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Exploring health information needs in Islamic contexts through health fatwa questions in Saudi Arabia

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Abstract

Introduction. Many people with chronic illness in Saudi Arabia ask fatwas to align healthcare and worship with Islamic teachings. This study examines the health-religious information needs expressed in these questions.

Method. The research adopted a qualitative approach and analysed 340 health-related fatwas about chronic illness collected from approved Sunni platforms (Ibn Baz, Ibn ‘Uthaymīn, Saad al-Khathlan, IslamWeb, and IslamQA).

Analysis. The 320 fatwa questions were analysed using reflexive thematic analysis to identify the main patterns of religion-related health information needs.

Results. A range of religion-related health information needs were identified in the fatwa questions, showing how faith shapes people’s decisions and everyday health concerns.

Conclusion. This study maps how chronically ill Muslims in Saudi Arabia express religion-related health information needs through fatwa questions, showing that faith routinely structures everyday health decision-making. Recognising fatwas as authoritative information sources can guide culturally sensitive health information services and encourage practical collaboration between clinicians and religious scholars.

Introduction

Chronic diseases, such as diabetes, heart disease, arthritis, and cancer are among the leading causes of death worldwide and represent the most serious health issue in Saudi Arabia (World Health Organization, 2018). Chronic illnesses demand an ongoing balance between everyday life demands and demands of the disease (Van Houtum et al., 2015). Many of these illnesses can be managed in daily life, and patients are often involved in handling their condition (Gregory, 2005). Muslims patients prefer to avoid medications containing ingredients that are religiously prohibited (Nazar et al., 2025). This may influence their acceptance of and adherence to treatment.

In Islam, religion guides all aspects of life, including health. Muslims' daily lives are influenced by Islamic law including health-related decisions. Accordingly, this may raise a lot of questions about specific issues that require religious answers (fatwas) (Alyemny et al., 2023). Fatwas may serve as vital information sources that help Muslims navigate pressing health challenges and Islamic principles (Mirvaxidovich, 2025). With the growth of the internet and digital media, official government bodies and fatwa organisations now publish fatwas on official websites and social media, making them more accessible to the public.

This study aims to identify and categorise the religion-related health information needs expressed by chronically ill individuals in Saudi Arabia through their questions submitted to approved Sunni fatwa platforms. Using reflexive thematic analysis of 320 health-related fatwa questions collected between January and March 2025, the paper explores how patients articulate uncertainty, seek legitimacy, reassurance, or religious meaning through inquiry. The findings of this paper show that these questions that posted to Sunni fatwa platforms reflect a wide range of information needs from clarifying worship duties during illness, negotiating medical procedures within religious limits, and validating information sources, to interpreting illness spiritually or refusing treatment for faith-based reasons. The study demonstrates how fatwas function as religious information sources that shape how individuals seek, evaluate, and use health information in everyday life. This will help to create better understandings of how people use information to make health decisions, and to design more empathetic and culturally sensitive health information services.

Information science has not directly studied health fatwas, and no systematic research has analysed them. This study examines how individuals with chronic illnesses in Saudi Arabia express their health-related information needs through fatwa questions, showing how faith and medical reasoning intersect in these inquiries.

Fatwas as a religious information source

A fatwa can be defined as a non-binding legal opinion issued by a qualified legal scholar (Mufti) in response to a question raised by an inquirer (Mustafi), explaining the ruling of Sharia on a specific issue (Irawan et al., 2020). Sharia here refers to a divinely derived system of guidance governing Muslim beliefs and practices (Shamsy & Coulson, 2025). This process connects the questioner's real-life concern with religious authority, providing guidance that adapts to time, place, and social context. In Saudi Arabia, the fatwa system is institutionalised through the Permanent Committee for Scholarly Research and Ifta' under the Council of Senior Scholars, which issues official rulings on worship, daily life, and health. The committee relies on the Qur'an, the Sunnah, and expert consultation when dealing with specialised topics such as medicine (Irawan et al., 2020).

In Saudi Arabia, fatwas play an important role in guiding decisions about health and illness, especially among people living with chronic conditions that require continuous care. In such cases, seeking a fatwa can be understood as a form of information behaviour through which individuals seek to understand medical advice and confirm its religious legitimacy. Recent studies show that Muslim patients often ask about the compatibility of medical practices with Islamic rulings, particularly concerning fasting during illness (Abolaban & Al-Moujahed, 2017), and the religious evaluation of medical procedures in light of Islamic ethics and jurisprudence. Chamsi-Pasha and

Albar (2013) explained that Islamic scholars hold different opinions about which medical treatments break the fast, and that the Standing Committee for Scholarly Research and Ifta in Saudi Arabia serves as the main reference in such issues, linking medical practice with religious guidance in everyday life.

