Riwayah : Jurnal Studi Hadis
issn 2460-755X eissn 2502-8839
Tersedia online di: journal.iainkudus.ac.id/index.php/riwayah
DOI: http://dx.doi.org/10.21043/riwayah.v11i1.33299

FROM HADITH TO HEALTH: Contextualizing the One-Third Eating Principle in Light of Modern Nutritional Science

Tri Hildayana
Universitas Islam Negeri Sumatera Utara, Sumatera Utara, Indonesia
tri0406212059@uinsu.ac.id

Ali Darta
Universitas Islam Negeri Sumatera Utara, Sumatera Utara, Indonesia
alidarta@uinsu.ac.id

Abstract

This study investigates the integration of Hadith teachings on dietary practices with modern nutritional science within the Muslim community of Tanjung Morawa B Village. Employing an ethnographic approach, the research draws on in-depth interviews with 40 respondents and participatory observations of 20 individuals. The findings reveal that 77.5% of participants practice the "one-third" eating principle—eating before hunger intensifies, stopping before fullness, and dining before Maghrib. These habits align with contemporary nutritional strategies such as portion control and time-restricted eating, both of which contribute to metabolic health. Notably, despite 65% of respondents coming from economically disadvantaged backgrounds, they maintain healthy diets rooted in religious values by utilizing accessible local foods like pumpkin, cassava, and legumes. The study also notes adaptive strategies for health

conditions such as gastritis, reflecting the principle's flexibility. Overall, the research underscores the potential of integrating religious principles with modern health frameworks, offering a culturally relevant model for dietary intervention in Muslim communities.

Keywords: Dietary Practices, Ethnography, Hadith Teachings, Modern Nutrition Science, Muslim Community.

Abstrak

Penelitian ini mengkaji integrasi ajaran hadis tentang pola makan dengan ilmu gizi modern dalam konteks komunitas Muslim di Desa Tanjung Morawa B. Dengan menggunakan pendekatan etnografi, penelitian ini melibatkan wawancara mendalam terhadap 40 responden dan observasi partisipatif terhadap 20 di antaranya. Hasil temuan menunjukkan bahwa 77,5% responden menerapkan prinsip makan sepertiga—makan sebelum merasa lapar, berhenti sebelum kenyang, serta makan malam sebelum Maghrib. Pola ini selaras dengan konsep gizi modern seperti pengendalian porsi dan pola makan dengan waktu terbatas (time-restricted eating) yang terbukti mendukung kesehatan metabolik. Meskipun 65% responden berasal dari keluarga kurang mampu, mereka tetap menjaga pola makan sehat yang berlandaskan nilai-nilai keagamaan dengan memanfaatkan pangan lokal seperti labu, singkong, dan kacang-kacangan. Penelitian ini juga mencatat adanya penyesuaian terhadap kondisi kesehatan tertentu seperti gastritis, yang menunjukkan fleksibilitas prinsip ini. Secara keseluruhan, penelitian ini menegaskan pentingnya integrasi nilai-nilai religius dengan pendekatan kesehatan modern, serta menawarkan model intervensi gizi yang kontekstual bagi komunitas Muslim guna meningkatkan kesejahteraan mereka.

Kata kunci: Pola Makan, Etnografi, Ajaran Hadis, Ilmu Gizi Modern, Masyarakat Muslim.

Introduction

A healthy diet is a fundamental aspect of human health, and in Islamic teachings, this has received attention since 14 centuries ago through the traditions of the Prophet Muhammad. One of the most well-known teachings is the one-third concept of

filling the stomach, where the Prophet recommended filling one-third of the stomach with food, one-third with drink, and leaving one-third for breathing. This principle, narrated by Ahmad bin Hanbal, emphasizes moderation and balance in consumption patterns (Jufri Muhammad, 2017, p. 10-34). The hadith explicitly states: *"It is sufficient for the son of Adam to fill his stomach one-third for food, one-third for drink and one-third for breathing" (Al-Syaibani, 2016, p. 423).*

In the development of modern nutritional science, the principles of balance and moderation are also the main cornerstones of healthy eating recommendations. Contemporary research shows that overeating is associated with various chronic diseases such as obesity, diabetes and cardiovascular disorders (Katz & Meller, 2014, p. 83–103). Interestingly, the concept of one-third in the Prophetic traditions has strong resonance with these principles of modern nutrition science (Maheran et al., 2022, p. 49–59). The concepts of *portion control* and *balanced nutrition* that are standard recommendations in contemporary nutritional guidelines have significant parallelism with the teachings of the hadith (O'Hara & Gibney, 2021, p. 1365–1378).

Indonesia, as the country with the largest Muslim population in the world, has great potential to integrate the values of Islamic teachings with modern health practices (Lugo & Cooperman, 2011, p. 7-11). However, the practical implementation of these hadith teachings on diet in the daily lives of Indonesian Muslims still requires in-depth investigation. Tanjung Morawa B village, with its significant Muslim population and distinctive socio-cultural characteristics, provides an ideal setting to explore how Muslim communities integrate the hadith teachings on diet in their daily lives (Badan Pusat Statistik Kabupaten Deli Serdang, 2023, p. 45-46).

While a number of studies have addressed the relevance of hadith teachings to the principles of modern nutrition science, there is still a gap in the literature regarding how the one-third principle in the Prophetic traditions is actually implemented empirically in Indonesian Muslim communities, especially in specific socio-cultural contexts. Initial survey data in Tanjung Morawa B Village showed that 77.5% of respondents consistently practiced a sunnah-based diet, such as eating before hunger and stopping before fullness, as well as making a habit of eating dinner before Maghrib. This practice is not only influenced by religious values, but also driven by an

understanding of the health benefits gained, as reinforced by recent findings in modern nutrition science that confirm the benefits of portion control and time-restricted eating in reducing the risk of metabolic diseases such as diabetes and obesity (Wu et al., 2025, p.234-239).

