

A *Shari'ah* Appraisal of Rehabilitation Activities in Traditional Qur'ānic Schools of the *Zumrah al-Mu'minīn* Group in Southwest Nigeria

Penilaian Syariah terhadap Aktiviti Pemulihan di Sekolah al-Quran Tradisional Kumpulan Zumrah al-Mu'minīn di Barat Daya Nigeria

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ABSTRACT - Traditional Qur'ānic schools have historically served as institutions for Islamic education and spiritual formation in Southwest Nigeria. Recently, however, some, particularly those operated by the *Zumrah al-Mu'minīn* group, have taken on informal rehabilitation roles, undertaking responsibilities traditionally associated with social welfare and psychological support. This development has raised concerns over practices that may conflict with Islamic ethical standards. Consequently, this study assessed the extent to which rehabilitation activities of these centres conform to principles of the *shari'ah*, especially in relation to *al-'adālah* (justice), *al-rahmah* (compassion), and *hifz al-karāmah al-insāniyyah* (preservation of human dignity) as entrenched in the *maqāsid al-shari'ah* (objectives of Islamic law). The study adopted a qualitative methodology, employing structured interviews to collect data from stakeholders involved in or affected by the operation of these centres. Respondents included religious scholars who provided theological perspectives on *shari'ah* compliance; administrators of the rehabilitation centres who elucidated their operational frameworks and rationales; and members of the host communities who reflected on the social perception and local impact of the centres. Findings revealed that, notwithstanding the group's claim of adherence to Islamic norms, several operational practices within the centres conflict with core *shari'ah* values relating to justice, human dignity, and education. Notable concerns included incidents of physical and emotional abuse, unhygienic living conditions, and insufficient delivery of spiritual and educational guidance. These contraventions undermine the *maqāsid al-shari'ah*, particularly those related to *hifz al-nafs* (preservation of life), *hifz al-'aql* (preservation of intellect), and *hifz al-karāmah* (preservation of dignity). The study concludes that several practices within the rehabilitation centres fall short of the ethical and legal standards set by the *shari'ah*. It is therefore recommended that the establishment of standardised, Islamically compliant rehabilitation models be complemented by governmental regulation and community oversight. In doing so, it contributes to the ongoing discourse on the future of Islamic education in Nigeria, offering pragmatic solutions for safeguarding student welfare while preserving the authenticity and spiritual integrity of traditional Qur'ānic learning.

INTRODUCTION

The traditional *Qur'ānic* school system, commonly called *almajiri* or *tsangaya* in Northern Nigeria (Babajo, Jamaluddin & Abdul Hamid, 2017) and *ilékèù* or *ilékèwù* among the Yorubas of Southwest Nigeria (Musa, 2015), is one of the most remarkable and historic contributions of Islam to the reformation of the unlettered *Makkan* society, especially with the prophethood of Muḥammad bin 'Abdullāh (SAAS) in 610CE. Arguably, the increase in the oppression and persecution of the early Muslims by the *Quraysh* in *Makkah* necessitated the selection of *Dār al-Arqam* (house of al-Arqam Ibn Abī al-Arqam) as a safe place to meet, pray, and learn about the nascent religion. The house was located on the east of *al-Ṣafā* Hill, where the Prophet Muḥammad (SAAS) was living at the beginning of his *da'wah* mission. It could be entered and exited secretly because it was in a narrow street, and the street could be surveyed from within.

The Prophet Muḥammad (SAAS) established the first nucleus of Qur'ānic education at the house of al-Arqam, which later became known as *Dār al-Islām*. This institution may rightly be regarded as the earliest Qur'ānic school, with the Prophet (SAAS) serving as the first teacher and the earliest Muslims as pioneering students. Since then, the Qur'ānic school system has been remarkably sustained through the efforts of scholars, religious groups, and corporate organisations across the Muslim world. Beyond its primary role of imparting Islamic knowledge, the Qur'ānic school has also, in several contexts, functioned as an informal correctional and rehabilitation centre. In such cases, individuals in need of psycho-social, physical, or mental support are admitted into the centres, where a spiritually grounded and religiously informed approach is employed for their reform and reintegration. The managers of these schools, acting as custodians, often receive remuneration for their services, thereby reinforcing their dual role as both educators and rehabilitators within the community.

Reports of interviews (Ipamuren, 2020; Asaye, 2020; Musa, 2020; az-Zakawī, 2020; Rufai, 2020; Noibi, 2020; Salisu, 2020; Akano, 2020) and observations (Oyesanya, 2020) indicate that these informal centres have mainly been promoted and managed by members of the *Zumrah al-Mu'minīn* group in Southwest Nigeria. The group, popularly known as the *Mokondoro* or *Bamidele* movement, is a reformist and revivalist movement based predominantly in Ibadan, Oyo State, Nigeria. Although the movement has a considerable geographical spread in many parts of Yorubaland, especially the Southwest region, it is also found throughout Nigeria and parts of Togo, Dahomey, Ghana, the Ivory Coast, and Cameroon (Makinde, 2017). Doi (1969) believed that the movement's founder was the late Shaykh Abdus-Salam Bamidele Bada, from whom the movement derived its name. Most recently, Shaykh Ahmad Abdus-Salam Ipamuren refuted the Doi's account. The latter's account corroborates Raji's (1990) position, formerly of the University of Ilorin, Ilorin, Kwara State.