Religion, information behaviour, and fatwa-based Q&A

Religious and spiritual contexts are increasingly recognised as important areas of information research, revealing how beliefs and practices intersect with the search for meaning and knowledge (Caidi et al., 2025). However, our understanding of how religious and spiritual information is used and sought in everyday life remains limited in contemporary society (Nangia & Ruthven, 2025). Caidi et al. (2025) noted that most earlier studies in a religious context focused on clergies and religious institutional settings, while the information practices of laypeople received little attention. In addition, Ruthven (2019a, p.163) states the value of *'exploring how people seek information to understand their own lives and how their lives may be lived differently.'* Likewise, Ruthven (2022) noted that major life events such as illness or bereavement often trigger information seeking under stress or vulnerability. Park et al. (2013) explain that religion and spirituality provide meaning systems that help individuals cope with such experiences.

Previous studies have shown that people seek and use spiritual and religious information in various contexts, for example, in processes of religious discernment (Hickey, 2017), prayer and fasting (Caidi et al., 2022; Ekmekcioglu et al., 2022; Michels, 2013; Siracky, 2013), religious conversion (Guzik, 2018), pilgrimage (Caidi, 2019; Caidi & Innocenti, 2018; Innocenti, 2024; Wafa et al., 2025), contemplative practices (Nangia & Ruthven, 2023; Yerbury et al., 2023), and in digitally mediated religious environments (Campbell, 2012; Cheong et al., 2009). In a recent review (Caidi et al., 2025), the authors refer to the concept of religious information landscape, originally introduced by Gorichanaz (2015) as an entry point to study religious information outside institutional settings. Gorichanaz expands on this concept, explaining that *'the religious information landscape includes, but is not limited to: sites where believers gather; religious objects and their use; social networks; prayers, rituals and sacred texts; rulings, exegeses, sermons and other interpretations; and books and other sources that relate religious belief and practice to everyday life'* (2015, p. 6). However, as Nangia and Ruthven (2025) note, most studies focus on Western Christian or Muslim settings, leaving non-Western and everyday contexts underexplored (Caidi et al., 2025; Gaston et al., 2015). Despite growing attention to spirituality in information science, no systematic study has examined health fatwas, even though they represent a unique intersection between religion and healthcare.

Information need is defined by Ormandy (2011, p. 9) as *'recognition that their knowledge is inadequate to satisfy a goal, within the context/situation that they find themselves at a specific point in the time.'* These needs emerge in problematic situations when an individual requires information to resolve them. According to (Ruthven, 2019b) the daily activity of asking for information online results in large collections of textually articulated needs, enabling their investigation for comprehensive, large-scale analysis. Accordingly, published questions on Q&A platforms may serve as expressions of individuals' information needs. Questions posted within Q&A communities can also reflect consumer health information needs as they are articulated in specific context (Zhang, 2010).

Previous studies have shown that analysing user questions provides valuable insight into people's information needs (Oh et al., 2012; Roberts et al., 2014; Xiang et al., 2023; Zhang, 2010). As Oh et al., (2012, p. 1) stated, *'one of the greatest advantages of using social Q&A for information seeking is that people can elaborate on their information needs with their own words, explaining their situations and conditions with as much (or as little) detail as they wish.'* They allow users to identify their needs, articulate them in natural-language questions, and receive responses from others. Choi and Shah (2016) classified Q&A services into four types: community-based (e.g., Yahoo!

Answers), collaborative (e.g., Wiki Answers), expert-based (e.g., The Internet Public Library), and social (e.g., Facebook, X). noted that questions written in natural language on Q&A platforms provide authentic expressions of users' informational and emotional contexts. Analysing such questions reveals both what people seek and why they seek it. Huvila and Gorichanaz (2025) described social Q&A platforms as key environments for sharing information needs. Therefore, the extensive collection of questions posted on these platforms constitutes an essential resource for understanding authentic information needs as they naturally arise in individual daily lives (Oh et al., 2012). However, the existing Q&A literature has focused on general or secular platforms, with limited attention to expert-based religious Q&A environments.

In this context, Islamic fatwas represent a distinctive form of expert-based Q&A. Unlike general advisory sites, a fatwa is a formal religious ruling grounded in Sharia and issued by a qualified scholar or committee. The International Islamic Fiqh Academy (IIFA) (2006) clarified that while a fatwa is not legally binding, it becomes religiously binding when supported by clear evidence (Iftā, 2006). However, despite the prevalence of fatwa-based Q&A platforms in Muslim societies, these expert religious environments have received little attention within information behaviour research. In particular, health-related fatwa questions remain underexplored as naturalistic expressions of information needs arising at the intersection of illness, religious obligation, and everyday decision-making.