It is important to emphasize that the integration between hadith teachings and modern science is not merely normative, but has been empirically proven to have a positive impact on public health. For example, the one-third principle taught by Prophet Muhammad SAW has been studied in Sahih al- Bukhari and Fathul Bari, which emphasize moderation in eating as a form of maintaining physical and mental health. Thus, this study not only contributes to the strengthening of the integration of religion and science literature, but also offers a model of public health intervention based on local and religious values (Oliveira et al., 2025, p. e317–e331)

The study of dietary principles in Islam has received attention from various researchers. Prasetyo in his research explored the nutritional content and health benefits of watermelon and date consumption recommended in the Prophet Muhammad's hadith. The results of his research show that the recommendations for fruit consumption in the hadith have a strong scientific basis based on their nutritional composition and health benefits (Darmawan Prasetyo & Nuh Siregar, 2024, p. 75-89). This research confirms the relevance of hadith teachings to modern nutritional knowledge.

Jufri in his study on the concept of a healthy diet in the perspective of hadith emphasizes the importance of the principle of moderation taught by the Prophet Muhammad SAW. He highlighted the hadith about the division of the third of the stomach, and concluded that many diseases in the human body can be caused by unhealthy, excessive, and nutritionally inadequate diets (Jufri Muhammad, 2017, p. 10-34). In line with this, Juniati analyzed the concept of healthy eating in the Qur'anic perspective and found that the principle of moderation taught in Islam is in line with modern dietary recommendations (Juniati, 2021, p.78-89).

In a broader study, Saeed et al. explored the Islamic perspective on nutrition and health, focusing on how Islamic teachings can contribute to the prevention of chronic diseases. They concluded that the integration of Islamic principles with modern

nutritional science could provide a more holistic approach to health (Saeed et al., 2023, p. 197-202). This is reinforced by Al-Khayat's research which examined healthy eating practices in the Islamic tradition and found that many hadith teachings are consistent with modern dietary guidelines (Al Khayat, 2004, p. 18-22).

In the context of research methodology, Rezhi, Yulifar and Najib provide a comprehensive understanding of the steps in ethnographic research, which include field observations, interviews, biographical methods and triangulation. They emphasize that ethnographic research aims to understand culture in the context of a particular society or group (Rezhi et al., 2023, p. 271–276). This methodology is particularly relevant for investigating how religious values are implemented in people's daily practices.

Ulum, et al. in their research on the development of Islamic religious education learning based on the integration of Islam and science emphasized the importance of integrating Islamic teachings with modern scientific knowledge. This integrative approach enables a more holistic understanding of Islamic teachings, including in the context of health and diet (Ulum et al., 2023, p. 79–89). In a broader perspective, Aulia explored how Islamic values can be integrated in public health promotion, focusing on healthy lifestyles based on the teachings of the Quran and hadith (Aulia, 2024, p. 123-134).

A recent study by Hasnah used a qualitative approach to explore the perceptions and practices of eating in Muslim communities in Malaysia. They found that Islamic teachings on moderation in eating have a significant influence on eating habits, although social and cultural factors also play an important role (Hasnah Hassan, 2011, p. 104-124). Similarly, Owais' study used *mixed-methods* to investigate the relationship between Islamic religiosity and healthy eating patterns in Muslim communities in the UK. The results showed a positive correlation between religiosity levels and healthy eating practices, particularly in relation to moderation and balance (Owais et al., 2024, p. 749-756).

While these studies provide a solid foundation for understanding Islamic perspectives on diet and integrative approaches to science and religion, there is still a gap in the literature regarding how the concept of one-third in the Prophetic traditions is applied in the daily practices of Indonesian Muslim communities, particularly in

specific socio-cultural contexts. In addition, there is limited research that uses an ethnographic approach to understand how the hadith teachings on diet are interpreted and implemented in people's daily lives.

This research offers a new contribution to the study of Islam and health through an ethnographic approach that has not been widely applied in the study of the implementation of hadith teachings on diet. The novelty of this study lies in the interdisciplinary approach that integrates hadith teachings with modern nutritional science, providing a more comprehensive perspective on the relevance of Islamic teachings in the contemporary health context. This approach goes beyond previous studies that generally focused only on theological analysis without examining its practical implications in daily life. In addition, ethnographic methods are used to explore the daily practices of Muslim communities in applying the concept of one-third in diet. This approach allows direct observation of eating practices, people's subjective interpretations, as well as the socio-cultural context that influences them.

The focus of this research on the Muslim community in Tanjung Morawa B Village provides an in-depth analysis of how local socio-cultural factors influence the interpretation and implementation of the hadith teachings on diet. Previously, studies related to dietary patterns in the Islamic perspective were generally general in nature and paid little attention to contextual variations in its implementation. Thus, this study not only enriches the understanding of daily practices based on the hadith teachings, but also provides new insights into how religious values and modern science can be harmoniously integrated in public health practices..

Based on the background and gaps in the literature that have been identified, this study aims to explore how the Muslim community in Tanjung Morawa B Village interprets and interprets the concept of one-third in the Prophetic hadith related to diet and how it is practically implemented in daily life. In addition, this study also seeks to identify the socio-cultural factors that influence the application of the concept in the eating practices of the local community.

Furthermore, the study will analyze the relationship between the practical implementation of the one-third concept and the principles of modern nutrition science, to see the extent of convergence or divergence between the two. Thus, this

research is expected to provide a deeper understanding of the interaction between religious teachings and modern science in shaping healthy and sustainable eating habits in Muslim communities.

