

## FACTORS INFLUENCING THE PUBLIC'S INTENTION TO CONTRIBUTE IN HEALTH WAQF

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### ABSTRACT

*The health sector is crucial as it supports the population in maintaining good health. To ensure sustainability in the future, the health sector needs to be supported by adequate financial resources. To cater to the needs of the underprivileged and those in need, health waqf is seen as a potential instrument to assist the government in channelling community contributions to finance the escalating medical costs each year. Therefore, this study aims to investigate the relationship between attitude, subjective norm, perceived behavior control, level of understanding, financial and the public's intention to contribute in health waqf. A total of 137 respondents from the public in Johor and Melaka participated in this survey. Convenience sampling was used to measure attitude, subjective norm, perceived behavior control, level of understanding, financial and the public's intention to contribute in health waqf. Pearson correlation was used to assess the relationships between variables. Furthermore, the findings also revealed that only two variables which are attitude and financial has a significant influence on the public's intention to contribute in health waqf. Lastly, the findings from this study will be beneficial to the State Islamic Religious Council (SRIC), Department of Awqaf, Zakat and Hajj (JAWHAR), relevant ministries, and policymakers in improving this health waqf instrument in the future.*

**Keywords:** Waqf, Health, Intention, Health waqf, Contribute

### 1.0 INTRODUCTION

The health of citizens is imperative for the development and competitiveness of a country. In Malaysia, the Ministry of Health (MOH) is accountable for managing the public healthcare sector, which includes government hospitals, health clinics, and medical institutions (Yorulmaz & Mohamed, 2019). These public healthcare facilities are operated and made available to the majority of people through subsidies from the federal government (Abd Khalim & Sukeri, 2023). Furthermore, the public healthcare sector is complemented by the vibrant private healthcare industry that provides more specialized and better services (Yorulmaz & Mohamed, 2019). Together, these components provide comprehensive and efficient healthcare for many citizens in Malaysia.

However, the rising cost along with the increasing demand for high-quality healthcare have imposed significant challenges towards the future performance and viability of Malaysia's healthcare sector. Primarily, the rising cost of healthcare places a substantial burden to the government's healthcare budgets (Ismail et al., 2020). This is evidenced by the allocation of RM36.3 billion to the Ministry of Health in Budget 2023 for the management and development

of local healthcare facilities, which is 11.51 percent more than the previous allocation in Budget 2022 (Ismail, 2022). Additionally, these issues have been pressuring many people, particularly those from the low-income group, to find cheaper and affordable means of obtaining health services (Saripudin et al., 2018). Among the contributing factors to the hike in healthcare prices include the rising cost of living, demographic patterns of the population, and the increase in service charges associated with changes in medicines and medical technologies. This subsequently establishes an urgent need for alternative resources that can provide Malaysian citizens with quality healthcare without having much dependency over government subsidies.

For the past few years, there has been a growing interest in using waqf as an alternative funding source for the Malaysian healthcare industry. From the Islamic perspective, waqf plays an important role towards a country's economic strength by providing monetary assistance as well as establishing basic infrastructure and important services for the community's benefit (Atan & Johari, 2017). This includes, but not limited to, religious facilities (e.g., mosques), education institutions (e.g., schools, madrasah, and universities), and healthcare facilities (e.g., clinics, hospitals, and dialysis centers). In Malaysia, the management of waqf mainly accounts across three main institutions: the State Islamic Religious Council (SRIC), Department of Waqf, Zakat, and Hajj (JAWHAR), and Malaysian Waqf Foundation (YWM). The administration and management of waqf has been clearly stated in the State Waqf Enactment, which delegates authority to State of Religious Council (SRIC) as the sole trustee (Omar et al., 2023). Each state in Malaysia has its own rules and regulations regarding waqf, and SRIC has the authority to appoint or give official approval to any party to manage and administer any asset (mawquf) on its behalf. On the other hand, JAWHAR is responsible for the proper administration of waqf, zakat, and hajj properties throughout the country while YWM, founded under JAWHAR, is accounted for mobilizing waqf resources and augments SRIC's efforts to promote waqf in Malaysia, particularly within the healthcare sector.