The informal correctional centres have played tremendous and commendable roles in the rehabilitation and reintegration of many Muslims, who continue to work in different capacities to engender the reforms required to transform their communities. In recent times, however, there have been recorded cases of psycho-social, physical, mental, and sexual abuse, as well as other forms of human degradation and dehumanisation in the management and administration of these centres (Punch, 2019; Daily Mail, 2019). This trend has not only drawn greater condemnation from the Nigerian governments (federal and state), non-governmental organisations, civil and human rights organisations, and religious bodies, but also led to calls for the closure and prosecution of their founders and/or operators (Punch, 2019; Daily Mail, 2019).

The inhumane conditions of these informal correctional centres and the anachronistic rehabilitation methods adopted are not only appalling. Still, they are inconsistent with the essential and existential values of the mainstream teachings of Islām, which epitomise compassion, kindness, civility, protection and preservation of life, dignity and honour, social service, and absolute faith in Allāh. In the light of this background, the paper conducts a Shari'ah appraisal of the operations and activities of traditional Qur'ānic schools functioning as correctional centres, using the *Zumrah al-Mu'minīn* in Southwest Nigeria as a case study. The assessment seeks to identify areas of conformity and deviation from Islamic legal and ethical standards, and to propose practical recommendations for improvement to ensure that such centres fulfil their corrective and rehabilitative roles in accordance with *Shari'ah* principles and contemporary best practices.

LITERATURE REVIEW

1.1 Concept of Rehabilitation

Rehabilitation involves restoring an individual to a state of well-being, both physically and mentally, following illness, injury, or social disruption. In Islam, the concept of rehabilitation is deeply embedded in the faith's ethical, spiritual, and social teachings. It encompasses a holistic approach to healing and recovery, addressing not only the physical and psychological aspects of an individual but also their spiritual and social well-being. Rehabilitation is a multifaceted concept that integrates spiritual, physical, and social dimensions of human life. It is seen as a means to restore an individual's dignity, functionality, and spiritual balance. The concept is closely linked to the Islamic notions of *rahmah* (mercy), *adl* (justice), and *karāmah* (human dignity), all of which are critical to the Islamic worldview.

Rehabilitation in Islam is an organised body of comprehensive religious treatments that are conducted for individual Muslims, who are contending with psycho-social, physical, and mental disorders to make them useful to themselves and the society they live in. These treatments cover *adhkār* and *'ad'iyyah* (supplications and prayers), drinking of and bathing with *hantū* (the practice of the writing of some portions of the Qur'ān and the Sunnah on black slate(s) for the purpose of drinking for healing) and *ààgbò* (a plant-processed (herbs) concoction which the vast majority of natives drink for healing, physical and spiritual), Islamic religious education, and socio-spiritual and emotional counselling, among others, to ensure that the affected people are re-integrated into society. It is instructive to note that the rehabilitation process involves combining one or two of the above. At the same time, the severity of the 'disorder' in the 'patient' may necessitate the combination of all. Many studies have established the effectiveness of these rehabilitation methods (Abd-Allah, 2008; Abū Nu'aym al-Iṣfahānī, 2004; Ibn Qayyim al-Jawziyyah, 2001; Ibn Kathīr, 1999; al-Tirmidhī, 1998; al-Suyūṭī, 1997; al-Qaraḍāwī, 1997; Abdur-Raḥman Ibn Ḥasan, 1996; Aḥmad Ibn Ḥanbal, 1995; Danfulani, 1993; Omran, 1992; Abū Dāwūd al-Sijistānī, 1990; al-Nawawī, 1929; al-Bukhārī, 1311 AH) in the spirito-physical healing of Muslims.

Undoubtedly, Islam attaches a great deal of significance to good mental health and the psycho-social and emotional well-being of people. This, perhaps, accounts for one of the reasons the right state of mind is part of the conditions for the performance or observance of *'ibādāt* by individual Muslims. All schools of Islamic jurisprudence agree with this. The *Kuwaiti Encyclopedia of Islamic Jurisprudence* explicitly states that the jurists unanimously agreed that sanity is one of the conditions of accountability, so no act of worship, including *Ṣalāh*, *Sawm*, *Ḥajj*, *Jihād* and so on, is obligatory upon anyone who is not of sound minds, such as one who is insane, even if he is an adult Muslim (1983). It is established in the *Sunnah* that "the pen has been lifted for three (categories of persons): for the sleeper until he wakes up; for the minor until he grows up; and for the insane until he comes back to his senses or recovers." (al-Nasā'ī, 2007), from a narration of 'Ā'ishah bint Abū Bakr. This narration implies that Islam attaches greater value to the mental state of individuals, even in the assignment of responsibilities and discharge of religious duties.