This research uses an ethnographic approach with data collection techniques through participatory observation, in-depth interviews, and documentation. Data analysis was conducted through thematic coding and contextual interpretation, with attention to aspects of validity and reliability through data triangulation.

The criteria for selecting respondents in this study include several main aspects, namely gender (male and female), age range (adults 18-65 years old and elderly over 65 years old), education level (elementary, junior high, high school, and college), type of work (farmer, laborer, employee, self-employed, housewife), and health condition (having or not having a history of metabolic diseases such as diabetes, hypertension, or digestive disorders). These criteria were based on the finding that demographic and health factors strongly influence diet, perception and adaptation to sunnah practices in daily life (Ndovie et al., 2025, p. 14). Thus, the selection of diverse respondents is expected to provide a comprehensive picture of the implementation of the one-third concept in the diet of the Muslim community of Tanjung Morawa B Village.

In addition, the ethnographic approach was chosen because it allows researchers to understand sunnah-based healthy eating practices in depth from the perspective of the actors, as well as observe how religious values are integrated in the local social and cultural context. However, in analyzing the data, the study also adopted the perspective of modern science, particularly nutrition and metabolic science, to assess the empirical impact of such eating practices on public health (Ottrey et al., 2018, p. 1903-1942.e10). The integration of these two approaches is expected to produce a more complete and applicable understanding.

By addressing this research problem, it is hoped that the study can significantly contribute to a more comprehensive understanding of the integration of hadith teachings and modern nutritional science, and provide an empirical basis for the development of health interventions based on Islamic values.

Discussion

Theoretical and Theological Foundations of Diet in Islam

The concept of moderation in diet has strong roots in the Qur'an and Hadith. Allah SWT says:

...وَكُلُوا وَاشْرَبُوا وَلَا تُسْرِفُوا ۚ إِنَّهُ لَا يُحِبُّ ٱلْمُسْرِفِينَ

"Eat and drink, but do not overdo it. Indeed, He dislikes the excessive" (QS. Al-A'rāf 7:31) (Departemen Agama RI, 2019, p. 157).

The Prophetic Hadith that is the focus of this study was narrated by Ibn Majah in the Book of Food, Chapter Simple in Eating and Not Excessive:

حَدَّثَنَا هِشَامُ بْنُ عَبْدِ الْمَلِكِ الْحِمْصِيُّ حَدَّثَنَا مُحَمَّدُ بْنُ حَرْبٍ حَدَّثَتْنِي أُمِّي عَنْ أُمِّهَا أَنَّهَا سَمِعَتْ الْمِقْدَامَ بْنَ مَعْدِ يكَرِبَ يَقُولُ سَمِعْتُ رَسُولَ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ يَقُولُ مَا مَلَأَ آدَمِيٌّ وِعَاءً شَرًّا مِنْ بَطْنٍ حَسْبُ الْآدَمِيِّ لُقَيْمَاتٌ يُقِمْنَ صُلْبَهُ فَإِنْ غَلَبَتْ الْآدَمِيَّ نَفْسُهُ فَثُلُثٌ لِلطَّعَامِ وَثُلُثٌ لِلشَّرَابِ وَثُلُثٌ لِلنَّفَسِ

Hisham ibn Abdul Malik Al Himshi told us, Muhammad ibn Harb told us, Muhammad ibn Harb told me from his mother that he said, I heard Al Miqdam ibn Ma'dikarib say, "I heard the Messenger of Allah SAW say, "The son of Adam does not fill a place worse than his stomach, the measure for the son of Adam is a few mouthfuls that can only straighten his spine. If his soul controls him, then one third is for food, one third for drinking and one third for breathing" (HR. Ibn Majah) (Al-Qazwini, 1997, p. 1098).

Also narrated by Imam Bukhari reads:

حَدَّثَنِي إِسْحَاقُ بْنُ إِبْرَاهِيمَ بْنِ عَبْدِ الرَّحْمَنِ، قَالَ :حَدَّثَنَا إِسْحَاقُ هُوَ الْأَزْرَقُ، عَنْ مِسْعَرِ بْنِ كِدَامٍ، عَنْ هِلاَلِ الْوَزَّانِ، عَنْ عُرْوَةَ، عَنْ عَائِشَةَ رَضِيَ اللَّهُ عَنْهَا، قَالَتْ :مَا أَكَلَ آلُ مُحَمَّدٍ صَلَّى اللهُ عَلَيْهِ وَسَلَّمَ أَكْلَتَيْنِ فِي يَوْمٍ إِلَّا إِحْدَاهُمَا تَمْرٌ

Ishaq ibn Ibrahim ibn 'Abd al-Rahman narrated to us al-Azraq from Mis'ar ibn Kidam from Hilal al-Wazzan from 'Urwah from 'Aisha radiyallahu 'anha, who

said: "The family of Muhammad SAW never ate up to two meals a day but one of them was with dates." (Al-Bukhari, 1422 H, p. 97).

The Prophet had a careful attitude in eating because he intended it as a means to remain obedient to Allah, not just seeking pleasure. Ibrahim bin Shaiban once said that for eighty years, he never ate because of his lust. From then on, he was determined to limit his eating. The reason is that if someone eats a lot even for worship, the intention is not necessarily correct unless he also tries to eat less. This is because satiety can actually hinder worship and weaken its spirit. Therefore, he chose to suppress the desire to eat and prioritize the attitude of qana'ah or accepting what is. (al-Ghazali ath-Thusi asy-Syafi'i, 1992, p. 7)

Also narrated by Imam Tirmidhi, it reads:

حَدَّثَنَا سُوَيْدُ بْنُ نَصْرٍ أَخْبَرَنَا عَبْدُ اللَّهِ بْنُ الْمُبَارَكِ أَخْبَرَنَا إِسْمَعِيلُ بْنُ عَيَّاشٍ حَدَّثَنِي أَبُو سَلَمَةَ الْحِمْصِيُّ وَحَبِيبُ بْنُ صَالِحٍ عَنْ يَحْيَى بْنِ جَابِرٍ الطَّائِيِّ عَنْ مِقْدَامِ بْنِ مَعْدِي كَرِبَ قَالَ سَمِعْتُ رَسُولَ اللَّهِ صَلَّى اللَّهُ عَلَيْهِ وَسَلَّمَ يَقُولُ مَا مَلَأَ آدَمِيٌّ وِعَاءً شَرًّا مِنْ بَطْنٍ بِحَسْبِ ابْنِ آدَمَ أُكُلَاتٌ يُقِمْنَ صُلْبَهُ فَإِنْ كَانَ لَا مَحَالَةَ فَثُلُثٌ لِطَعَامِهِ وَثُلُثٌ لِشَرَابِهِ وَثُلُثٌ لِنَفَسِهِ

Narrated Suwaid bin Nashr, narrated Abdullah bin Al Mubarak, narrated Isma'il bin 'Ayyasy, narrated Abu Salamah Al Himshi and Habib bin Shalih from Yahya bin Jabir Ath Tho`i from Miqdam bin Ma'dikarib saying, I heard the Messenger of Allah SAW say, "Man does not fill a bad container more than the stomach, it is enough for man a few mouthfuls that straighten his spine, if not then one-third for his food, one-third for his drink and one-third for his breath. (at-Tirmidzi, 2008, p. 566)

Classical studies on diet in Islam have been widely contained in the books of turats, such as Ihya' Ulumuddin by Imam al-Ghazali who emphasized the importance of maintaining a balance in eating and drinking as a form of gratitude and worship to Allah. Imam al-Ghazali wrote, "Whoever maintains the balance of his eating and drinking, he will gain physical and spiritual health". (al-Ghazali ath-Thusi asy-Syafi'I, 2011, p. 87)

Recent studies have further strengthened the relevance of the principle of dietary moderation taught by the hadith to modern scientific findings. Wu X, et al. in their

meta-analysis showed that portion restriction and time-restricted eating significantly reduce the risk of obesity, diabetes, and other metabolic diseases (Wu et al., 2025). Similar findings were also revealed by Oliveira et al. who confirmed that structured eating patterns with clear portioning have a positive impact on glycation markers and metabolic health (Oliveira et al., 2025, p. e317–e331).

The empirical facts from this study show that 77.5% of the Tanjung Morawa B Village community applies a sunnah-based diet, but there is no study that deeply integrates this practice with the latest scientific analysis. This research gap emphasizes the need for an interdisciplinary approach that not only highlights theological aspects, but also examines the scientific impact of the practice of eating one-third according to the Prophetic hadith.

Physiologically, the division of eating into three parts (food, drink and breath) has a strong scientific basis. Recent research in the field of nutrition and metabolism explains that portion control helps control calorie intake, prevent stomach overload, and optimize the work of the body's digestive and metabolic systems (Negri et al., 2025, p. 1571–1593). Thus, the integration of hadith teachings and modern nutritional science is highly relevant for further study in the context of Muslim public health.

Ethno-religious Perspectives on Dietary Practices

The ethnographic interviews in Tanjung Morawa B village revealed an interesting pattern of how the hadith teachings are integrated into daily dietary practices. To provide a clearer picture of the demographics and dietary practices observed, Table 1 presents a summary of the respondents' data as following :

Table 1: Percentage of Dietary Practices of Muslims in TM-B Village

Category	Database	Number of Respondents	Percentage (%)
Poor and prosperous families 1	Interview 40	26 people	65%
Recipients of basic food assistance	Interview 40	9 people	22,5%
Dinner pattern before maghrib	Interview 40	31 people	77,5%
Adopting faith-based healthy eating practices	Interview 40	35 people	87,5%

Ulcer condition with small but frequent meals	Interview 40	11 people	27,5%

Table 1 shows the percentage of respondents in each category calculated based on the number of respondents interviewed, which was 40 people. The percentage is obtained from the ratio of the number of respondents per category to the total number of respondents, thus illustrating the proportion of individual involvement in each dietary practice with the following formula:

$$Percentage = \left(\frac{Total\ Resondets\ in\ Category}{Total\ Respondents}\right) x\ 100$$

From the data, it can be seen that the majority of respondents identified the concept of "faith-based healthy *eating* practices, stop before you are full *(mindful eating)*" as the main principle that has been applied for generations. This practice reflects the concept of one-third in the Prophet Muhammad's hadith which states: *"It is sufficient for the son of Adam to fill his stomach one-third for food, one-third for drink and one-third for breathing" (Al Khayat, 2004, p. 18-22).* The significance of this hadith can be seen in how it has become the cornerstone of local people's diets despite the socio-economic challenges they face.

Interview respondents explained that they practiced the tradition of eating dinner before Maghrib, a custom taught to them by their great-grandparents. A 62-year-old respondent explained:

> *" Oh yes, we have always eaten dinner at 6 pm or at the latest maghrib, our parents from our great-grandparents used to teach it like that, because after maghrib we recite the Koran, study. Didn't expect the puskesmas people to say it's not healthy at night either, sugar sickness later he said,"(Responden 1-10, 20 November 2024).*

This practice has a strong scientific basis. Recent research in the field of chronobiology suggests that late-night food consumption can disrupt the body's circadian rhythm and have negative implications for metabolism (Scheer et al., 2009, p. 4453–4458). A longitudinal study by Yoshida et al. showed that late-night food consumption correlates with an increased risk of insulin resistance and metabolic disorders (Yoshida et al., 2018, p. 1366). This alignment between the traditional

practices of the Tanjung Morawa B Muslim community and modern scientific findings offers an important perspective on how religious teachings can serve as practical guidelines for health.