Research question

The literature review highlights the importance of Q&A platforms as a rich data source for capturing real information needs. In this study, we focus on what we call health-religious information needs to describe information needs that arise when individuals face health issues or treatment decisions and seek to understand how health-related information relates to their religious obligations in everyday life. While previous studies have identified key categories of health information needs such as facts, advice, and emotional support (Westbrook & Zhang, 2015) they have focused on secular contexts and general platforms like Yahoo! Answers. However, among various forms of question-and-answer services, Fatwa Q&A as expert platforms have received little attention. Particularly, little is known about them as a source of religious information. Even though they represent a unique intersection between religion and healthcare. In so doing, this gap can be addressed by asking the following research question:

RQ: What types of health-religious information needs are expressed by chronically ill individuals in their questions to Sunni fatwa platforms?

Method

This study adopts a qualitative design to explore the health-religious information needs expressed in fatwa questions on chronic illness. As Denzin and Lincoln (2005, p. 10) explain, qualitative research focuses on *'the socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape inquiry.'* Because fatwas are free-text responses grounded in real contexts that integrate medical and religious concerns, a qualitative approach was most suitable, allowing meanings to be interpreted rather than reduced to numerical patterns.

Data collection and selection process

Fatwa platforms form a central part of the Islamic information environment. With the rise of satellite channels and the internet, they have become major sources of religious guidance across the Muslim world, including Saudi Arabia. Echchaibi (2009) described this expansion as an unprecedented phenomenon, while Al-Kandari and Dashti (2014) noted that Muslim scholars act as opinion leaders who influence the adoption of new practices and innovations. A fatwa provides

both theoretical and practical guidance, directing Muslims on what Allah permits or forbids; thus, fatwas shape behaviour, including health-related decisions.

These days Fatwa institutions now appear in multiple forms. Each country has official bodies such as the Permanent Committee for Scholarly Research and Ifta (Saudi Arabia), Dar al-Ifta (Egypt), and the General Ifta Department (Jordan). As Berger et al. (2023) observed, unlike Catholicism where rulings are centralised, Islam allows any qualified mufti to issue a fatwa, resulting in diverse sources. Alongside these institutions, many scholars manage personal websites, while platforms such as Islam Web and Islam Q&A attract large audiences; Saudi Arabia ranks among the top visiting countries (Mohamed & Sarwar, 2024).

Given this context, the study focused on chronic illnesses as its main analytical scope, since they require repeated decisions about treatment and worship. Health-related fatwas were collected from five official Sunni platforms the scholars Sheikh Ibn Baz, Sheikh Ibn Othaimeen, Sheikh Saad al-Khathlan (members of the Council of Senior Scholars, former and current), along with Islam Web and Islam Q&A using keywords related to chronic diseases and treatment (see Table 1), with manual browsing for indirect medical cases. Selection followed clear criteria: the Sunni and official authority of the platform, health fatwas are relevant to chronic illness, and there is a clear medical or religious dimension in the question. Only fatwas submitted by patients or their relatives were included, while those from healthcare professionals were excluded. After removing duplicates and unrelated cases, 420 fatwas were retained, of which 340 were thematically analysed. Data saturation was reached at 320 cases, confirming that no new themes emerged.

Disease/Health Topic	Keywords (Arabic)	English Translation of Keywords
Diabetes	سكر + سكري + أنسولين + جلوكوز	diabetes + insulin + glucose
Cancer	سرطان + ورم + كيماوي + علاج إشعاعي	cancer + tumor + chemotherapy + radiation therapy
Kidney Disease	كلى + غسيل كلوي + فشل كلوي + حصوات	kidney + dialysis + kidney failure + stones
Heart Disease	قلب + ضغط + جلطة + شرايين	heart + blood pressure + stroke + arteries
Liver Disease	كبد + تليف + التهاب كبدي + فيروس	liver + cirrhosis + hepatitis + virus
Mental Health	نفسي + اكتئاب + قلق + وسواس	psychological + depression + anxiety + obsession
Chronic Illness	مرض مزمن + الأمراض المزمنة + علاج طويل المدى	chronic illness + chronic diseases + long-term treatment

Table 1. Keywords for Chronic Illness Fatwa Search

No.	Disease/Condition	Islamweb	IslamQA	Council of Senior Scholars (Saudi Arabia)	Total
1	Cancer	76	45	25	121
2	Heart Disease	163	30	5	195
3	Irritable Bowel Syndrome	64	53	11	128
4	Kidney Failure	54	72	18	144
5	Liver	26	29	0	55
6	Diabetes	46	20	29	95
7	Mental Illness	87	40	8	135

Table 2. Distribution of Health-Related Fatwas by Disease/Condition across Islamweb, IslamQA, and the Council of Senior Scholars (Saudi Arabia)

Analysis framework

Reflexive Thematic Analysis was applied following Braun and Clarke's method (2019). This method is well suited for complex datasets that combine legal, religious, medical, and social aspects. It highlights the researcher's interpretive role, as themes are constructed through systematic engagement with the data rather than simply emerging from it (Braun & Clarke, 2019). The value of a theme depends on its relevance to the research question rather than its frequency (Braun & Clarke, 2006)