Similarly, one of the objectives of Islamic Law is to achieve the protection and preservation of *'aql* (mind). Therefore, any harm that will obstruct the proper functioning of the mind must not only be prevented but also removed. There is a plethora of Qur'ānic verses and *ḥadīths* of the Prophet Muhammad (SAAS) that attest to this. The *Qur'ān* reads thus: "They ask you concerning wine and gambling. Say: 'In them there is a great sin, and some profit for men, but sin is greater than the profit...'" (Qur'ān 2: 219). In Chapter 4, verse 43, it is declared that: "O you who believe! Approach not prayers with a mind befogged, until you can understand all that you say..." (Qur'ān 4: 43). Also, the Qur'ān commands that: "O you who believe! Intoxicants and gambling (dedication of) stones, and (divination by) arrows, are an abomination of Satan's handiwork: Avoid such (abomination) that you may prosper" (Qur'ān, 5:93).

Books of *ḥadīth* also contain several instructions intended to protect and preserve the intellect, as it is one of the human capacities that distinguishes humans from other animals. These include: "The curse of Allah falls on ten groups of people who deal with *khamr* (all intoxicants). The one who squeezes it (or distils it), the one for whom it is squeezed, the one who sells it, the one who buys it, the one who transports it, the one to whom it is transported, the one who utilises the money from it, the one who drinks it, and the one who serves it" (Abū Dāwūd, 2008). In another narration: "The Messenger of Allah

(SAAS) said Allah has cursed *khamr* and the one who drinks it, the one who pours it, the one who sells it, the one who buys it, the one who squeezes it, the one for whom it is squeezed, the one who carries it, and the one to whom it is carried” (Abū Dāwūd, 2008).

From these Qur’ānic injunctions and Prophetic traditions, jurists derived several legal maxims that reinforce the prohibition of intoxicants and anything harmful to the mind: “*Al-Darar yuzāl*” (harm must be eliminated), which underscores that anything that causes damage to human faculties, including the intellect, must be prevented and removed, hence the consumption, production, and trade of intoxicants are prohibited: “*Mā ḥarrama akhdhahu ḥurrima iṭā’uhu*” (What is forbidden to take is also prohibited to give), which extends the prohibition beyond drinking to include producing, transporting, and facilitating intoxicants in any form, thereby explaining why the curse in the ḥadīth extends to all ten categories of people associated with *khamr*: “*Al-darar lā yuzāl bi al-darar*” (Harm is not to be removed by another harm), which clarifies that even if intoxicants may have limited social or economic benefits, such benefits cannot be sought at the expense of harming the mind and society at large; and “*Sadd al-dharā’i*” (blocking the means), which establishes that since consuming intoxicants leads to greater evils such as loss of intellect, violence, and neglect of obligations, Islamic law closes all possible avenues leading to their consumption or normalisation (al-Zuhaylī, 1985; Ministry of Endowments and Islamic Affairs, 1983; al-Nawawī, 1980; Ibn Qudāmah al-Maqdisī, 1968).

The implications of these divine sources are multifaceted. Firstly, they underline that the human intellect is indispensable for moral agency, religious accountability, and sound decision-making, and thus must be safeguarded from any form of biological deterioration, intoxication, or self-destructive tendency. Secondly, they provide a juristic foundation for prohibiting not only the consumption of intoxicants but also all transactions, services, and support structures that facilitate their production and distribution. Thirdly, the protection of ‘*aql*’ serves as a justification for wider health and social policies in Muslim societies, such as the regulation of harmful substances, the promotion of mental health, and the establishment of rehabilitation programmes. In essence, Islamic law perceives the mind as a divine trust that must be preserved for the benefit of both the individual and society.

However, where an individual is naturally suffering from emotional and mental challenges, the *Qur’an* and the *Sunnah* provide several therapeutic methods and principles that should be adhered to. This is because the two revelations can serve as a guide for those experiencing emotional distress, helping them toward a meaningful quality of life. This position has been attested to by a *ḥadīth* of the Prophet (SAAS) that ‘there is no disease that Allah has created, except that He also has created its treatment’ (Aḥmad Ibn Ḥanbal, 2001; Muslim Ibn al-Ḥajjāj, n.d.; al-Bukhārī, n.d.).

1.2 Process of Rehabilitation in Islam

The Islamic approach of rehabilitation is a comprehensive process aimed at restoring an individual’s physical, mental, spiritual, and social well-being. It draws from the teachings of the Qur’an, the *Sunnah* (traditions of the Prophet Muhammad, SAAS), and Islamic jurisprudence. This process focuses on healing and reintegrating individuals into society as responsible and productive members. The process involves the procedure below:

i) Spiritual Rehabilitation

a. *Tawbah* (Repentance)

The first step in Islamic rehabilitation is repentance. *Tawbah* involves acknowledging one’s mistakes or sins, feeling remorse, and sincerely intending to turn away from wrongdoing. The Qur’an encourages Muslims to repent, promising forgiveness and spiritual renewal, “And those who, when they commit an indecency or wrong themselves, remember Allah and ask forgiveness for their sins – and who can forgive sins except Allah?” (Qur’an 3:135).

b. Spiritual Guidance

Guidance from scholars, *Imams*, or spiritual leaders is crucial in helping individuals reconnect with their faith. This may include studying the Qur’an, praying regularly, and participating in religious gatherings.

c. *Dhikr* (Remembrance of Allah)

Dhikr is an essential practice in Islamic spiritual rehabilitation. It involves reciting specific prayers, reflecting on God's attributes, and maintaining a conscious awareness of His presence in daily life. This practice fosters inner peace and strengthens one's spiritual resolve.