Socioeconomic Determinants and Dietary Adaptations

In the socio-economic context, an important finding of this study is how the Muslim community in Tanjung Morawa B Village adapts the one-third principle under conditions of economic limitations. Demographic data shows that the majority of respondents (65%) fall into the category of underprivileged and welfare I families, with an average income below the regional minimum wage (Badan Pusat Statistik Kabupaten Deli Serdang, 2023, p. 45-46). Despite this, they remain committed to the principle of moderation in diet.

Respondents who received basic food assistance (22.5% of the total respondents) showed interesting adaptations to the limited variety of food. One respondent explained:

> *"Although we often only eat rice and noodles from government aid, we still maintain portion control and avoid overeating. We never fill our stomachs completely, because that is what the ustadz teaches during sermons at the mosque, just like the hadith you mentioned earlier." (Respondents 11–20, December 20, 2024)*

This finding is in line with a study by Setiawati, et al, which examined the relationship between religiosity and food security in low-income communities in Indonesia. The study found that groups with high religiosity tend to have better management of food resources, despite facing economic limitations (Setiawati et al., 2024, p. 355–366). On the other hand, the habit of consuming home-grown local foods such as pumpkin, cassava and beans represents an adaptive strategy to improve nutritional quality within economic limitations.

This integrative approach receives theoretical support from the *"nutrition-sensitive agriculture"* paradigm developed by Balz et al., which emphasizes the importance of local food systems in improving community nutritional securit (Balz et al., 2015, p. 6). The alignment between religious teachings (the principle of moderation

of consumption) and subsistence farming practices is a clear example of how religious values can contribute to community food security and nutrition strategies.

Chronobiological Implications of a Hadith-Based Diet

Another important aspect of this research is the alignment of meal times with the body's biological rhythms. The practice of eating dinner before Maghrib by the Tanjung Morawa B villagers has an interesting parallelism with the concept of *"time-restricted eating" (TRE)* in modern nutrition science. This is confirmed by recent studies that show the benefits of time-restricted eating within 8-10 hours of active time to improve metabolic health (Jamshed et al., 2022, p. 953).

A comprehensive meta-analysis by Hutchison et al. showed that time-restricted eating (such as not eating after sunset) correlates with improved insulin sensitivity, lower blood pressure, and improved sleep (Hutchison et al., 2019, p. 724–732). The biological mechanism behind this phenomenon is explained through the concept of *"peripheral clock genes"* that regulate the synchronization between circadian rhythms and energy metabolism.

The study found that 77.5% of respondents who consistently practiced the pre-Maghrib evening meal pattern, eating before hunger and stopping before fullness reported better sleep and fewer chronic health complaints. A 68-year-old respondent who has been practicing this diet for over 50 years stated:

"Saya tidak pernah menderita diabetes atau darah tinggi meskipun usia sudah tua. Saya yakin ini karena sejak dulu selalu makan teratur dan tidak berlebihan. Makan malam selalu sebelum Maghrib, dan tidak pernah makan sampai kekenyangan" (Responden 21-30, 20 Januari 2025).

This finding is confirmed by Al-Maskari et al.'s longitudinal study of diet and health in Muslim elderly. The study found that those who consistently applied the principles of moderation and restriction of meal timing based on Islamic teachings had a lower incidence of metabolic diseases (Ahmadabad et al., 2024, p. 36).

Socio-cultural Dimensions of Diet and Knowledge Transmission

The results of this ethnographic study reveal that the transmission of knowledge about healthy eating in an Islamic context involves a complex interaction between three main sources: traditional wisdom (represented by the teachings of great-grandparents), religious authority (ustadz lectures), and modern scientific authority (information from health workers). In Tanjung Morawa B Village, routine recitation and Posyandu activities are important arenas where the discourse on healthy eating is constructed and disseminated.

Hasnah's study on faith-based nutrition knowledge transmission found that Muslim communities have a tendency to trust health information that is "framed" in a religious context (Hasnah Hassan, 2011, p. 104-124). This was confirmed in this study, where 87.5% of respondents stated that they were more likely to adopt healthy eating practices when explained in the context of Islamic teachings.

This phenomenon can be understood through the concept of *"cultural resonance"* developed by Kreuter and McClure, which explains how health messages are more effective when aligned with the cultural and religious values of the community (Kreuter & McClure, 2004, p. 439–455). The model of integration of modern nutrition knowledge with hadith teachings observed in Tanjung Morawa B Village offers a valuable template for the development of more contextualized and *culturally-sensitive* nutrition interventions.

Adaptation of the One-Third Concept to Specific Conditions

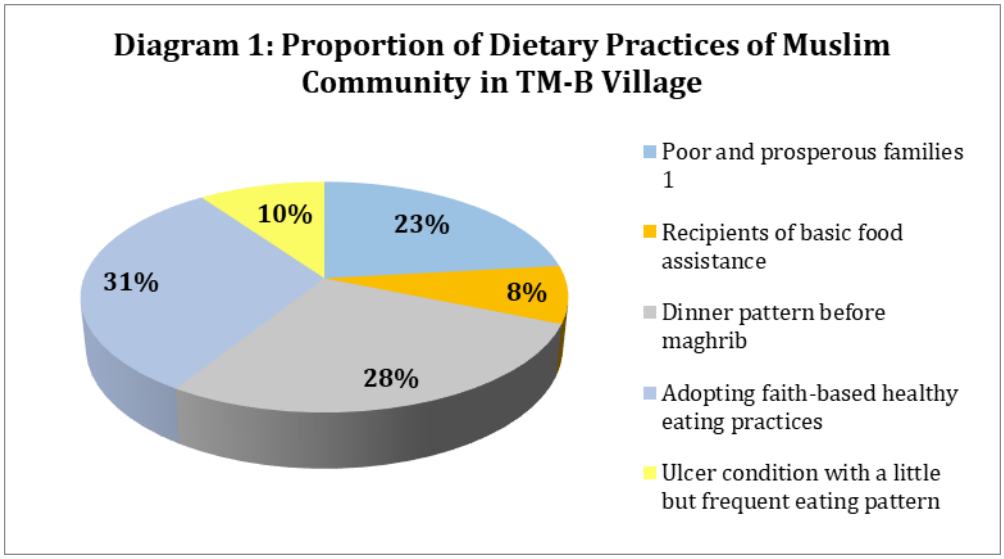
Another interesting finding is how the one-third concept in the hadith is adapted to specific health conditions. Some respondents (27.5%) who had ulcer condition applied the modified "eat little but often" pattern as an adaptation to their health condition. One respondent explained:

> *"The ustadz in the religious study sessions explained that for those who are ill, the Prophet's teachings also emphasize flexibility. Since I have gastritis, I still apply the one-third principle, but by eating more frequently in smaller portions." (Respondents 31–40, February 20, 2025)*

This adaptation is in line with Mateen, et al's study, which analyzed flexibility in the application of prophetic dietary principles (Mateen et al., 2024, p. 1056-1070). They concluded that a contextual interpretation of the hadith teachings on diet strengthens its relevance in various health conditions. This approach is also supported by the perspective of *"maqasid al-shariah"* (the purpose of sharia) which emphasizes the maintenance of health to realize well-being as one of the main objectives of Islamic sharia (Hildayana et al., 2024, p. 6173–6181).

This case of adaptation illustrates an important principle in medical anthropology called *"medical pluralism"* where traditional and modern medical knowledge systems are not seen as conflicting entities, but rather complementary in the formation of public health practices.

To visualize the proportion of each dietary practice and provide a clearer picture of how these practices compare, Diagram 1 presents a pie chart summarizing the data from Table 1, as follows:



In contrast to Table 1, the percentages in Diagram 1 are calculated on a grand total of 100% based on all categories identified, rather than on the number of respondents, to provide a visual representation of the distribution of dietary practices. The calculation is done by converting the percentages in Table 1 into total proportions, with the following formula:

$$Total\ Percentage = 65\% + 22{,}5\% + 77{,}5\% + 87{,}5\% + 27{,}5\% = 280\%$$

$$Proportion = \left(\frac{Percentage\ of\ Category}{Total\ Percentage}\right) x\ 100\%$$

This visualization through a pie chart makes it clear that the majority of the Muslim community in Tanjung Morawa B Village adopts faith-based healthy eating practices, followed by the evening meal pattern before maghrib. This data shows a strong integration between religious values and health practices in their daily lives, which forms an important basis for the conclusions of this research.

Data analysis showed that the implementation of the one-third principle in the diet was not only influenced by religious factors, but also by the respondents' socioeconomic conditions and health knowledge. The young adult age group (18-40 years) tends to be more flexible in implementing meal times, but still maintains the principle of stopping before being full, while the older age group (>60 years) is more consistent in practicing dinner before Maghrib as a family tradition. Respondents with higher levels of education generally have a better understanding of the health benefits of a sunnah diet, and they are also more open to the integration of modern scientific principles such as portion control and time-restricted eating (Ndovie et al., 2025, p. 14).

In terms of occupation, respondents who work in the formal sector tend to have a more regular diet, while respondents from low-income families rely more on local foods such as pumpkin, cassava and beans, but still try to maintain the principle of dietary moderation. Interestingly, although 65% of the respondents came from low-income families, their commitment to a sunnah diet remained high, indicating that religious values are the main motivation for healthy eating practices.

This finding is in line with research by Wu X, et al. who concluded that portion control and meal timing significantly reduce the risk of obesity and metabolic diseases (Wu et al., 2025, p.25-28). In addition, adaptations to health conditions such as ulcers and diabetes were also found in the field, where respondents adjusted portions and meal times according to medical recommendations without abandoning sunnah principles. This shows the flexibility and integration between religious teachings and modern science recommendations (Oliveira et al., 2025, p. e317–e331).

From a hadith perspective, the one-third principle in eating taught by the Prophet Muhammad (HR. Ibn Majah and Ahmad bin Hanbal) has been empirically

proven to support physical and mental health. Ibn Hajar al-Asqalani's explanation in *Fathul Bari* also confirms that moderation in eating is the main key in maintaining health and preventing diseas (Al-Asqalani, 2013, p. 234). Thus, the results of this study reinforce the importance of integrating religious values and science in building a healthy diet for Muslims.

Conclusion

The study reveals that the Muslim community of Tanjung Morawa B Village understands and applies the prophetic concept of one-third not only as a religious teaching but also as a culturally embedded health guideline. This interpretation is adaptive and contextual, shaped by intergenerational knowledge transmission and reinforced by the influence of local religious authorities. Key practices—such as eating dinner before Maghrib and stopping before feeling full—are consistently applied across socio-economic backgrounds, indicating the strong role of religious values in shaping daily eating habits. The integration of Islamic teachings with local wisdom and community support systems underscores a dynamic and living tradition that supports health-conscious behavior.

Furthermore, three socio-cultural factors were identified as central to sustaining the practice: the involvement of religious and health actors in knowledge transmission, socio-economic conditions that foster moderation, and a local worldview that blends religion and tradition. The study also finds that factors such as age, education, occupation, and health status influence the degree of adaptation to sunnah-based diets. The convergence between the one-third concept and principles of modern nutrition—such as portion control, time-restricted eating, and personalized nutrition—highlights the relevance of prophetic guidance in contemporary health discourse. As such, a nutrition intervention model rooted in religious values and supported by scientific evidence holds promise for broader implementation in Muslim communities across Indonesia.