The idea of utilizing waqf as an alternative source of funding for the healthcare industry thus introduces the concept of health waqf. It allows able-bodied Muslims to donate (waqf) their money, time, energy, and knowledge based on their experience and capacity that will be managed by the SRIC in giving healthcare benefits back to the community. Apart from having the potential to reduce government spending, health waqf enables the redistribution of wealth in easing the burden of those who cannot afford the rising cost of healthcare (Akmal et al., 2021). This will promote universal access to high-quality healthcare, ultimately improving the well-being of the general society. Realizing its importance, this study explores the factors that influence the public's intention in contributing to health waqf.

### **1.1. Research Objectives**

- a) To examine the relationship between attitude, subjective norm, perceived behavior control, financial and level of understanding with the public's intention to contribute in health waqf
- b) To identify the most significant factors between attitude, subjective norm, perceived behavior control, financial and level of understanding with the public's intention to contribute in health waqf.

### **1.2 Research Questions**

Based on the research objectives given, this study seeks to address the following questions:

- a) What are the relationships between attitude, subjective norm, perceived behavior control, financial and level of understanding with the public's intention to contribute in health waqf.

- b) What are the most significant factors that contribute to the public's intention to contribute in health waqf?

## 2.0 LITERATURE REVIEW

### 2.1 Defining Waqf

The term “waqf” originates from the Arabic language, which means “to detain” or “to prevent”. From the Islamic law perspective, waqf generally refers to property donation that is done either publicly (*sarih*) or privately (*kinayah*) where the property is retained and only used for charitable purposes (Rahman, 2009). Waqf can be divided into two categories, namely (1) general waqf (*wakaf am*), which is the formation of waqf for charitable purposes according to *syarak*, and (2) special waqf (*waqf khas*), which is founded with a specific purpose (Md Dahlan et al., 2022).

According to Mahamood (2006), the arabic meaning of waqf (to detain) describes anything that is designated (known as *Mauquf*) and cannot be sold, mortgaged, or transferred to another party. waqf recipients are known as “*Mawquf Alayh*” and are entitled to receive benefits from waqf properties without having any ownership over it. This type of ownership is known as *Al Naqis* (incomplete ownership). Different *mazhab* (Islamic schools of thought) offer various interpretations of waqf. Ibnu Al Humam from the Hanafi *mazhab* defines waqf as the “*ain*” (physical) detention of properties possessed by a contributor and the donation of its benefits to anyone seeking a charitable cause.

### 2.2 Concept of Waqf for Health

Waqf also continues to expand its role in financing the healthcare of the community (Abg Marzuki et al., 2021). The concept of health waqf focuses on aiding the less fortunate by providing healthcare services at affordable costs and within their means. Waqf institutions receive contributions in various forms, including cash, assets, and others, from the community. The collected funds are used for various development activities such as hospitals and clinics to help the community access quality healthcare services. Furthermore, waqf institutions also utilize these waqf contributions for acquiring other assets like medical support equipment and hemodialysis machines (Mohamed & Mohd Aris, 2021).

Medical costs nowadays are significantly high and pose a serious concern, particularly for the B40 group, mainly due to the exorbitant expenses (Ismail et al., 2020). It becomes a fundamental necessity for them, especially when there are family members suffering from illnesses that demand expensive treatments. Therefore, they are in dire need of financial assistance and medical equipment support. This is where the role of health waqf institutions comes into play, dedicated to helping fulfill the needs of those in need.

### 2.3 Waqf for health

Islam perceives health as a priceless gift from Allah SWT that allows human beings to survive and live a precious life. The establishment of health services in Malaysia has begun since the 19th century and comprises both public and private healthcare providers. The public health sector is currently facing a challenge mainly on the ability to provide good services and experts (Thomas et al., 2011). This is because many medical professionals are joining the private sector due to attractive remuneration packages, leaving the public healthcare sector with a lack of professionals, high workload, and overcrowding in public health facilities - these issues subsequently have an impact over its sustainability.

Furthermore, the global increase in medical and healthcare costs also presents a challenge to the government in providing adequate allocation for the Malaysian healthcare sector (Ahmad & Hasan, 2016). A report by the Ministry of Health showed an increase in government spending for the local healthcare sector from RM26.58 billion (2018) to RM28.678 billion (2019) and RM30.6 billion (2020). Not only that, the total financial expenditure for the national healthcare sector accounts for 4.7% of the gross domestic product (GDP). Such an increase causes the Malaysian government to bear a substantial burden in providing subsidized treatment to the people. The issue is made worse by the annual increase of the Malaysian population and the rate of disease, which contribute to the high demand for healthcare facilities in Malaysia (Ministry of Health Malaysia, 2018). The overcrowding issue in government health facilities as well as the lack and inability of staff further distort the efforts to provide efficient public healthcare services to Malaysians.