The study used the six phases of reflexive thematic analysis outlined below as applied in this study. During the familiarisation phase, the first author engaged in a detailed and repeated reading of all 420 health-related fatwa questions to gain a deep and practical understanding of their linguistic and contextual meanings. Descriptive and reflective notes were written by hand in notebooks with two columns. One column was used for observations, and the other for analytical reflections. These notes were treated as research memos and were used to guide the later stages of the study. During the coding stage, the data were coded manually in MAXQDA. Coding focused on specific meaningful segments of text rather than full questions in order to retain linguistic detail and contextual meaning. Short explanatory notes were added for each coded segment to record analytical insights, and all codes were later reviewed for internal consistency before moving to broader categorisation. During the categorisation phase, related codes were grouped into broader conceptual categories that represented recurring ideas or patterns; for instance, codes about the effects of treatment on fasting or prayer were clustered to illustrate how religious obligations are negotiated under illness. This process was iterative and non-linear, involving constant refinement and reclassification. In the theme development phase, categories were developed into coherent themes through iterative engagement with the data and regular discussions between authors to enhance analytical clarity. The defining and naming phase refined each theme's boundaries and meaning until five main themes were finalised to answer the research question. Finally, in the writing and verification phase, the results were presented with direct quotations from the original Arabic fatwa questions, followed by interpretation and discussion. All questions were analysed in Arabic, with translation into English only after coding to preserve contextual meaning. Data saturation was reached at question 320, and 20 additional fatwas were analysed to confirm the stability and completeness of the themes.

Main Theme	Sub-code
Religious adaptation of worship under illness	Seeking clarification on whether illness affects worship validity
	Consulting on the impact of medical procedures on ritual obligations
	Requesting religious allowances for missed obligations
Negotiating religious boundaries in healthcare	Seeking religious legitimacy for treatment
	Exposing awrah for medical reasons
	Consulting opposite-sex physicians
Validation of information sources	Referred to a medical authority
	Referred to a religious scholar
	Referred to social circle
	Referring to vague/unspecified sources
Faith-based motivations and spiritual interpretation	Qur'anic healing practices
	Prophetic healing practices
	Religious framing of illness and coping
	Anxiety about sin due to treatment decisions
Faith-based refusal of medical treatment and advice	Refusal based on tawakkul
	Preference for spiritual remedies
	Refusal of modern interventions

Table 3. Main themes and related sub-codes identified in the analysis

Findings

This section reports the main findings under each theme listed above. The themes describe the types of religion-related health information needs expressed in the fatwa questions of chronically ill individuals in Saudi Arabia. Table 5 in the Appendix summarizes the five main themes identified in the analysis with supporting examples from the data, while Table 3 outlines the sub-codes that correspond to these themes.

Religious adaptation of worship under illness

Analysis of health-related fatwas revealed a consistent concern among chronically ill individuals striving to fulfil their religious duties, particularly prayer and fasting, within their physical and medical limits. Rather than simple requests for rulings, these questions expressed a deeper effort to reconcile faith commitments with illness. Illness, therefore, creates specific religious information needs linked to worship in daily life. Analysis of this theme revealed three sub-patterns in the questions asked:

1. Seeking clarification on whether illness affects worship validity

Fatwa seekers often ask whether chronic illness or medical treatment affect the validity of worship when usual ritual requirements cannot be fully met. Such questions arise across different acts of worship for example, prayer, fasting, and pilgrimage, and are typically framed as decisions about the most appropriate religiously valid (Sharia) course of action under constraint.

For example, one dialysis patient asked:

I have kidney failure, and during dialysis the times for 'Aṣr and Maghrib pass because I only finish after the 'Ishā' call to prayer. Should I pray these prayers on the bed without facing the Qiblah, or wait until the session ends and pray 'Aṣr and Maghrib with 'Ishā'? (Fatwa No. 1).

Together, these examples show a recurring question type: how to maintain worship validity under illness-related constraints.

2. Consulting on the impact of medical procedures on ritual obligations

Another frequent question type concerns whether specific medical procedures affect ritual obligations, particularly fasting during Ramadan. Patients ask about practices such as asthma inhalers, injections, and nutritional treatments while fasting.

For example, an individual posted this question: ‘Does the asthma inhaler break the fast?’ (Fatwa No.2). Others asked whether the ruling differs between intramuscular and intravenous injections. Overall, these questions focus on the shar‘ī implications of medical procedures for the validity of fasting. The problem here comes from the potential of invalidating worship or breaking the fast accidentally due to a lack of awareness of the legal implications of medical procedures.