ii) **Physical Rehabilitation**

a. Medical Treatment

Islam encourages seeking medical treatment when necessary. The Prophet Muhammad (SAAS) said, "There is no disease that Allah has created, except that He also has created its remedy (Khan, 1997)". This step involves consulting healthcare professionals, undergoing necessary medical procedures, and following prescribed treatments.

b. Healthy Lifestyle

Adopting a healthy lifestyle is an essential component of physical rehabilitation in Islam. This includes maintaining a balanced diet, engaging in physical exercise, and avoiding harmful substances. The Prophet Muhammad (SAAS) emphasised moderation, stating: "No human ever filled a vessel worse than his stomach. Sufficient for any son of Adam are some morsels to keep his back straight" (al-Tirmidhi, 2007).

c. Therapeutic Practices

The Islamic form of rehabilitation also includes therapeutic practices such as *Hijamah* (an ancient Islamic and traditional medical practice that involves creating suction on the skin using cups to draw out blood, improve blood circulation, detoxify the body, and promote healing under prophetic teachings), *ruqyah* (the practice of using specific Qur'anic verses and supplications for healing and protection from spiritual and physical ailments), and the use of herbal medicine, which has been traditionally used for physical healing.

iii) **Psychological Rehabilitation**

a. Counselling and Therapy

The psychological form of rehabilitation in Islam often involves counselling, where individuals are guided by religious scholars or counsellors to address mental health issues. The Qur'an and *Hadith* provide a framework for addressing anxiety, depression, and other psychological challenges, emphasising trust in Allah and *sabr* (patience).

b. Community Support

Community support plays a vital role in psychological rehabilitation. Islam encourages the community to offer emotional and social support to those in need. The Prophet Muhammad (SAAS) said: "The believers are like a single body; when one limb is in pain, the whole body is affected (al-Bukhārī, 1997)."

c. *Tafakkur* (Mindfulness and Reflection)

Islam encourages mindfulness and reflection on one's life, the universe, and the purpose of existence. This practice helps individuals gain perspective, reduce stress, and develop a more positive outlook on life.

iv) Social Rehabilitation

a. Restoration of Social Ties

Social rehabilitation involves restoring broken relationships with family, friends, and the community. Islam places a strong emphasis on *ṣilat al-arḥām* (maintaining family ties) and resolving conflicts through reconciliation and forgiveness. The Qur'ān states: "And fear Allah through whom you demand your mutual rights, and do not cut the relations of the wombs (kinship). Surely, Allah is Ever an All-Watcher over you" (Qur'ān 4:1); and "And those who join that which Allah has commanded to be joined, and fear their Lord, and are afraid of the evil of their account" (Qur'ān 13:21). The Prophet (ṢAAS) also said: "The one who maintains the ties of kinship is not the one who merely reciprocates, but the one who, when his ties of kinship are severed, he maintains them (al-Bukhārī, 1311 AH)".

b. Community Reintegration

Reintegration into the community constitutes a goal of Islamic rehabilitation. This may involve participating in communal prayers, engaging in charitable activities, and contributing to society in meaningful ways. The Qur'ān highlights the communal dimension of worship: "And establish prayer and give zakāh, and bow with those who bow [in worship]" (Qur'ān 2: 43). The practice of *i'tikāf*, seclusion in the mosque during Ramaḍān, also serves as a means of spiritual retreat and reflection, preparing individuals for reintegration with renewed purpose.

c. Economic Empowerment

Islam encourages self-sufficiency and economic empowerment as part of social rehabilitation. Providing individuals with the means to earn a livelihood through skills training or employment opportunities is essential to helping them regain their dignity and independence. The Prophet (ṢAAS) said: "One of you should take his rope, bring a bundle of firewood on his back, and sell it, rather than to ask of someone who may or may not give." Similarly, the Qur'ān affirms: "And that man will have nothing except what he strives for" (Qur'ān 53:39).

1.3 Principles of Rehabilitation in Islam

The principles of rehabilitation in Islam are derived from the core moral and juridical values of the *sharī'ah* and therefore guide the rehabilitation process to ensure consistency with Islamic ethics and jurisprudence. These principles are:

i. *Raḥmah* (Compassion and Mercy)

Compassion is at the heart of Islamic rehabilitation. The Qur'an describes Allah as "the Most Merciful, the Most Compassionate", and Muslims are encouraged to emulate this divine attribute in their interactions with others. Rehabilitation, therefore, must be conducted with kindness, patience, and a sincere intention to restore the afflicted person to health and social usefulness.

ii. *'Adl* (Justice)

Justice requires that those undergoing rehabilitation be treated fairly, without discrimination, and with due process and equity. Islamic law requires impartial treatment in social and legal dealings; rehabilitation programmes must therefore afford equal access to care, protect rights, and avoid punitive or degrading measures that would violate equity.

iii. *Karāmah* (Human Dignity)

Islam upholds the inherent dignity of every human being. The Qur'an states, "We have certainly created man in the best of stature." Rehabilitation in Islam, therefore, must respect and uphold the dignity of the individual, ensuring that the process does not degrade or dehumanise them.

iv. *Takamuliyah* (Holistic Approach)

The Islamic approach to rehabilitation is holistic, addressing the individual's physical, spiritual, and social needs. This comprehensive approach ensures that all aspects of the person's well-being are considered, leading to a more complete and sustainable recovery.

v. *Mas'uliyah* (Responsibility and Accountability)

In Islam, individuals are considered responsible for their actions and well-being. Rehabilitation includes helping individuals understand their responsibilities and encouraging them to take an active role in their recovery process. This principle is also extended to the community, which has a collective responsibility to support the rehabilitation of its members.

vi. *Wiqāyah* (Prevention)

Islam emphasises prevention as a key aspect of rehabilitation. Preventive measures include promoting healthy lifestyles, early intervention, and addressing the root causes of problems before they escalate. The Qur'an encourages believers to take preventive measures: "And make not your own hands contribute to (your) destruction."

