were sustained through extensive community mobilization involving religious institutions, youth organizations, educators, families, health professionals, community leaders, and local residents. Rather than operating as an isolated health campaign, the smoking cessation movement evolved into a collective social endeavor in which multiple actors participated in promoting healthier lifestyles and reinforcing anti-smoking norms. Within this network, the Nabaviyyah Awareness Team functioned as a coordinating platform that connected diverse social groups and facilitated collaborative action across religious, educational, and community settings.

A particularly significant finding concerns the active involvement of youth networks in the smoking cessation movement. Participants explained that close relationships among adolescents and young adults enabled the early identification of smokers and facilitated the provision of guidance, encouragement, and peer support. Sports activities, youth gatherings, educational outreach programs, awareness campaigns targeting women and children, and multilingual social media initiatives further expanded the reach of anti-smoking messages throughout the community. These activities enabled smoking cessation efforts to move beyond formal religious settings and become integrated into everyday social interactions.

The findings suggest that these initiatives generated multiple forms of support, including emotional encouragement, informational guidance, practical assistance, and spiritual reinforcement. Participants frequently described smoking cessation not as an individual struggle but as a collective process supported by families, peers, religious leaders, and community institutions. Such findings strongly support Social Support Theory, which emphasizes that social relationships provide psychological resources that facilitate behavioral change and increase resilience when individuals attempt to modify unhealthy habits (Cohen & Wills, 1985). From this perspective, smoking cessation becomes more sustainable when individuals perceive themselves as embedded within supportive social networks rather than acting in isolation.

The importance of social support in smoking cessation has been widely documented. Shruthi et al. (2017) found that both objective support from family members and subjective perceptions of being supported significantly influence

smoking cessation outcomes and reduce relapse rates. Similarly, Soulakova et al. (2019) demonstrated that support from family, friends, and social networks strengthens smokers' motivation to quit and encourages persistence following unsuccessful cessation attempts. However, the present study extends these findings by demonstrating that social support was not limited to interpersonal relationships. Rather, support was embedded within a broader religious community structure in which spiritual values, moral encouragement, and collective responsibility operated alongside conventional forms of emotional and informational support.

However, the present findings suggest that the role of social support extends beyond its conventional psychological function. In the context of the Qadiriyyathun Nabaviyyah Thareeqa, social support was embedded within a shared spiritual environment in which religious values, collective responsibility, and ethical commitments were continuously reinforced through communal interaction. Consequently, support did not merely provide emotional reassurance but also facilitated the internalization of moral norms and spiritual aspirations.

This observation may be understood through the concept of spiritual social ecology, namely a social environment in which spiritual values, religious practices, interpersonal relationships, and communal institutions interact to shape individual behavior. Rather than viewing behavior as the product of individual choice alone, a spiritual social ecology recognizes that personal transformation emerges within a network of moral relationships and shared meanings. Religious gatherings, educational activities, youth programs, family engagement, and collective awareness campaigns collectively created a socio-spiritual environment in which anti-smoking behavior was continuously encouraged and normalized. Such findings resonate with Koenig's (2012) argument that religious communities often function as important sources of social integration, moral guidance, and health-promoting behavior, while Ellison and Levin (1998) emphasize that religious involvement strengthens social integration and generates supportive networks that contribute to both psychological well-being and positive health outcomes. In the present study, these dynamics were clearly evident in the ways religious institutions facilitated ongoing interaction, accountability, and encouragement among individuals attempting to quit smoking.

The findings further indicate that the smoking cessation movement gradually fostered what may be described as a moral community. In this context, a moral community refers to a social group whose members share common ethical

commitments and collectively reinforce desired forms of behavior (Crawford, 2015). Through regular interaction with religious leaders, youth groups, families, and community institutions, participants were exposed to a consistent moral discourse that framed smoking as incompatible with personal responsibility, family welfare, and religious values. Consequently, smoking cessation became more than a health objective; it became a shared moral aspiration embedded within communal life.

This process differs from conventional public health interventions that primarily seek to modify individual behavior through education or risk communication. Instead, behavioral change emerged through participation in a community that actively cultivated ethical self-regulation and mutual accountability. The findings therefore support Community Mobilization Theory, which emphasizes collective participation and community ownership as key mechanisms for addressing social problems (Minkler & Wallerstein, 2008). However, the present study extends this perspective by demonstrating that community mobilization was not driven primarily by civic engagement or institutional coordination but by a shared spiritual worldview that provided moral legitimacy and collective purpose.

The findings are also consistent with recent studies emphasizing the effectiveness of community-based organizations in supporting smoking cessation. Visser et al. (2024) found that community organizations can play an important role in identifying smokers, providing counseling, facilitating referrals, and creating supportive smoke-free environments. Similarly, Visser et al. (2024) reported that community-based support is often perceived as more accessible, trustworthy, and socially meaningful than purely clinical interventions because it is embedded within existing social relationships and community structures.