3. Requesting religious allowances for missed obligations

Patients with chronic or long-term illnesses often felt unsure about what to do when fasting became difficult or impossible. Many asked if they were allowed to stop fasting, and what Islam asks from them in these situations whether they should stop fasting, make up missed days later, or offer compensation (kafarah). Some also asked how to deal with worship they missed because of illness, wondering if they should make it up later or give compensation instead.

For example, one individual with a chronic illness described both past and anticipated difficulties with fasting, stating:

I fasted during Ramadan last year, and I have a chronic illness—ulcerative colitis—and my condition worsened when I fasted. I must now fast the seven days I missed during Ramadan, but I cannot do so because of my illness and the fear that my condition will worsen. What should I do about the seven days I missed during Ramadan last year? What is the ruling on my fasting in general? I do not know when the illness will subside, and I am afraid that when it subsides and I start fasting, my condition will return to being as bad as it is now. (Fatwa No. 3)

Overall, these questions reflect patients’ need of clear, authoritative religious guidance about allowances and responsibilities when illness prevents them from fasting or when Ramadan days have already been missed.

Negotiating religious boundaries in healthcare

Patients’ questions indicate that some experience both medical and spiritual challenges as they try to balance their faith with modern healthcare. Rather than seeking a general ruling, they often seek clarification on the boundaries of what is permissible (halal) or impermissible (haram) in specific medical situations, especially when treatment options raise religious concerns. In doing so, they seek for authoritative guidance on what is permissible or forbidden in their health circumstances. The following sub-patterns illustrate how patients negotiated these religious–medical dilemmas in different ways.

1. Seeking religious legitimacy for treatment

A common question type concerns whether a medical treatment is religiously permissible as well as medically appropriate. In these questions, knowing the medical risks or benefits is not enough; patients also ask whether a procedure, substance, or medical decision is allowed in Islam.

For example, one patient asked about heart surgery and the use of a metal option versus an artery from a pig: ‘The metal one may rust, but the pig artery is better... What is the ruling on this?’ (Fatwa No. 4). Another asked about organ donation: ‘I have decided to donate a kidney to my brother... Is that permissible?’ (Fatwa No. 5).

Similar questions appear about medicines that may contain alcohol, narcotics, or animal-derived ingredients, as patients ask whether using them is allowed in treatment (Fatwa No. 6).

Folk remedies also raised concerns, such as Al-Zahra, a drink fermented for a week until it smells like wine: *'Recently in Hijaz, something called Al-Zahra appeared... they say it cures all diseases. What is the ruling on this?'* (Fatwa No. 7).

Overall, this question type centres on establishing shar'ī permissibility before or during treatment decisions, especially when a procedure involves potentially prohibited substances or ethically sensitive choices.

2. Exposing the 'Awrah for medical reasons

Some people seek guidance on when it is religiously acceptable to reveal private body parts during medical treatment, especially if the treatment requires an examination, surgery, or the presence of male staff. This illustrates the obvious need for religious information in highly sensitive situations.

One example is a woman who underwent surgery and felt uneasy because her hair was uncovered in the hospital where some men saw her. She asked: *'A patient is not at fault if left uncovered. Is this true?'* (Fatwa No. 8). This reveals the tension between medical necessity and religious modesty. Patients are not only asking for a legal ruling but also for spiritual reassurance.

Another case concerns a woman with a post-surgical distortion in a private area. Unable to find a qualified female doctor, she asked: *'I am committed, and I have never been examined by a male doctor in my life. Is it allowed to uncover myself for him to do the surgery?'* (Fatwa No. 9). This highlights how modesty and embodied religious identity influence medical decision-making.

A third example involves a woman preparing for marriage who suffered psychological distress from stretch marks. Told that only a male doctor had the needed expertise, she asked: *'Is it allowed for the male doctor to examine me?'* (Fatwa No. 10).

Taken together, these examples show that patients do not rely solely on the general rule necessities permit the forbidden but seek personalized fatwas that provide reassurance and remove doubt. Thus, this positions the fatwa as a practical source of guidance for making treatment decisions within religious limits.

3. Consulting opposite-sex physicians

Some patients' questions show concern when they have to see a doctor or nurse of the opposite gender. This issue appears often and is connected both to medical needs and to religious or social rules. The concern was expressed by women and also by men. One woman asked: *'I am a woman, and the female doctor is not available. Is it allowed to be examined by a male doctor?'* (Fatwa No. 11).

A man also asked: *'Is it allowed for a woman to treat us men, especially when male nurses are present?'* (Fatwa No. 12). These questions show that patients are not rejecting medical care. Instead, they want religious assurance that treatment will not cross the limits of modesty in Islam. This reflects an information need for clear religious guidance in situations where healthcare and religious modesty intersect. Overall, these questions ask what to do when opposite-sex care is the only available option, and how to stay within Islamic modesty limits.