The recent years have seen a significant increase in the trend of chronic diseases (Budreviciute et al., 2020). In response to the issue, the Malaysian government has been providing aid in the form of medicine, hemodialysis facilities, and financial assistance to various non-governmental agencies (NGOs) associated with these diseases (M. Ismail et al., 2020). Nevertheless, the costs incurred further add to the financial burden born by the government and are insufficient to cover the high cost of treatment (National Health & Morbidity Report, 2019). Therefore, establishing a public fund, such as waqf, is considered a promising mechanism to achieve the goal and alleviate the government's burden of financing the public healthcare sector (Mohamed et al., 2014).

In the history of Islam, waqf has functioned as a source of relief and healthcare for victims during the Battle of Khandaq, and it continues its role through the development of Islamic hospitals based on modern waqf principles from the 10th to the 14th century. According to Ascarya and Tanjung, (2021), these hospital services not only provide free healthcare to patients but also offer incentives for families.

In Malaysia, the practice of health waqf has been implemented by various government and private institutions. For instance, the State Islamic Religious Councils (SRIC) have carried out health waqf initiatives such as the construction of hemodialysis centers, provision of medical dialysis machines, and waqf clinics. Furthermore, health waqf is also managed by Wakaf An-Nur Corporation Berhad, which now operates both social and business units comprising 24 clinics, 26 hospitals throughout Malaysia, and 4 hospitals abroad (Fahrurroji, 2020). These healthcare facilities charge a minimal fee of around RM5, inclusive of medications, making it highly affordable and beneficial to all segments of society.

## **2.4 The Theory of Planned Behavior and Antecedents of Intention**

### **2.4.1 Attitude**

The Theory of Reasoned Action (1975) claims that ideas produce attitudes (Ajzen, 2021). In other words, individuals who believe that participating in a certain action will result in good outcomes will have a favorable attitude to engage in that behavior. However, they are likely to have a negative attitude upon believing that a certain action will result in unfavorable outcomes. According to this theory, a person's attitude towards an activity is influenced by their evaluation of its negative and positive consequences. Furthermore, positivity towards a behavior increases a person's chance of engaging in that behavior. This is supported by Blackwell et al. (2006) who said that the evaluation of conducting a particular task is correlated with the attitude towards the respective task.

Armstrong and Kotler (2009) assert that an individual's attitude consists of a positive or negative evaluation. Furthermore, attitude is a psychological disposition that is conveyed via the evaluation of specific items based on little agreement or disagreement with the judgment.

Meanwhile, Chen's (2007) view attitude as a behavior that reflects a person's intrinsic wariness as well as their likes and dislikes. Additionally, self-perception and the extent to which individuals view themselves are part of its nature, with positive outlook often promotes a stronger motivation to initiate activities, and vice versa.

#### **2.4.2 Subjective Norms**

Subjective norms describe the cultural pressure that a person directly perceives before engaging in a certain action. Individuals experiencing higher social pressure to participate in a behavior will often have a greater possibility to engage in that behavior. Subjective norms are often measured by the social pressure that one perceives from certain individuals, such as parents, friends, relatives, or those with strong influence (Ajzen, 1991).

Furthermore, subjective norms discuss how societal pressure alters a person's outlook to conduct an activity. This indicates that subjective norms are associated with the influence that individuals may have over others' behavior. Furthermore, the Theory of Planned Behavior asserts that subjective norms are functions of belief that can affect one's intention to engage in a behavior if they believe that others will influence them to do so. Ajzen (2002) further reaffirms that perceived behavior control may lead to substantial differences in behavioral intention and performance. Additionally, factors like time, money, and abilities may raise and regulate people's perceptions and encourage them to take action (Kim & Chung, 2011).

#### **2.4.3 Perceived Behavior Control**

The final antecedent of intention in the Theory of Planned Behavior is perceived behavior control. It refers to the degree of control that an individual perceives in performing a particular behavior (Chen, 2007). Ajzen (2001) describes perceived behavior control as the extent to which individuals feel in control of their conduct. This is discussed further from two perspectives, namely how much control a person has over a behavior and how confident they feel in their ability to do or refrain from performing the activity. According to Ajzen (2002), perceived behavior control may result in substantial differences in behavioral intentions and behaviors. Additionally, one's perception and motivation to take action can be influenced by factors like time, money, and abilities (Kim & Chung, 2012).