Nevertheless, the present study differs from much of the existing literature in one important respect. While previous studies generally identify religious institutions as one source of social support among many others, the findings of this study demonstrate that religious authority functioned as the principal organizing mechanism through which community mobilization was achieved. Religious institutions did not merely support smoking cessation activities; they provided the moral framework, organizational infrastructure, and social legitimacy through which collective action became possible.

From a broader spiritual perspective, the findings suggest that community mobilization within the Qadiriyyathun Nabaviyyah Thareeqa operated not simply

as a strategy for disseminating health information but as a process of cultivating a morally supportive community environment. The collective participation of religious leaders, families, youth groups, and local institutions created what may be described as a spiritual social ecology in which anti-smoking behavior was continuously reinforced through shared values, mutual care, and communal responsibility. This observation is particularly significant because it indicates that behavioral change was sustained not only through individual motivation but also through participation in a community that actively nurtured ethical self-improvement and collective well-being.

In this sense, smoking cessation emerged as both a public health intervention and a form of communal moral transformation. The effectiveness of the initiative appears to derive from its ability to combine social support, spiritual guidance, and collective participation within a single community-based framework. Such findings contribute to growing discussions within religion-and-health scholarship by demonstrating how faith-based communities can mobilize spiritual and social resources to address behavioral health challenges in culturally meaningful ways.

Mosque-Based Interventions Religious Authority, and the Formation of a Moral Community

The findings reveal that the Thalapitiya Muhyideen Jumma Masjid occupied a central position in the smoking cessation movement and functioned as a key institution in shaping anti-smoking norms within the community. Beyond serving as a place of worship, the Masjid operated as a center of social awareness, moral education, and communal guidance. One Friday sermon each month was specifically devoted to issues related to smoking and substance abuse, during which religious leaders discussed the medical, economic, social, and religious consequences of tobacco use. Through these regular sermons, smoking was not merely presented as a health concern but was situated within broader discussions concerning ethical responsibility, family welfare, communal well-being, and accountability before God.

Participants consistently reported that these sermons contributed to a significant shift in public perception. Smoking increasingly came to be understood not as a purely personal lifestyle choice but as a matter of communal concern with social and spiritual implications. This finding supports previous research demonstrating the influential role of religious authority in shaping health-related

attitudes and behaviors among Muslim communities. Borland et al. (2009) found that religious norms and guidance from religious leaders significantly influenced smoking-related intentions among Muslim smokers in Malaysia. Similarly, Ismail et al. (2016) and Yong (2009) reported that spiritually oriented smoking cessation interventions conducted during Ramadan strengthened self-control, religious motivation, and commitment to behavioral change. More broadly, Koenig (2012) argues that religious institutions often serve as powerful agents of health promotion because they possess moral legitimacy, social influence, and established networks of trust capable of shaping individual and collective behavior.

However, the findings of the present study suggest that the role of the Masjid extended beyond health promotion and behavioral persuasion. The mosque functioned as a site of moral formation in which anti-smoking messages were integrated into a wider framework of ethical and spiritual development. Rather than simply discouraging tobacco use, religious leaders encouraged participants to cultivate self-discipline, responsibility, and concern for the well-being of others. Such processes resonate with broader Islamic traditions of ethical self-cultivation, in which personal transformation is achieved through continuous efforts to regulate desires and align one's conduct with moral and spiritual values (Rothman & Coyle, 2018).

The findings further indicate that mosque-based initiatives operated as mechanisms of informal social control. Smoke-free zones, anti-smoking banners, monitoring teams during religious gatherings, and engagement with local cigarette retailers collectively contributed to the construction of a social environment that discouraged smoking. Through these initiatives, anti-smoking norms became increasingly visible within public and religious spaces, gradually reinforcing community expectations regarding appropriate behavior. This process reflects what Hirschi (1969) describes as social control through social bonds and communal obligations, whereby conformity emerges not primarily from legal sanctions but from individuals' attachment to valued social relationships and shared norms.

More direct forms of moral regulation were also observed. These included withholding the distribution of Ramadan *kanji* from households where smoking persisted and issuing warnings concerning burial arrangements for individuals who continuously engaged in smoking or substance abuse. At first glance, such practices may appear merely disciplinary. Yet within the socio-religious context of the community, these measures carried deeper symbolic significance. Participation

in communal religious practices signified belonging, recognition, and moral inclusion within the collective. Consequently, the conditional restriction of such privileges communicated a powerful message regarding the incompatibility of smoking with the community's shared moral aspirations.