Faith-based motivations and spiritual interpretation

In this theme, some health fatwa questions frame illness through a religious lens. Inquirers draw on Qur'anic verses, Prophetic traditions, and theological ideas—such as sin, reward, patience, or divine testing to interpret why illness happened and how they should respond. The theme is organised into four related sub-patterns:

1. Qur'anic healing practices

Several questions showed a desire to seek healing from the Qur'an, not as a rejection of medical treatment, but as a way of combining faith with therapeutic practice. One inquirer asked: 'Does treatment with the Qur'an heal physical diseases such as cancer, just as it heals spiritual diseases such as the evil eye or possession? And is there any evidence for this?' (Fatwa No. 13).

This illustrates an information behaviour pattern where the Qur'an is not only a spiritual text but is also invoked as a symbolic source of healing. The informational need here extends beyond biomedical solutions to a search for what patients perceive as "blessed" means of recovery, including questions about the legitimacy and methods of Ruqiyah.

2. Prophetic healing practices

Some questions ask about remedies linked to the Prophetic tradition and whether there is an authentic treatment transmitted from the Prophet (peace be upon him). For example, one patient asked: 'Is there a treatment that has been authentically transmitted from the Prophet (peace be upon him)?' (Fatwa No. 14).

Overall, this question type treats Prophetic traditions as a source of health guidance and focuses on authenticity (what is reliably transmitted) and practical use in illness.

3. The religious framing of illness and coping

Some patients raised questions that indicate a reinterpretation of illness in light of Islamic doctrine, such as the question: 'Is it true that illness can purify a person from sins?'

This pattern shows how the experience of illness is reframed within a religious narrative that gives suffering a positive meaning as a means of atonement, elevation, and earning reward through patience with the illness. In this way, religious beliefs provide comfort and psychological balance in the therapeutic experience.

For example, one fatwa asked: 'Does a patient receive reward if he is patient? And how should one practice patience during illness?' (Fatwa No. 15).

These examples illustrate that chronic illness is not perceived only as a medical problem but is also interpreted through a religious lens, where suffering itself is turned into a source of spiritual reward and forgiveness.

4. Anxiety about sin due to treatment decisions

This pattern is seen in questions where medical necessity appears to conflict with moral and religious commitments, producing anxiety about sin. One female patient asked: "Am I sinful for not covering myself in front of doctors because of my illness?" (Fatwa No. 16).

This example reveals the tension between medical treatment and religious modesty, leading patients to seek fatwas that offer reassurance and moral justification. The underlying information behaviour here reflects a search for legitimacy that balances medical obligations with religious ethics.

Faith-based refusal of medical treatment and advice

This theme captures questions where inquirers ask whether it is religiously acceptable to refuse, stop, or avoid certain medical treatments, often linking the decision to tawakkul (trust in God), ajr (spiritual reward), du'ā', prophetic medicine (ṭibb al-nabawī), or acceptance of qadar (divine will).

1. Refusal based on tawakkul

This sub-code appears in fatwas where patients insist on abandoning treatment, considering reliance on Allah as sufficient. One fatwa included the question:

I have a brother who became seriously ill. I told him: Go to the doctor to seek treatment and, in shā' Allah, recover. He replied: Al-Hamud Lilah, I rely on Allah. For this illness brings great reward, and that is enough for me. Is he right or wrong? (Fatwa No. 17).

Another question was raised:

If I suffer from a terminal illness and refuse treatment while being patient, will I receive a great reward? And would this fall under the saying of the Prophet Muḥamma: 'Seventy thousands of my ummah will enter Paradise without reckoning: those who do not seek ruqyah, do not cauterize, do not believe in omens, and rely on their Lord,' and the hadith of the woman who suffered seizures and said: 'I become exposed, so pray to Allah for me...?' (Fatwa No. 18).

These examples show that refusing treatment is framed as part of the Islamic concept of tawakkul, where illness is understood as a space for patience, reward, and reliance on Allah.

2. Preference for spiritual remedies

Some patients use prophetic medicine and supplication as support alongside treatment. However, this fatwa shows a different type of question, where the patient asks if it is religiously acceptable to abandon medical care completely and rely only on spiritual remedies, even in life-threatening situations. For example, a fatwa seeker with kidney failure asked 'I would like to know whether this is correct or incorrect ... I am suffering from kidney failure, and doctors say that if I refrain from dialysis for ten days, I will die. I have decided to seek treatment through prophetic medicine.' (Fatwa No. 18).

This highlights a distinct question pattern, where fatwas are sought to confirm whether spiritual reliance alone can replace medical treatment.

3. Refusal of modern medical interventions

A further type concerns rejection of modern treatments such as chemotherapy, surgery, or long-term medication. Patients often weigh benefit against suffering, as one asked: 'Is it permissible to refuse chemotherapy since it only prolongs life with more pain?' (Fatwa No. 19).

Others linked refusal to worship, as in the case of a man with incontinence who asked: 'Does my choice not to undergo another surgery affect the validity of my prayers?' (Fatwa No. 20).