#### **2.4.4 Level of understanding**

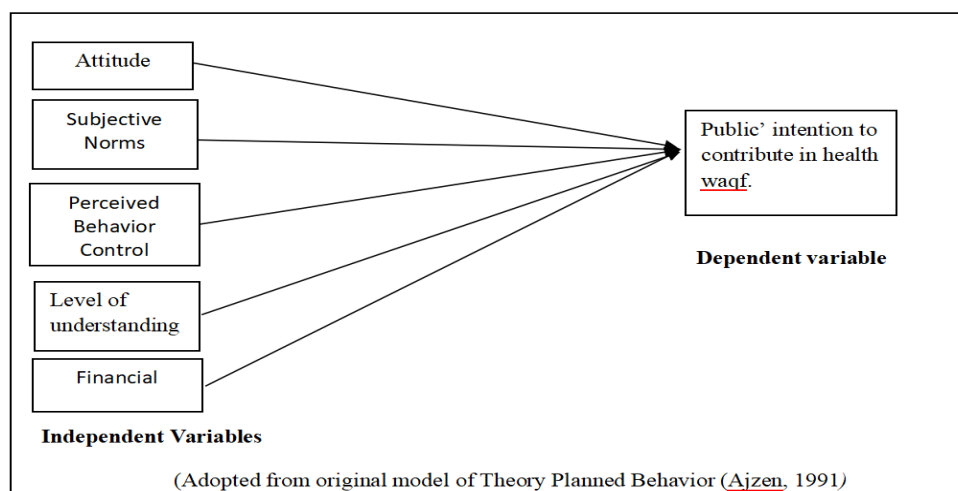
Researchers believe that the effective implementation of health waqf in Malaysia will not be achieved without creating a deep understanding of this instrument. The appropriate level of understanding in waqf is very important especially among the community (Aziz et al., 2017a). This is because the community stands as residents and economic agents of the country. However, previous studies show that individual understanding of the role and function of waqf institutions remains at a moderate level (Mohamad Suhaimi et al., 2017). It proves that the majority of Malaysians are not aware of the true value of waqf institutions, with many of them still confused about the difference between waqf and charity. In addition, the eligibility of non-Muslims to receive waqf benefits is still questionable, thus making the scope of waqf smaller than it should be. According to Alias (2011), lack of understanding is an obstacle for the community to understand the prohibition of donating or investing one third of their total assets and property during their lifetime. Furthermore, awareness regarding the practice of waqf has long been integrated into the life of Malaysian society. In fact, a deep understanding of waqf is important because it indirectly helps build a belief in each individual to continue to contribute based on their level confidence in this instrument.



## 2.4.5 Financial

Another influential factor that affects one's decision to perform waqf is financial capabilities. According to Aziz et al. (2017), financial challenges and constraints often stand as a cause that halts the majority of poor people from getting basic necessities. From the Islamic perspective, waqf can improve the distribution the local economy as the endowments can help to alleviate poverty in the community. Amuda and Embi (2013) believe that among the factors hindering waqf are lack of awareness, stinginess, selfishness, and ineffective implementation by Islamic countries. According to Latiff et al. (2008), financial management is among the core backbones in ensuring the success of health waqf. Furthermore, the income factor is seen as a major contributor to the practice of endowment among Muslims in Malaysia (Ismail, 2015). This is because their limited and unstable financial conditions stand as a prominent challenge for them to contribute towards waqf as they prioritize on meeting the basic needs of themselves and their families.

## 2.4.6 Proposed conceptual framework.



**Fig 1.** Proposed model: The factors influencing public' intention to contribute in health waqf.

## 2.4.7 Hypotheses constructs between independent and dependent variables.

H1: There is a significant relationship between Attitude and public's intention to contribute in health waqf.

H2: There is a significant relationship between Subjective Norms and public's intention to contribute in health waqf.

H3: There is a significant relationship between Perceived behavior control and public's intention to contribute in health waqf.

H4: There is a significant relationship between level of understanding and public's intention to contribute in health waqf.

H5: There is a significant relationship between Financial and public's intention to contribute in health waqf.