1.4 Informal Rehabilitation Centres in Southwest Nigeria

1. *Oloore Arabic and Islamic Reformation Centre, Ibadan, Oyo State*

The Oloore Arabic and Islamic Reformation Centre is a distinguished institution committed to the rehabilitation and reintegration of individuals facing diverse social and psychological challenges. Situated in Ibadan, Oyo State, Nigeria, it was established with the mission of addressing the needs of marginalised and vulnerable populations. The Centre occupies a significant place in Nigeria's social welfare landscape.

The Centre was founded to provide holistic support services to individuals contending with addiction, mental health conditions, and other socio-economic adversities. Its primary objectives include delivering therapeutic interventions, vocational training, and social support, all aimed at enabling beneficiaries to surmount their difficulties and reintegrate into society as productive citizens (Adeyemo, 2012).

The rehabilitation programmes offered by the Centre are multifaceted, targeting a broad spectrum of concerns ranging from substance misuse to mental health disorders. Counselling and therapeutic services, comprising both individual and group sessions, are designed to assist clients in understanding, managing, and ultimately overcoming their conditions. In addition, the Centre implements vocational training schemes to furnish individuals with practical skills that improve their employability and foster economic self-reliance (Afolabi, 2015).

2. *Amunigun Rehabilitation Centre, Ibadan, Oyo State*

The Amunigun Rehabilitation Centre is a prominent institution focused on providing rehabilitation services for individuals struggling with addiction, mental health issues, and socio-economic challenges. It is located in Ibadan, Oyo State, Nigeria, and was established to foster recovery and reintegration into society. The centre serves as a critical resource for those in need of comprehensive support (Adelakun, 2012).

The centre offers a range of programmes designed to address the various needs of its clients, including detoxification and treatment, which, according to Olaniyan (2016), provides medically supervised detoxification and treatment for individuals with substance abuse problems. This stage is crucial for managing withdrawal symptoms and beginning the recovery process; counselling and therapy with individual and group counselling sessions are integral to the centre's approach. These sessions are aimed at helping clients understand the root causes of their issues, develop coping strategies, and work towards personal goals (Soyinka, 2017), as well as providing vocational training to support long-term recovery and self-sufficiency. The centre offers vocational training programmes. These programmes

are designed to equip clients with practical skills and enhance their employability, which is vital for reintegration into society (Soyinka, 2017); social support services include family counselling and community outreach programmes. These services help build a supportive environment for clients and their families, facilitating a smoother transition back into the community (Ojo, 2019).

3. *Al-Madīnah al-Munawwarah (Koro-Koro) Rehabilitation Centre, Ode-Remo, Ogun State*

The al-Madīnah al-Munawwarah (*Koro-Koro*) Rehabilitation Centre, situated in Ode-Remo, Ogun State, is a traditional Qur'ānic learning and rehabilitation institution that serves both as a centre for Islamic education and a community-based rehabilitation facility. Widely known as *Koro-Koro*, the centre offers religious instruction focused on Qur'ānic memorisation, Islamic jurisprudence, and moral upbringing. It plays a vital role in maintaining the traditional model of Qur'ānic education while also evolving to meet the demands of modern society.

The centre is also widely recognised for its rehabilitation efforts. It admits individuals facing social, behavioural, and, in some cases, psychological challenges, offering them an opportunity for reform through structured religious training and discipline. The primary rehabilitation approach combines intensive Qur'ānic studies, prayers, and moral reorientation, anchored in the values of Islamic spirituality. This faith-based model reflects the understanding that rehabilitation should not only address outward behaviour but also reform individuals' inner spiritual state.

One of the distinguishing features of the *Koro-Koro* Rehabilitation Centre is its communal structure. Students and rehabilitees live within a closely monitored Islamic environment under the guidance of Qur'ānic teachers and spiritual mentors. Daily routines often include Qur'ānic recitation, congregational prayers, moral lessons, and vocational tasks. This lifestyle is designed to instil discipline, promote responsibility, and ensure a gradual reintegration of individuals into society as productive and morally upright citizens.

Despite its religious significance, the centre faces several challenges. These include limited infrastructure, insufficient funding, and the lack of access to professional medical and psychological support for rehabilitees dealing with addiction or trauma. Reliance on traditional methods alone can sometimes limit the scope of rehabilitation, especially compared to modern rehabilitation standards. Nevertheless, the centre remains an invaluable institution in the local community, maintaining its influence through the respect it commands among Muslim families who still patronise traditional Qur'ānic education and rehabilitation.