Some questions raised ethical concerns, such as: 'If I stop taking my medicine and die, am I considered a suicide, even if I only wanted to rest from the long treatment?' (Fatwa No. 21).

Another fatwa related refusal to reproduction, where a couple declined IVF, saying: 'We chose not to undergo the procedure, accepting what Allah has decreed' (Fatwa No. 22).

Together, these cases show that treatment refusal is not understood as neglect but as a faith-based decision negotiated through religious, ethical, and emotional reasoning, where fatwas provide legitimacy and reassurance for choices affecting both body and belief.

Validation of information sources

Another type of question in the health fatwas concerns the use of information sources. Patients often mentioned doctors, scholars, social practices, or even unclear references when asking about chronic illness. By doing so, they were not only seeking a legal ruling but also asking the mufti to clarify which source should be trusted. In this way, the fatwa becomes a place where authority is tested and confirmed.

The references appeared in four forms (see table 4).

Form of reference	Example (from question)
Medical reference	'The doctor said: If you do not take this medicine for a certain period, you will expose yourself to death...' (Fatwa No. 23).
Religious scholar	'Some scholars said treatment is not obligatory... it was narrated from Imam Ahmad...' (Fatwa No. 24).
Social context	'... a folk medicine called Al-Zahra... people book for a whole year...' (Fatwa No. 25).
Ambiguous source	'... they told me at the hospital that the doctor knows about this matter...' (Fatwa No. 26).

Table 4. Forms of source reference in health fatwa questions

Patients often repeat what they heard from doctors, scholars, or society, and ask the mufti to confirm it. This shows that the fatwa is not only a request for a rule but also a place where the authority of these references is tested and defined.

Discussion

The findings of this paper show that health fatwas could be a source for understanding how Muslims deal with illness through their faith. Our analysis found that people with chronic illnesses seek religious rulings while trying to balance their religious duties with their medical conditions. We found that many of Fatwa's questions focused on their prayer, fasting, and medical procedures that could affect purity or modesty. These Fatwa seekers often verified medical advice with trusted scholars rather than relying completely on doctors or the media, which show that trust in religious authority plays huge role in evaluating health information. Furthermore, some questions connected illness with ideas such as trial (ibtīlā'), patience (ṣabr), trust in God (tawakkul), and divine destiny (qadar). For example, in some cases patients refused treatment for spiritual reasons. Taken together, these cases can explain how fatwas have an active and guiding role in health decision-making, thus, mediating between medical recommendations and religious obligations.

Previous studies examined the relationship between religion and health, noting that Muslim patients often ask scholars about fasting or medication (Abolaban & Al-Moujahed, 2017; Amin & Abdelmageed, 2020; Muishout et al., 2022). Although previous research contributed to understanding religion and health, it paid little attention to how individuals engage with religion as part of their information behaviour. This study fills that gap by examining health fatwas as faith-based information practices.

This study also contributes to research on Q&A platforms. Earlier studies focused on websites such as Yahoo! Answers or WebMD (Alasmari & Zhou, 2019; Xiang et al., 2023; Zhang, 2010), which allow users to share health experiences and exchange information. Bronstein (2017) showed that online health communities function as spaces for social support and learning. However, Islamic fatwas are very different; they are expert-based Q&A systems where answers are provided by authorised religious scholars rather than peers. Unlike advisory medical platforms that allow negotiation or discussion, the fatwa provides a binding ruling grounded in Sharia. Therefore, the questions express not just medical curiosity but a deep search for certainty, meaning, and spiritual peace. This difference highlights a gap in the literature, as faith-based health information remains underexplored in information behaviour studies.

However, most studies on health information behaviour within Saudi Arabia have neglected the religious aspect. The majority of these studies have used quantitative methods, mainly surveys, to measure how frequently people use different sources of medical advice. Their findings varied: some identified doctors as the most trusted source (Alduraywish et al., 2020). Nonetheless, these

studies rarely included religion or scholars as information sources. This difference highlights a gap in the literature, as faith-based health information remains underexplored in information behaviour studies, particularly in contexts where religious authority may play an active role in everyday decision-making.

In information science, cognitive authority refers to the credibility or influence granted to a source because people believe it knows more or understands better (Wilson, 1983). Previous studies have examined this concept mainly in secular contexts. This study extends that understanding by showing that, in Islamic settings, authority can also arise from religious legitimacy. Fatwa seekers evaluate information not only according to medical evidence but also based on its consistency with Islamic rulings and its alignment with religious values, alongside their trust in the scholar as a recognised religious authority.

Conclusion

This study maps how chronically ill Muslims in Saudi Arabia express religion-related health information needs through fatwa questions, showing that faith routinely structures everyday health decision-making. Recognising fatwas as authoritative information sources can guide culturally sensitive health information services and encourage practical collaboration between clinicians and religious scholars.