### 3.0 METHODOLOGY

In this study, the researchers aimed to gather comprehensive information by employing a descriptive research design. The primary method utilized for data collection was the distribution of questionnaires, which were personally administered to the participants. This approach ensured a higher response rate as the researchers could provide clarifications and encouragement for completing the questionnaires. Convenience sampling was employed to select the participants for this study. A total of 137 respondents from Johor and Melaka, representing the general public, participated in the survey. This sampling method was chosen due to its practicality and accessibility, allowing for a relatively quick data collection process.

Furthermore, this study employed the Pearson correlation coefficient to examine the relationships between different variables. This statistical measure helped to identify and quantify the strength and direction of associations between the study's variables of interest. By establishing these relationships, the researchers gained insights into the patterns and connections within the data. Moreover, the researchers assessed the reliability and validity of the research instrument through Cronbach's Alpha. This statistical test evaluates the internal consistency of the questionnaire items, ensuring that they measure the intended constructs accurately. The results of the analysis of Cronbach's Alpha revealed an acceptable range of 0.601 to 0.904 for the overall questionnaire, indicating that the instrument reliably measured the variables under investigation.

### 4.0 Data Analysis

#### 4.1 Profile of Respondents

Table 1. Profile of Respondents

		Frequency	Percentage (%)
<b>Gender</b>	Male	46	33.8
	Female	90	66.2
<b>Age</b>	18 -20 years old	80	58.8
	21-30 years old	41	30.1
	31 -40 years old	11	8.1
	41-50 years old	4	2.9
<b>Occupation sector</b>	Private Sector Employee	87	64.0
	Government Sector Employee	36	26.5
	Self-employed	6	4.4
	Unemployed	7	5.1
<b>Household income</b>	Below RM1000	2	1.5
	RM1001-RM2000	26	19.1
	RM2001-RM3000	36	26.5
	RM3001-RM4000	31	22.8
	RM5000 and above	41	30.1

Table 1 provides information about the respondents' profile. Overall, the majority of the respondents are women, with a total of 90 individuals (66.2%), compared to men, who accounted for 46 individuals (33.8%). Furthermore, most of the respondents fell within the 18-20 age range, comprising 80 individuals (58.8%), followed by 41 individuals (30.1%) in the 21-

30 age group, 11 individuals in the 31-40 age group (8.1%), and 4 individuals (2.9%) in the 41-50 and above age group.

Regarding occupation, 87 respondents (64%) were employed in the private sector, followed by 36 respondents (26.5%) in the government sector, 6 individuals (4.4%) were self-employed, and 7 individuals (5.1%) were unemployed. As for household income, the majority of respondents indicated that their household income fell within the category of RM5000 and above, accounting for 30.1%. The second highest category was around RM2001-RM3000 (36 individuals, equivalent to 26.5%), and the third category was between RM1001-2000 (26 individuals, equivalent to 19.1%). Only 2 respondents (1.5%) had a household income below RM1000.

## 4.2 Reliability Analysis

Table 2. Reliability Analysis

	Number of items	Cronbach's Alpha
Intention to contribute for health waqf	8	0.904
Attitude	4	0.737
Subjective Norms	4	0.694
Level of understanding	4	0.601
Perceived Behavior Control	4	0.851
Financial	4	0.719

The reliability of questionnaires is determined by assessing both consistency and stability. Consistency refers to the extent to which the items within a questionnaire effectively measure a concept when grouped together as a set. To evaluate the reliability of the instrument, a reliability analysis is conducted using Cronbach's Alpha score. The reliability of measure indicated the stability and consistency of the instruments in measuring concept and helps to assess the goodness of measure. The minimum acceptable reliability is 0.60 (Sekaran & Bougie, 2010).

To achieve consistent measurement across all items, the questionnaire's negatively worded items were initially reversed. The measurement instruments underwent a reliability analysis, specifically assessing internal consistency, by analyzing the factors. For this study, a minimum acceptability threshold of 0.6 was established. The results indicate that each reliability coefficient falls within the range of 0.601 to 0.904. Consequently, all variables examined in this study were deemed valid.