These findings suggest the emergence of what may be termed a moral community, namely a social environment in which members collectively construct, reinforce, and transmit shared ethical commitments (Etzioni, 1995). Within this moral community, smoking cessation was not solely pursued for individual health benefits but was embedded within broader concerns regarding moral responsibility, family integrity, and communal well-being. Religious authority, communal participation, and shared ethical values interacted to create a framework in which behavioral change became both socially expected and spiritually meaningful.

From the perspective of applied spirituality, the findings also point toward the development of a spiritual social ecology, in which religious teachings, communal relationships, institutional structures, and everyday practices jointly contribute to shaping individual conduct. In such an ecology, behavioral transformation does not occur through isolated individual decision-making but through sustained participation in a community that continuously nurtures ethical awareness and spiritual accountability. Ellison and Levin (1998) argue that religious communities generate forms of social capital that promote both psychological well-being and positive health outcomes. The present findings extend this argument by demonstrating how faith-based communities can also cultivate moral environments that facilitate behavioral change through collective reinforcement of shared values.

At a deeper level, the smoking cessation movement appears to have contributed to a process of communal moral transformation. The transformation observed was not limited to individual smokers. Rather, the broader community increasingly redefined smoking as behavior inconsistent with its collective ethical identity. Through repeated sermons, community campaigns, religious gatherings, and public awareness initiatives, anti-smoking values became integrated into the moral discourse of the community itself. This process reflects a form of social and spiritual reform in which individual self-improvement and collective moral development reinforce one another. Such a dynamic is consistent with broader Islamic conceptions of *islah al-nafs* (self-reform) and *islah al-mujtama'* (social

reform), which regard personal and communal transformation as interconnected dimensions of ethical life.

Nevertheless, the findings also reveal important ethical tensions. While many participants regarded these measures as effective deterrents that strengthened collective responsibility, others acknowledged that practices involving symbolic sanctions, exclusion, or public pressure may generate feelings of stigma and coercion. These tensions highlight the complex relationship between religious authority and individual autonomy. As Mahmood (2013) reminds us, religious forms of discipline may simultaneously function as mechanisms of empowerment and regulation. Consequently, faith-based smoking cessation initiatives should be understood not only as mechanisms of behavioral change but also as arenas in which authority, inclusion, moral responsibility, and personal agency are continually negotiated.

Overall, the findings suggest that the effectiveness of mosque-based smoking cessation initiatives derives not simply from the dissemination of health information but from the ability of religious institutions to cultivate a moral community grounded in shared spiritual values. Through the interaction of religious authority, communal participation, ethical formation, and social accountability, the Masjid became a key site of behavioral transformation in which smoking cessation was understood as part of a broader project of individual and collective moral improvement.

Family Engagement, Public Awareness, and Social Norm Transformation

The findings further demonstrate that behavioral change was reinforced through family-centered interventions and public awareness campaigns that extended smoking cessation efforts beyond religious institutions and into everyday social life. Door-to-door visits enabled volunteers to engage directly with households, discuss the consequences of smoking, and provide personalized support for smokers and their families. Anti-smoking stickers displayed on houses, vehicles, and public spaces functioned as continuous visual reminders that reinforced anti-smoking messages beyond formal campaign settings and integrated them into the routines of daily life.

Participants explained that discussions during family visits frequently focused on the effects of smoking on women, children, and elderly family members.

As a result, smokers increasingly perceived smoking cessation not merely as a personal health decision but as a moral responsibility toward those closest to them. This shift is particularly significant because it indicates a movement from self-oriented health concerns toward relational and ethical forms of accountability. In many cases, participants reported that concern for family well-being became a stronger motivation for quitting than concerns about their own health.

These findings are consistent with previous studies demonstrating the critical role of family support in smoking cessation efforts. Shruthi et al. (2017) found that family involvement significantly increases cessation success by providing emotional encouragement, practical assistance, and positive reinforcement. Similarly, Soulakova et al. (2019) reported that support from family members strengthens smokers' intentions to quit and enhances persistence during periods of relapse and recovery. However, the present study suggests that family involvement functioned not only as a source of emotional support but also as a mechanism for cultivating moral awareness and relational responsibility. Family relationships provided a context in which smoking was increasingly interpreted in terms of its consequences for others rather than solely its effects on the individual smoker.

From a broader spiritual perspective, these findings highlight the role of the family as a moral and spiritual support system. Rather than merely encouraging healthier behavior, family members actively participated in reinforcing values of care, responsibility, and mutual accountability. Such dynamics resonate with Islamic ethical traditions that emphasize the interconnectedness of personal conduct and family welfare. Ethical behavior is not understood solely as an individual achievement but as a responsibility embedded within social relationships and communal obligations (Saad, 2023). In this sense, smoking cessation became part of a broader process of strengthening family well-being and cultivating ethical responsibility within everyday life.

