

Developing a New Health Aid Dashboard System for Marginalized Muslim Community: Behaviour of the Recipient of Health Aid among the Marginalized Muslim Community in Sabak Bernam, Selangor

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Abstract

In Malaysia, Zakat Institutions are entrusted to manage the collection and distribution of zakat funds effectively and efficiently. One of the numerous ways' zakat funds benefit the marginalized Muslim community is turning it into health aid to the asnafs. Various health programs and medical assistance are already implemented, although it involves large portion of zakat funds, it has benefitted many asnafs in Malaysia. However, the performance of health aid delivery of Zakat Institution relies on adequate critical information that acts as indicator or proof of how effective, targeted, and sufficient the provided health aid is. Therefore, it is important to have a structured and robust delivery system to ensure the objective of the health aid is fulfilled and maximum satisfaction is achieved. As part of the research objectives, this paper reports the behaviour of the health aid recipients among the community of Sabak Bernam, Selangor in providing inputs to ensure the success of the health aid delivery by Lembaga Zakat Selangor. In conclusion, five key themes are identified: health and financial aid, moral and technical support, source of income, needs and expectation. The findings highlight the roles that can be played by zakat institution as well as the community in building the awareness towards the health aid offered by the Zakat Institution.

Keywords: Zakat Institutions, Health Aid, Marginalized Muslim Community

1. INTRODUCTION

Zakat is a command from Allah SWT that a Muslim must fulfil after meeting sufficient conditions. Zakat obligation is mentioned several times in the Qur'an and the hadith clearly shows that zakat worship is in line with other obligations that must be upheld by Muslims. The firman of Allah in Surah Al-Baqarah, verse 110 means:

'...And establish prayer and pay zakat. And whatever good you do for yourselves, surely you will be rewarded by Allah. Surely Allah sees all things you do'.

There are various types of zakat assistance given to asnafs/applicants including monthly financial assistance, small business capital, livestock capital, management of heirs without heirs, medical cost assistance and many others. However, this study will focus more on the zakat assistance from the medical aspect. Medical zakat is zakat given to patients who cannot afford the cost of treatment expenses. The main objective of the zakat centre is to help alleviate the burden of the poor and needy who cannot afford to cover medical costs either at the

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government hospitals or private medical centres. Medical zakat can be applied directly at zakat centres and hospitals. Zakat medicine is limited to asnaf al-gharimin only.

According to the Selangor zakat institution, asnaf al-gharimin are Muslims who are in debt to meet their basic needs either for himself or the family. Al-gharimin is also referred to as persons in debt to solve society problems and needs and on the condition that the debtor is unable to settle his debt. That debt shall be in matters of obedience required by Islamic law and has reached a period to be settled (Lembaga Zakat Selangor, 2020).

The increase in medical costs has caused the rise of applications at the zakat centre. This situation has made it difficult for the zakat institution to screen applicants who are truly eligible to receive assistance. Therefore, zakat institution takes the initiative to channel part of the zakat assistance fund to hospitals throughout Malaysia.

This provision has been given at a reasonable rate in accordance with the economic situation, location and actual needs of the asnafs. Based on the annual report of the Lembaga Zakat Selangor, expenditure to solve medical problems in 2015 is RM52 million and increased in 2016 by RM69 million. This has proven that Zakat Selangor has put health aid as one of the highly emphasized aspects in providing the asnafs appropriate and sufficient treatment.

2. LITERATURE REVIEW

2.1 Health care services cost

The increase in medical cost has become a major concern for Malaysia and in fact for almost all countries in the world. With regards to Malaysia, the medical cost has risen up drastically and has affected the government and citizens especially in the private health sector. According to Kefeli, Johari, Ahmad, Daud, and Zaidi (2017), the per capita out-of-pocket health expenditure for Malaysia was estimated to be US\$41.47 in 1995 and increased to US\$160.9 in 2017. This situation has affected the poor people the most, and they face difficulties in accessing good medical service especially those who suffer chronic illness or diseases.

In other countries, research have also been conducted focusing on the access of public health accessibility among poor people (Sahrabi, 2018) and among the poverties (M Akram & Afzal, 2014). In Muslim countries, the subject of zakat fund as medical assistance is being discussed however still very minimal (Kefeli, et al., 2017) despite the abundance of studies done on the Zakat assistance for the poverties in general.

Studies on the health-care services costs are being conducted in generally many other countries. However, Canada has the most literature on this area that shows how serious the country is looking at this matter. For example, Dunlop, Coye, and McIsaac (2000) stated that all citizens should have access to health-care services on the basis of need rather than ability to pay. They emphasised Canada's national health insurance system has done much to overcome the financial barriers to health service utilisation thus demonstrated a positive relationship among health need and the use of primary care services under a universal publicly funded health care system (Beck, 1973; Enterline et al., 1973; Manga et al., 1987).