4. *Zahrah al-'Ulūm Al-Islāmiyyah Wa al-'Arabiyyah Rehabilitation Centre, Ijebu-Ode, Ogun State*

Zahrah Al-'Ulūm Al-Islāmiyyah wa Al-'Arabiyyah Rehabilitation Centre is a faith-based educational and social-welfare institution established in Ijebu-Ode, Ogun State, Nigeria. It was founded by Shaykh 'Umar Baba N'Sabo. The Centre is committed to the holistic development of individuals through the integration of Islamic learning, Arabic scholarship, and humanitarian rehabilitation services. Rooted in the noble values of *ta'lim* (education), *tarbiyah* (moral training), and *islāh* (reformation), the Centre serves as a beacon of hope for youths and adults seeking spiritual, ethical, and intellectual renewal.

METHODS AND MATERIALS

The study adopted a qualitative research design to conduct the *sharī'ah* appraisal of traditional Qur'ānic school rehabilitation centres owned and managed by the *Zumrah al-Mu'minīn* group in Southwest Nigeria. The qualitative approach was considered most appropriate, as it enabled an in-depth exploration of the complex operational dynamics and the diverse societal perceptions surrounding these centres. It captured the multifaceted realities underpinning the phenomenon under investigation. Data were collected primarily through structured interviews, which enabled respondents to provide detailed, open-ended responses. This method generated nuanced insights that reflected the diversity of perspectives among the main stakeholders. The interview approach also ensured the inclusion of multiple voices, thereby enhancing the reliability and validity of the findings within their natural context.

Three major participant groups were involved in the study. First, religious leaders were interviewed to provide critical theological evaluations of whether the centres' operations adhered to Islamic principles. Their input was essential in establishing the extent of Sharī'ah compliance and in situating the centres within the broader framework of Islamic jurisprudence and ethics. Second, administrators of the centres were interviewed to uncover their motivations, governance structures, operational strategies, and perceived roles in addressing social challenges such as substance abuse and moral deviance. These perspectives illuminated the intersection between the *maqāṣid al-sharī'ah* and the practical realities of institutional management. Third, community members were consulted to assess broader societal perceptions, acceptance, and impact of the rehabilitation centres. Their perspectives were instrumental in evaluating the role of these institutions in community development and in determining the extent to which their operations conform to both communal expectations and Islamic ethical standards.

The data collected were analysed using thematic content analysis, which provided a systematic and interpretive framework for understanding participants' responses. The interview data were first transcribed verbatim to ensure accuracy and preserve the narratives' original meaning. Thereafter, the transcripts were carefully reviewed and coded to identify recurring themes, patterns, and categories that reflected issues of sharī'ah compliance, institutional practices, and societal perceptions of the rehabilitation centres. These themes were then organised into broader conceptual frameworks that corresponded with the study's objectives, thereby facilitating critical interpretation of the data. This method ensured that the findings were firmly grounded in participants' experiences while also allowing for an in-depth assessment of the rehabilitation centres' conformity with Islamic principles and their relevance in addressing community challenges.

RESULTS AND DISCUSSION

The qualitative evidence gathered from semi-structured interviews and systematic community-based observations revealed a significant and troubling disparity between the professed adherence of the *Zumrah al-Mu'minīn* group to Islamic norms and the actual operational practices within their rehabilitation centres. Although the group consistently articulates its mission as being firmly grounded in the *Sharī'ah* and committed to the revival of authentic Islamic values, the realities within these centres contradict such claims. As one former student lamented during an interview: "They told us this place would be for learning the Qur'ān and becoming better Muslims, but instead, we suffered beatings almost every day" (Field Interview, 2025). Similarly, a respected community elder observed that "while they speak of *al-'adl* (justice) and *al-rahmah* (compassion), the way they treat these children does not reflect either." (Field Interview, 2025).

First-hand observations further corroborate these testimonies, revealing unsanitary living quarters, inadequate nutrition, and a lack of structured spiritual and academic programmes. In one recorded field note, the researchers, in their field notes (2025), documented: "The classrooms are sparsely furnished, with torn mats and no writing materials. Several children appear malnourished, and the dormitory air is heavy with the smell of unwashed bedding". Such findings point to a systemic neglect of essential *maqāṣid al-sharī'ah* principles, particularly *ḥifz al-nafs*, *ḥifz al-'aql*, and *ḥifz al-karāmah*. Indeed, an independent observer who had visited multiple facilities across the region stated unequivocally: "What I saw here cannot be reconciled with the Qur'ānic injunctions on human dignity; it is a violation of the very values they claim to uphold. Some of the children are chained" (Field Interview, 2025).

The cumulative weight of these accounts underscores a deeply entrenched contradiction: the ideological rhetoric of moral and spiritual upliftment is undermined by a culture of neglect, mistreatment, and educational inadequacy. This dissonance between stated ideals and observed realities not only erodes the credibility of the *Zumrah al-Mu'minīn* group but also raises pressing ethical and legal concerns regarding the welfare of the children under their care.