The study also found that confidential information obtained through family networks facilitated the provision of personalized counseling and support. Participants generally viewed this approach positively because it emphasized care, guidance, and confidentiality rather than public stigmatization. Personalized interventions enabled religious leaders and volunteers to tailor counseling to individual circumstances, thereby strengthening trust and enhancing the effectiveness of support mechanisms. Nevertheless, these practices also raise important questions regarding privacy and personal autonomy, particularly when

community-based interventions rely on informal information-sharing networks. As community participation expands, maintaining a balance between supportive engagement and respect for individual boundaries remains an important ethical consideration.

Public awareness campaigns further contributed to the transformation of social norms surrounding smoking. Awareness rallies, banners, posters, wall paintings, educational programs, and multilingual social media campaigns continuously communicated anti-smoking messages throughout the community. Rather than simply disseminating information about health risks (Young et al., 2010) these initiatives contributed to a gradual redefinition of smoking as a social issue affecting collective welfare, family stability, and community well-being.

A distinctive feature of these campaigns was the participation of children under the age of twelve. Participants consistently reported that children's involvement significantly amplified the emotional and symbolic impact of anti-smoking messages. By publicly communicating concerns about the dangers of smoking, children served as visible reminders of the long-term consequences of tobacco use for future generations. Consequently, smoking increasingly became associated not only with individual choice but also with broader concerns regarding children's welfare, family responsibility, and communal health.

The symbolic significance of children's participation extends beyond conventional health promotion. Their involvement transformed anti-smoking campaigns into a form of moral pedagogy through which the community collectively reflected upon its responsibilities toward future generations. Such findings resonate with Bandura's (2022) Social Cognitive Theory, which emphasizes the role of observational learning and symbolic communication in shaping attitudes and behavior. At the same time, however, ethical considerations regarding children's participation in public advocacy should not be overlooked. Future initiatives should ensure that participation remains voluntary, educational, and age-appropriate while safeguarding children's rights and well-being. More broadly, public awareness campaigns functioned as mechanisms of collective moral education. Through repeated exposure to anti-smoking messages across religious, familial, and public settings, community members encountered a consistent moral narrative that linked smoking to concerns about responsibility, care, and social well-being. In this regard, awareness campaigns can be understood not merely as instruments of information dissemination but as forms of communal

moral pedagogy through which ethical norms were continuously reinforced and reproduced.

Taken together, these findings suggest that smoking cessation within the study area occurred through a cumulative process of social norm transformation. Consistent with theories of norm diffusion and collective behavior change (Sayce & Perkins, 2011) repeated exposure to anti-smoking messages, active community participation, and ongoing moral reinforcement gradually altered collective perceptions regarding smoking. What was once regarded as a socially tolerated habit increasingly came to be viewed as behavior inconsistent with community values and aspirations.

The findings further indicate that this transformation was not merely normative but also moral and cultural in nature. Through the interaction of family engagement, public awareness initiatives, religious messaging, and communal participation, anti-smoking values became integrated into the ethical fabric of the community. This process reflects what may be described as communal ethical transformation, whereby changes in individual behavior are accompanied by broader shifts in collective moral consciousness. Rather than focusing solely on individual smokers, the movement contributed to the gradual emergence of a community-wide commitment to healthier and more responsible forms of living.

Overall, the findings indicate that behavioral change emerged through the interaction of four interconnected mechanisms: spiritual guidance, community mobilization, informal social control, and social norm transformation. The evidence suggests a sequential process in which spiritual guidance fosters moral commitment; moral commitment encourages participation in supportive social networks; community participation strengthens collective accountability; and these combined mechanisms contribute to the transformation of social norms and the sustainability of behavioral change. This model offers a culturally grounded explanation of how faith-based communities can mobilize spiritual, social, and moral resources to address public health challenges while simultaneously nurturing processes of ethical and communal transformation.

Conclusion

This study demonstrates that smoking cessation initiatives undertaken by the Qadiriyyathun Nabaviyyah Thareeqa in Galle and Beruwala extend beyond conventional health promotion by integrating spiritual, social, and communal mechanisms. Behavioral change was fostered through spiritual guidance,

community mobilization, mosque-based interventions, family engagement, and public awareness campaigns, which strengthened moral commitment, social support, and transformed community norms regarding smoking. The findings contribute to the literature on religion and health by proposing that smoking cessation in this Sufi community is best understood through the concepts of spiritual social ecology, moral community, and communal moral transformation, illustrating how faith-based communities mobilize spiritual and social resources to promote sustainable behavioral change, ethical self-development, and collective well-being while emphasizing the need to balance communal accountability with respect for individual autonomy and inclusion.

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