There are limited numbers of research being conducted that discusses the zakat fund as medical assistance for the poor, while much research has been done on zakat fund to reduce poverty in general. One research by Kefeli, et al., (2017) however discuss this matter and their study aims at investigating whether zakat medical assistance helps improve the health of the asnaf and in turn upgrade their quality of life. According to them, without financial support from other Muslims, the poor and needy face difficulties in receiving quality health care treatment since they cannot afford to bear the costs especially if they are diagnosed with chronic diseases or seek treatment at a health facility. According to Kefeli et al., (2017), zakat allocation currently covers for medical assistance only treatment costs, dialysis and permanent illness. However, it has not been extended to other aspects of health aid, such as preventive care, health education, health promotion and health care development.

In terms of quality of life, another research done by Wahid, Abdul Kader and Ahmad (2012) focus on how Zakat fund can increase the quality of life for instance when poor people fall sick for long periods, it will prevent them from working and earning income for the household. Thus, their quality of life is affected as they could not work and affected their income as well as their family and children. Hence it becomes challenging for the poor and needy to survive and this will also influence their quality of life.

Patients claim that medical bills are often changing as different course of treatment are given during different visits. Most of them could not afford the rising medical cost and this makes it difficult for the lower income patients to pay for their medical expenses (Saripudin, Wahid & Mohd Noor, 2018). They suggest developing a panel for pharmacy to fulfil the request from the asnaf.

In another study, respondents believed that the need for health aid is very important as they need to consume specific medicines in a long term as they are prescribed by the doctors and this results in high medical cost (Sukeri, Hanafiah & Wahid, 2017). In addition, patients are advised to purchase supplements such as vitamins, milk, fruits and balanced foods. In fact, patients with certain illnesses such as diabetes requires different type of rice and milk which are more expensive as compared to normal food consumption. Having said that, despite receiving health aid from the zakat institution, the expenses for medical needs is still inadequate as the required cost exceeds the aid received.

Therefore, it is hoped that with the health aid dashboard system, the health aid from the zakat institution can be managed more systematic to meet the actual medical cost required by the Asnaf who need the medical help.

2.2 Public health care system in Malaysia

According to Sahrabi et al., (2018) the number of public primary care facilities is 1025 centres with over 2000 small community clinics, and dental clinics. This number has expanded steadily from the year 2000. The government has developed these facilities particularly to reach people in rural areas. The total (percent of GDP) in Malaysia was last measured at 3.9 in 2013 and the public percent of total health expenditure in Malaysia was last measured at 55.0 in 2013 (Sahrabi, 2018).

Despite the increasing number of public health care services in Malaysia, other research with regards to health services in Malaysia shows that time constraint, long waiting time, negative attitude of healthcare provider and long distance are the most important barriers for reaching healthcare services (Ghafari et al, 2014, Heller, 1982). It is believed that the impact of zakat contributions on the wellbeing issues should be recognized and supported more broadly. While the government is working to help patients in terms of medical costs and resources, constraints and trained staff, the zakat institution has taken the initiatives to improve the healthcare issues addressing social imbalances and closing the gaps between them as below.

In Malaysia, the issues of the poor and poverty are still being discussed especially in social media. Based on the Khazanah Research Institute (KRI) report, the percentage of poor people in Malaysia decreased from about 44.9% in 1995 to 43.3% in 2016 (Khazanah Research Institute, 2015). However, in view of the poor population, it has grown from less than 2 million poor people in 1995 to nearly 3 million poor people in 2016. To further clarify this, for example the poverty rate fell from 40% to 30% the following year but the population grew from 10 million to 20 million. This means that in the first year there are 4 million poor people and in the second year the number increases to 6 million people. The government may be proud of the improved statistics, but the reality is that the number of poor people is increasing year by year. Based on the above statistics, it is not surprising that we see more and more people suffering from the high cost of living even though the poverty rate is decreasing year after year.