The use of only Sunni fatwa platforms means that the results primarily reflect Sunni contexts and may not apply to other Islamic traditions. Second, the study focuses solely on the 'information needs' expressed in the questions, without tracking the subsequent process such as the inquirer's satisfaction with the answer, its practical application, or its final impact on their health decisions and treatment adherence. Therefore, future research should conduct in depth interviews with chronically ill patients to understand how they seek, select, interpret, and evaluate religious fatwa against medical recommendations, ultimately revealing how they balance these two sources of authority in their daily health management.

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Appendix

Table 5. Themes identified in the analysis of health fatwa questions.

Theme	Definition	Inclusion indicators – typical codes / key terms	Original question in Arabic	English translation
1. Religious adaptation of worship under illness	How inquirers seek to reconcile ritual obligations with health constraints. This includes requests for religious concessions (rukhsah), instructions for qada (making up missed fasts), fidyah/kaffarah (compensation/expiation), or procedural modifications (e.g., praying seated).	effect of treatment on fasting; prayer modification (sitting); qada; fidyah/kaffarah; religious exemption for chronic illness	“رمضان الماضي ما صمت 25 يوما بسبب مرض القولون... وقرب رمضان وما أدبت الذي علي، ماذا أفعل؟”	“Last Ramadan I missed 25 days because of colon illness... Ramadan is near and I have not made them up, what should I do?”
2. Negotiating religious boundaries in healthcare	How medical practices are tested or re-framed at the boundary of what is religiously permissible—invoking principles like necessity (darura), harm/benefit balancing, or temporary permissions. Includes gendered care, exposure of ‘awrah (The intimate parts of the body that must be covered for reasons of modesty in Islamic law.), and whether ‘forbidden’ materials may be used under necessity.	exposing ‘awrah for treatment; same-sex clinician request; necessity permits prohibition; permissible in emergency; temporary authorization	ما حكم نقل الدم من شخص لآخر؟ هل يجوز لنا نحن الرجال أن نعالج على يد ممرضة، خاصة مع وجود ممرضين رجال؟	“What is the ruling on transferring blood from one person to another?” “Is it permissible for us men to be treated by a female nurse, especially when male nurses are available?”
3. Validation of information sources	How questioners seek, cite, or evaluate authorities and evidence: requests for textual proof, reference to specific scholars or official fatwa bodies, or reliance on a named medical opinion. Focuses on source credibility and traceability.	request for dalil / evidence; cite Fatwa Council / named scholar; reference to medical guideline/doctor; asking for sanad/authority	الطبيب ينصحنى بعدم الصيام، فهل أتبع "تصيحة الطبيب أم أصوم حسب استطاعتي؟"	“The doctor advises me not to fast, should I follow the doctor's advice, or fast according to my ability?”
4. Faith-based motivations and spiritual interpretation	How illness and treatment are framed within religious meaning: interpretations as trial/ibtila, spiritual healing ruqya (An Islamic healing practice based on the recitation of Qur'anic verses believed to provide spiritual and physical healing.), concepts of tawakkul (reliance on	trial/ibtila; tawakkul; ruqya/healing by Quran; spiritual interpretation of illness; reward/purification	هل صحيح أن المرض يُطهر الإنسان من الذنوب؟ قررتُ التوقف عن غسيل الكلى والتوكّل على الله. بدلاً من ذلك، أستخدم ماء زمزم والغسل وأقرأ القرآن للرقية. إذا متُّ، فهل يُعدّ هذا هلاكاً لي، أم مجرد أجلي؟	“Is it true that illness can purify a person from sins?” “I decided to stop dialysis and rely on Allah with tawakkul (trust in God). Instead, I use Zamzam (sacred water from Mecca), honey, and recite the Qur'an for ruqya (spiritual healing). If I die, is this considered destroying myself,

	God), sabr (patience), or theological readings of illness.		or simply my ajal (fixed time of death)?"
5. Religious refusal of treatment and medical advice	Instances where medical treatment or advice is declined or reinterpreted through religious conviction—e.g., refusal based on belief that healing is solely from God (tawakkul), or considering medical intervention as unacceptable.	refusal of treatment for religious reasons; tawakkul as justification for non-treatment; preference for spiritual remedy only; doctrinal objection to specific therapies	هل يجوز رفض العلاج الكيميائي أو الجراحة لإزالة الورم؛ لأنه يحتمل الشلل أو فقدان الإحساس، وبطيل العمر بضع سنوات فقط، ويزيد الألم والمعاناة، وإذا تركته دون علاج فإن الموت يكون أسهل وأقل ألماً؟ Is it permissible to refuse chemotherapy or the surgery to remove the tumour; because there is a risk of paralysis or loss of sensation, and it only prolongs life by a few years, increasing pain and suffering, and if I leave it untreated, death would be easier and less painful?"