References

Ahmadabad, A. D., Jahangiry, L., Gilani, N., Farhangi, M. A., Mohammadi, E., & Ponnet, K. (2024). Lifestyle patterns, nutritional, and metabolic syndrome

determinants in a sample of the older Iranian population. *BMC Geriatrics*, *24*(1), 36. https://doi.org/10.1186/s12877-024-04659-1

Al-Asqalani, A. bin A. bin M. bin M. bin A. bin M. bin A. bin H. A.-K. (2013). *Fathul Barri* (Vol. 9, 234). Dar al-Ma'rifah.

Al-Bukhari, A. A. M. bin I. bin I. bin A.-M. bin B. A.-J. (1422 H). *Shahih al-Bukhari* (I, Vol. 8, 97). Dar Tuq al-Najah.

al-Ghazali ath-Thusi asy-Syafi'i, A. H. M. bin M. (2011). *Ihya' Ulumuddin* (Vol. 3, 87). Dar al-Minhaj.

al-Ghazali ath-Thusi asy-Syafi'i, A. H. M. bin M. (1992). *Ihya' Ulumuddin* (Moh. Zuhri, Ed.; Terjemahan). (Vol. 3, 7). CV. Asy- Syifa' Semarang.

Al Khayat, M. Haytham. (2004). *Health as a human right in Islam.* World Health Organization, Regional Office for the Eastern Mediterranean. 18-22.

Al-Qazwini, A. A. M. bin Y. ibn M. (1997). *Sunan Ibn Majah* (M. F. A. Baqi, Ed.). (Vol. 2, 1098). Dar Ihya Al-Kutub Al-'Arabiyah.

Al-Syaibani, A. A. A. bin M. bin H. (2016). *Musnad Imam Ahmad bin Hanbal,* (M. Riza, Trans.; terjemahan). Pustaka Azzam. 423.

at-Tirmidzi, A. I. M. bin I. bin S. (2008). *Sunan al-Tirmizi (al-Jami' al-Sahih)* (3rd ed.). Dar al-Kutub al-'Ilmiyyah. 566.

Aulia, N. (2024). Integrating Islamic Values and Modern Medical Practices to Enhance Public Health in Muslim Communities. *Averroes: Journal for Science and Religious Studies*, *1*(02), 123–134. https://doi.org/10.62446/averroes.010205

Badan Pusat Statistik Kabupaten Deli Serdang. (2023). *kecamatan-tanjung-morawa-dalam-angka-2023.* 45-46.

Balz, A. G., Heil, E. A., & Jordan, I. (2015). Nutrition-sensitive agriculture: new term or new concept? *Agriculture & Food Security*, *4*(1), 6. https://doi.org/10.1186/s40066-015-0026-4

Darmawan Prasetyo, I., & Nuh Siregar, M. (2024). *Substantia: Jurnal Ilmu-Ilmu Ushuluddin Dan Kurma Dalam Hadis Nabi Muhammad Saw.* 75-89. https://doi.org/10.22373/substantia.v26i1.23022

Departemen Agama RI. (2019). *Al-Qur'an dan Terjemahannya.* (Jakarta: Lajnah Pentashihan Mushaf Al-Qur'an, 157.

Hasnah Hassan, S. (2011). Consumption of functional food model for Malay Muslims in Malaysia. *Journal of Islamic Marketing*, *2*(2), 104–124. https://doi.org/10.1108/17590831111139839

Hildayana, T., Salsabila Nainggolan, N., Wahyu Suciono, M., Salma Annisa, F., Munika, T., & Arika, R. (2024). Romiza Arika INNOVATIVE. *Journal Of Social Science Research*, *4*, 6173–6181.

Hutchison, A. T., Regmi, P., Manoogian, E. N. C., Fleischer, J. G., Wittert, G. A., Panda, S., & Heilbronn, L. K. (2019). Time-Restricted Feeding Improves Glucose Tolerance in Men at Risk for Type 2 Diabetes: A Randomized Crossover Trial. *Obesity*, *27*(5), 724–732. https://doi.org/10.1002/oby.22449

Jamshed, H., Steger, F. L., Bryan, D. R., Richman, J. S., Warriner, A. H., Hanick, C. J., Martin, C. K., Salvy, S.-J., & Peterson, C. M. (2022). Effectiveness of Early Time-Restricted Eating for Weight Loss, Fat Loss, and Cardiometabolic Health in Adults With Obesity. *JAMA Internal Medicine*, *182*(9), 953. https://doi.org/10.1001/jamainternmed.2022.3050

Jufri Muhammad. (2017). *Konsep Pola Makan Sehat Dalam Perspektif Hadis Dalam.* Skripsi, Universitas Islam Negeri Sumatera Utara. 10-34

Juniati, L. (2021). *"Pola Makanan Sehat dalam Perspektif Al-Qur'an dan Relevansinya dengan Ilmu Gizi (Kajian Tematik Kontekstual)."* Skripsi, Universitas Islam Negeri Sultan Syarif Kasim Riau.

Katz, D. L., & Meller, S. (2014). Can We Say What Diet Is Best for Health? *Annual Review of Public Health*, *35*(1), 83–103. https://doi.org/10.1146/annurev-publhealth-032013-182351

Kreuter, M. W., & McClure, S. M. (2004). The Role of Culture in Health Communication. *Annual Review of Public Health*, *25*(1), 439–455. https://doi.org/10.1146/annurev.publhealth.25.101802.123000

Lugo, L., & Cooperman, A. (2011). *For Further Information Contact: The Future Global Muslim Population.* 7-11. www.pewforum.org.