Malaysia' definition of poverty and poor is income based and consists of two categories. Extreme poverty is defined as households failing to earn enough to fulfil basic survival needs such as food, clothing and shelter. Households that fall into this category earn average monthly incomes of less than RM460 in Peninsular Malaysia, less than RM630 in Sabah and less than RM590 in Sarawak. Poor households are defined as those falling short of certain standards of consumption which are deemed necessary to maintain decency in society, for example, those who cannot afford healthcare and education. Households with average monthly incomes of less than RM760 in Peninsular Malaysia, less than RM1,050 in Sabah and less than RM910 in Sarawak are defined as poor (Department of Statistics Malaysia, 2014). Poverty is a multidimensional social problem whereby all deprivations are interrelated. It goes beyond the condition of not having enough income and other means to meet basic needs, having deeper material and cultural causes. It is influenced by geographical factors such as location, climate and natural resources. The dimensions related to poverty therefore include: (i) lack of regular income and employment, productive assets, access to social safety (ii) lack of access to services namely education, health care, information, credit, water supply and sanitation (Nair & Sagar, 2017). In Malaysia, this group has received attention from zakat institutions. However, lack of studies on zakat and health care services has been conducted.

3. METHODOLOGY

This study employs a qualitative method in data collection and data analysis. This research is suitable for exploration, classification, hypothesis development stage of the knowledge building process. To investigate the health aid programs of zakat institutions for marginalized Muslim community, we carried out an in-depth interview with the patients among the asnafs in Kampung Tebuk Pulau, Sabak Bernam, Selangor based on the list provided by Lembaga Zakat Selangor. The interview transcripts were analysed qualitatively using open coding. This open coding was done in group to gain mutual consensus on the concept definition and to increase the number of concepts or phenomena being discovered.

4. FINDINGS AND DISCUSSION

This section presents respondents demographic profile and discusses their feedback on the knowledge of medical zakat at the Pusat Zakat Selangor. In terms of the background of the respondents, two are male and two are female. Both male respondents are taken care of by their wives and most of the interview conversation was carried out with the caretaker. The patient has asthma as well as chronic diabetes three years ago causing him unable to walk. He is now paralyzed throughout half of the body. Another patient is now paralyzed all over the body for the past six months and unable to communicate. On the other hand, the female respondents both have lost their husbands and currently were taken care of by their children. The average age for respondents is 70 years old. This study also found that respondents have almost similar backgrounds in terms of previous employment as they were working in the coconut factory in their village before they fell ill. Now, they are unable to work due to chronic illness they are facing. The two respondents now are relying on their spouse and children who depend on their small business income for living.

Two respondents did not know about medical zakat while two respondents knew and received medical zakat assistance. Through the interviews conducted, the respondents had no knowledge of the existence of the medical zakat assistance fund at the Pusat Zakat Selangor. Respondents' response is in dire need of zakat fund assistance and shows that patients need financial assistance to cover the cost of financing treatment at the hospital. Since they do not know about medical zakat, therefore, they have never applied for medical zakat fund assistance. However, they were accepting donations from neighbours and relatives. Meanwhile, patients' response to a positive perspective on the distribution of zakat is at a low level.

As a result of the interview conducted, a lot of information was obtained from the respondents regarding their needs and the patient's views on the health aid received. This study shows that the respondents have low knowledge of medical zakat assistance that is offered by Lembaga Zakat Selangor. Two respondents did not know about the assistance offered for medical purposes. Their understanding of zakat is that zakat is only given to those in need in other circumstances tailored to the eight asnafs. The results of the study also analyse the form of help that the patients need.

Based on the interview, the patient stated that they need assistance in form of payment of medical bills and health supplies such as disposable diapers. Medical bills often change as a result of different treatments they received at the hospital. This makes it difficult for underprivileged patients. Respondents stated that medical assistance in terms of financial is very much needed because some of them need to take specific and lifelong medications at high costs. Besides, doctors also advise patients to take nutritional supplements which are normally expensive in the market.

Another form of assistance needed are medical equipment such as hospital beds, wheelchairs, and medicines. They feel that even if the patient does not receive financial aid, the health aid is much needed and beneficial to the patient. Furthermore, the cost of each medical equipment is very high, and it is difficult to get it from a private pharmacy. Therefore, medical assistance is believed to indeed facilitate the patient.

5. CONCLUSION

Zakat health aid is a good and effective initiative for asnaf and can ease the burden of patients among the marginalized community. Effective and efficient management of zakat distribution has indeed a great impact on the development of zakat institutions, zakat payers, as well as zakat recipients.

This study also suggests to Lembaga Zakat Selangor with the cooperation of the village head to disseminate information to patients about the availability of medical assistance from Lembaga Zakat Selangor. One of the ways to strengthen this is through the health aid awareness campaign. This campaign should give awareness to the community about the policies, services, programs, and assistance activities that have been carried out by the zakat institution. This can be carried out by distributing leaflets to the community and placing posters related to medical assistance around the village area. Another suggestion is to announce the medical assistance through mass media such as radio, television and social media such as Facebook, Twitter and Instagram. Through this medium, the transmission of information will be faster and will reach the whole society.

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