Central among these deviations is the documented occurrence of both physical and emotional abuse in the name of discipline and behavioural reform. Several respondents during the field interview (2025) recounted incidents of *ḍarb shadīd* (excessive beating), verbal humiliation, and sustained psychological intimidation, regularly administered under the pretext of instilling obedience and moral rectitude. For instance, one former student disclosed: "They said it was for our own good, but I would be beaten until I bled. Even if I forgot a verse during *murāja'ah* (revision), the punishment would be severe and public"

(Field Interview, 2025). Another community stakeholder noted: “We understand discipline is part of learning, but what they do here goes beyond what the Qur’ān or the Sunnah permits. It breaks the spirit of the children” (Field Interview, 2025).

Such measures, though defended by some administrators as corrective, stand in tension with the *Sharī‘ah* injunctions on moderation in discipline, as indicated in the Qur’ānic principle: “And do not transgress; indeed, Allah does not like transgressors” (Qur’ān, 2:190). The Prophet Muhammad (SAAS) explicitly forbade excessive punishment, warning, “He who is deprived of kindness is deprived of all good” (Ṣaḥīḥ Muslim, ḥadīth no. 2592). Classical jurists, including Ibn Qudāmah (1997), stipulated that corporal discipline in *ta’dīb* (correction) must be measured, non-injurious, and only after other pedagogical means have failed. The deliberate infliction of harm, whether physical or emotional, thus contravenes the ethical principle of *al-rahmah*, which is deeply embedded in Islamic moral instruction and is essential to any process of moral or spiritual rehabilitation (al-Ghazālī, 2004; al-Qaradāwī, 1995).

In addition, the pedagogical dimension of these centres is profoundly deficient, undermining the stated purpose of combining Qur’ānic education with rehabilitation. Field interviews and direct observations consistently indicated that the delivery of Qur’ānic instruction and broader Islamic learning was neither systematic nor sufficiently resourced. In many cases, lessons were irregular, unsupervised, or dependent on the availability of untrained instructors, resulting in a fragmented and inconsistent learning experience. The absence of a standardised curriculum meant that students’ exposure to essential Islamic sciences, including *tajwīd* (Qur’ānic phonetics), *tafsīr* (exegesis), *ḥadīth* studies, and *akhlāq* (ethics), was minimal or absent.

Moreover, testimonies from current and former students suggested a troubling imbalance between educational engagement and non-academic activities. A disproportionate number of students’ daily schedules was devoted to menial labour, such as cleaning, errands, subsistence farming, and other domestic tasks, ostensibly as part of ‘character training’ but, in practice, diverting them from structured intellectual development. Such practices are at odds with the *maqṣad* of *ḥifẓ al-‘aql*, which occupies a foundational place among the five essential objectives of the *sharī‘ah*. This principle obliges the safeguarding and nurturing of the human mind through purposeful and beneficial knowledge acquisition, ensuring that learning remains the primary focus of any educational environment (al-Shāṭibī, 1997).

The erosion of meaningful spiritual guidance and rigorous intellectual formation in these institutions represents a dual failure: first, it compromises the rehabilitation process, which should integrate moral reorientation with knowledge empowerment; and second, it undermines the Islamic pedagogical heritage that has historically prioritized structured, well-rounded *tarbiyyah* (holistic upbringing). As al-Ghazālī (2004) argued, the neglect of sound education not only weakens individual capacity for discernment and moral judgement but also diminishes the societal benefits that accrue from cultivating an enlightened, God-conscious populace. Without a decisive shift towards resourcing, structuring, and prioritising Qur’ānic and religious education, the intended fusion of rehabilitation with Islamic learning risks becoming nominal rather than substantive.

The study further found that the financial implications of the Group’s rehabilitation programmes require sustained and critical attention. Rehabilitation, particularly for individuals recovering from substance abuse, ideological radicalization, or entrenched behavioral disorders, was reported to be highly resource intensive. Participants explained that operational demands extended well beyond the provision of accommodation and basic sustenance, incorporating the cost of professional counselling services, vocational and entrepreneurial skills training, structured spiritual mentorship, medical care, and consistent post-reintegration monitoring. These multifaceted needs were consistently described as requiring substantial and predictable funding to ensure meaningful and sustained recovery.

Qualitative evidence gathered from interviews with administrators, donors, and beneficiaries revealed that the Group’s financial structure was sustained through a fragile combination of income sources. These included monthly payments made by parents or guardians of rehabilitees, periodic donations from sympathetic individuals and institutions, and occasional support from religious or community-based organisations. However, respondents repeatedly emphasized the model’s vulnerability to fluctuations. Parental contributions were irregular, donor enthusiasm often diminished over time, and seasonal economic pressures further constrained financial inflows. The narratives indicated that these financial constraints directly affected both the breadth and quality of services provided. In some cases,

the inability to secure adequate funding meant that rehabilitees could not complete the full cycle of intervention, leading to premature release and, in some instances, jeopardizing the sustainability of their recovery.

The study found that the relationship between the Group and medical facilities, which could complement its faith-based rehabilitation efforts, remains minimal and underdeveloped. While the Group's rehabilitation framework is heavily rooted in spiritual guidance and mentorship, evidence from interviews with administrators and staff indicated that many beneficiaries also require medical interventions, including assessments, treatment for withdrawal symptoms, psychiatric evaluation, and sustained healthcare support. The findings revealed that there are no formalised partnerships with hospitals, psychiatric institutions, or specialised addiction treatment centres, and any medical engagement occurs on an ad hoc basis, often at the discretion of parents or guardians. Narratives from the Group's leadership highlighted financial constraints and logistical difficulties as significant barriers to establishing consistent collaboration with medical professionals. Several stakeholders viewed this lack of structured cooperation as a limitation to the completeness of the rehabilitation process, as spiritual recovery alone was not always sufficient to address deeper medical or psychological needs.