Maheran, S., Saiin, A., April, M., & Rizki, M. (2022). Pendekatan Maqashid Syariah Terhadap Konsep Makanan Halalan Thoyyiban Dalam Islam. *TERAJU*, *4*(01), 49–59. https://doi.org/10.35961/teraju.v4i01.435

Mateen, Attique, M., Aziz, Dr. A., Ilyas, Dr. M., Madni, Dr. H. H., Aymen, U., Hussain, F., & Haider, W. A. (2024). Nutritional Therapy: in the Light of Prophetic (Peace

Be Upon Him) Medicine. *Journal of Population and Therapeutics and Clinical Pharmacology*. 1056-1070. https://doi.org/10.53555/jptcp.v31i4.5618

Ndovie, P., Nkhata, S. G., Geresomo, N., Fungo, R., Nyau, V., & Munthali, J. (2025). Socio-economic and demographic determinants of undernutrition among 6–59 months old children living in Malawian stunting hotspots: a cross-sectional community study. *BMC Nutrition*, *11*(1), 14. https://doi.org/10.1186/s40795-025-01001-9

Negri, M., Pivonello, C., Amatrudo, F., Cimmino, F., Trinchese, G., Vetrani, C., Iaccarino, G., Pivonello, R., Mollica, M. P., & Colao, A. (2025). Effects of Chrono-Exercise and Chrono-Nutrition on Muscle Health: Understanding the Molecular Mechanisms Activated by Timed Exercise and Consumption of Proteins and Carbohydrates. *Nutrition Reviews*, *83*(8), 1571–1593. https://doi.org/10.1093/nutrit/nuaf007

O'Hara, C., & Gibney, E. R. (2021). Meal Pattern Analysis in Nutritional Science: Recent Methods and Findings. *Advances in Nutrition*, *12*(4), 1365–1378. https://doi.org/10.1093/advances/nmaa175

Oliveira, J. S., da Silva, J. A., de Freitas, B. V. M., Alfenas, R. C. G., & Bressan, J. (2025). A Mediterranean diet improves glycation markers in healthy people and in those with chronic diseases: a systematic review of clinical trials. *Nutrition Reviews*, *83*(2), e317–e331. https://doi.org/10.1093/nutrit/nuae045

Ottrey, E., Jong, J., & Porter, J. (2018). Ethnography in Nutrition and Dietetics Research: A Systematic Review. *Journal of the Academy of Nutrition and Dietetics*, *118*(10), 1903-1942.e10. https://doi.org/10.1016/j.jand.2018.06.002

Owais, U., Patel, R., & Abbott, S. (2024). The influence of religiosity on food choice among British Muslims: A qualitative study. *Nutrition and Health*. 749-756. https://doi.org/10.1177/02601060241244883

Responden 1-10. (2024). *Wawancara dengan 10 Responden*. Tanjung Morawa B: 20 November 2024.

Responden 11-20. (2024). *Wawancara dengan 10 Responden*. Tanjung Morawa B: 20 Desember 2024.

Responden 21-30. (2025). *Wawancara dengan 10 Responden*. Tanjung Morawa B: 20 Januari 2025.

Responden 31-40. (2025). *Wawancara dengan 10 Responden*. Tanjung Morawa B. 20 Februari 2025.

Rezhi, K., Yunifar, L., & Najib, M. (2023). Memahami Langkah-Langkah dalam Penelitian Etnografi dan Etnometodologi. *Jurnal Artefak*, *10*(2), 271–276. https://doi.org/10.25157/ja.v10i2.10714

Saeed, Z., Hayat, A., Quadri, S. S. A., Rasool, S., Akhter, S., & Sarwar, M. (2023). *Islamic perspective on health management and policy, cure in the light of Quran and Sunnah. Russian Law Journal, 11(5), 197–202.* https://doi.org/https://www.russianlawjournal.org/index.php/journal/article/view/2583

Scheer, F. A. J. L., Hilton, M. F., Mantzoros, C. S., & Shea, S. A. (2009). Adverse metabolic and cardiovascular consequences of circadian misalignment. *Proceedings of the National Academy of Sciences*, *106*(11), 4453–4458. https://doi.org/10.1073/pnas.0808180106

Setiawati, N., Putri, A. S., & Setiawan, A. (2024). Identification of Food Expenditure and Food Security of Muslim Households: Evidence from Indonesian Family Life Survey 2007 and 2014. *AL-MUZARA'AH*, *12*(2), 355–366. https://doi.org/10.29244/jam.12.2.355-366

Ulum, F. B., Halim, A., Arfina, M., Sekolah, O., Agama, T., Ibnu, I., & Batam, S. (2023). Pengembangan Pembelajaran Pendidikan Agama Islam Berbasis Integrasi Islam Dan Sains Perspektif Hadis. *Jurnal Arriyadhah*, *XX*, 79–89. https://jurnalstaiibnusina.ac.id/index.php/ary

Wu, X., Ding, Y., Cao, Q., Huang, J., Xu, X., Jiang, Y., Xu, Y., Lu, J., Xu, M., Wang, T., Zhao, Z., Wang, W., Ning, G., Bi, Y., & Li, M. (2025). Comparison of Different Intermittent Fasting Patterns or Different Extents of Calorie Restriction for Weight Loss and Metabolic Improvement in Adults: A Systematic Review and Network Meta-Analysis of Randomized Controlled Trials. *Nutrition Reviews*. https://doi.org/10.1093/nutrit/nuaf056

Yoshida, J., Eguchi, E., Nagaoka, K., Ito, T., & Ogino, K. (2018). Association of night eating habits with metabolic syndrome and its components: a longitudinal study. *BMC Public Health*, *18*(1), 1366. https://doi.org/10.1186/s12889-018-6262-3

This page is intentionally left blank.