While the foregoing concerns indicate systemic challenges, it is equally essential to dispassionately acknowledge that specific Muslim rehabilitation initiatives have yielded demonstrably positive outcomes. Field observations and participant testimonies reveal that some individuals have successfully reintegrated into society after completing structured programmes within these centres. In such cases, an integrated approach, encompassing spiritual counselling, Qur'ānic memorisation, vocational training, and psychosocial support, has facilitated observable behavioural transformation, renewed religious commitment, and improved socio-economic prospects. These instances illustrate that, when appropriately resourced and systematically implemented, faith-based rehabilitation can effectively advance the *maqāṣid al-Sharī'ah*, particularly in safeguarding *ḥifẓ al-dīn* (preservation of religion), *ḥifẓ al-'aql*, and *ḥifẓ al-māl* (preservation of wealth) through the promotion of sustainable livelihoods. Such documented successes underscore the latent capacity of these institutions when governance frameworks, pedagogical strategies, and welfare mechanisms are coherently aligned with both Islamic ethical principles and contemporary rehabilitation standards.

CONCLUSION

The sharī'ah assessment of traditional Qur'ānic schools' rehabilitation centers among the *Zumrah al-Mu'minīn* group in Southwest Nigeria has revealed strengths and areas for improvement. These centres play a critical role in addressing the needs of vulnerable individuals, such as those struggling with substance abuse, delinquency, and social marginalisation, through a religious and moral framework. Entrenched in Islamic teachings, these centres emphasise rehabilitation through spiritual guidance, Qur'ānic education, and moral reformation, which are consistent with the broader *Maqāṣid al-Sharī'ah*, particularly the preservation of faith, life, intellect, lineage, and property.

However, while these rehabilitation centres offer valuable spiritual and educational support, their effectiveness can be limited by several factors. The curriculum in some centres lacks sufficient integration with contemporary academic and psychological approaches that address addiction and mental health issues. Additionally, there are concerns about the centres' adherence to specific principles of *sharī'ah*, particularly concerning human dignity, welfare, and the need for professional medical intervention in severe cases of addiction.

The assessment demonstrates the need to ensure that rehabilitation efforts comply with Islamic legal principles, which emphasise not only spiritual growth but also the comprehensive well-being of individuals. This holistic approach, as recommended in both classical and contemporary *fiqh* discussions, encompasses the physical, mental, social, and spiritual dimensions of human existence. In this regard, traditional Qur'ānic schools' rehabilitation centres must integrate modern educational techniques with Islamic teachings, combining basic literacy and vocational training with religious education to promote comprehensive rehabilitation and prepare individuals for meaningful reintegration into society. Equally important is the involvement of medical professionals, psychologists, and counsellors in the rehabilitation process, thereby ensuring that individuals struggling with addiction or

mental health challenges receive the appropriate treatment consistent with the objectives of the *sharī'ah*, particularly *hifz al-'aql* (protection of intellect) and *hifz al-nafs* (protection of life).

Furthermore, both governmental and non-governmental organisations (NGOs) should provide adequate financial support and resources to strengthen the infrastructure and services of these centres, facilitate the employment of trained staff, acquire learning materials, and create a conducive environment for rehabilitation. The establishment of a *sharī'ah*-compliant framework with robust oversight mechanisms is also inevitable, as it will ensure that rehabilitation practices not only prioritise spiritual development but also adhere to ethical treatment standards, thereby protecting the dignity and rights of individuals undergoing rehabilitation. Finally, the active involvement of local Muslim communities, including religious leaders and family units, remains crucial in sustaining these efforts; continuous community sensitisation will foster shared responsibility, reduce stigma, and enhance the social reintegration of rehabilitated individuals in accordance with *al-mas'ūliyyah al-ijtimā'iyah* (Islamic communal ethics).

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CONFLICT OF INTEREST

The authors declare no conflicts of interest.

AUTHORS' CONTRIBUTIONS

Oyekolade Sodiq Oyesanya, Ph.D: Conceptualisation, Methodology, Investigation, Data Collection, Supervision, Writing – Original Draft Preparation.

Adeola L. Rauf, Ph.D: Validation of Instrument, Reviewing and Editing.

Sanusi Lafiagi Haruna, Ph.D: Writing, Critiquing, Reviewing, and Editing.

DECLARATION OF GENERATIVE AI

Generative AI tools were used solely for language refinement and stylistic improvement. All substantive content, analysis, and interpretations are the authors' own.

ETHIC STATEMENTS

This study involved human participants. Ethical approval was obtained from the Research Ethics Committee of Tai Solarin University of Education, Ijagun, Ogun State, Nigeria, in compliance with the Declaration of Helsinki and national research ethics guidelines. All participants provided informed

consent before participation. The study was conducted in accordance with institutional and international ethical standards for research involving human subjects.

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