## 4.3 Correlation Analysis between independent variables and dependent variables.

Table 3. Correlation Analysis

Variables	1	2	3	4	5	6
1. Attitude	-					
2. Subjective norm	0.418 **					
3. Perceived behavior control	0.520 **	0.195 **				
4. Financial	0.419 **	0.503 **	0.445 **			
5. Level of understanding	0.516 **	0.298 **	0.487 **	0.381 **		
6. Intention	0.696 **	0.427 **	0.448 **	0.522 **	0.398 **	-



Based on the findings presented in table 3, the outputs of six variables were determined to be statistically significant. The correlation between all variables ranged from  $r = 0.195$  ( $p < 0.05$ ) to  $r = 0.696$  ( $p < 0.05$ ). Specifically, the correlation between perceived behavior control and subjective norm ( $r = 0.195$ ,  $p < 0.05$ ) exhibited a lower but still positive and significant relationship. These results align with a previous study by Shukor (2017), which investigated factors influencing the attitudes of Muslims in Malaysia toward contributing to waqf and confirmed that donation convenience significantly predicted waqf collection, thereby impacting individuals' willingness to participate in the donation.

Regarding Perceived Behavior Control, Ajzen (1991) explained that it refers to individuals' perception of the ease or difficulty associated with performing a particular behavior. This perception is influenced by past experiences as well as anticipated obstacles and impediments (Ali et al., 2014). However, these findings contradict a study by Hasbullah (2016), which found that perceived behavior control did not serve as a predictor for waqf contribution.

Moreover, the correlation between subjective norm and attitude ( $r = 0.418$ ,  $p < 0.05$ ), perceived behavior control and attitude ( $r = 0.520$ ,  $p < 0.05$ ), intention and attitude ( $r = 0.696$ ,  $p < 0.01$ ), intention and subjective norm ( $r = 0.427$ ,  $p < 0.05$ ), intention and perceived behavior control ( $r = 0.448$ ,  $p < 0.05$ ), intention and financial ( $r = 0.522$ ,  $p < 0.05$ ), and intention and level of understanding ( $r = 0.398$ ,  $p < 0.05$ ) indicating that all variables are independent of each other and exhibit positive relationships.

All correlations among the variables were found to be significant and demonstrated positive relationships. Specifically, the correlations between Perceived Behavior and Subjective Norm ( $r = 0.195$ ,  $p < 0.05$ ), financial and subjective norm ( $r = 0.503$ ,  $p < 0.05$ ), financial and perceived behavior control ( $r = 0.445$ ,  $p < 0.05$ ), level of understanding and attitude ( $r = 0.516$ ,  $p < 0.05$ ), level of understanding and subjective norm ( $r = 0.298$ ,  $p < 0.05$ ), level of understanding and perceived behavior control ( $r = 0.487$ ,  $p < 0.05$ ), and level of understanding and financial ( $r = 0.381$ ,  $p < 0.05$ ) were all statistically significant.

Despite the significance of the correlations between variables, none of them exceeded 0.90, indicating the absence of serious multicollinearity issues (Hair et al., 1998). The correlation analysis was conducted to address the second research objective, which aimed to examine the relationship between attitude, subjective norm, perceived behavior control, financial, and level of understanding with the public's intention to contribute to health waqf. Based on these results, it can be concluded that there are significant relationships among these variables.

#### 4.4 Regression Analysis on Coefficient of Determination ( $R^2$ )

The outcomes of the multiple regression analysis, depicting the relationship between the independent and dependent variables, are presented in Table 4. The coefficient of determination ( $R^2$ ) is a measure used to assess the degree to which changes in the dependent variable can be accounted for by the independent variables. It indicates the goodness of fit of the regression line to the data, ranging from 0 to 1 ( $0 < R^2 < 1$ ). Specifically,  $R^2$  represents the proportion of the total variation in the dependent variable that can be explained by the regression equation.

Table 4. Analysis on Coefficient of Determination (R<sup>2</sup>)

Model	1
R	0.744
R Square	0.554
Adjusted R Square	0.537
Std. Error of the estimate	0.42745

a. Predictors: (Constant), Level of understanding, Financial, Subjective Norms, Attitude, Perceived Behavior

b. Dependent Variable: Intention to contribute.

According to the model summary table 4, the value of R, which represents the regression of five independent variables (Attitude, subjective norm, perceived behavior control, financial, and level of understanding), is 0.744. The inter-correlation R square (R<sup>2</sup>) generated is 0.554, indicating that approximately 53.7% of the variance in the dependent variable can be explained by these five independent variables. However, based on the rule of thumb, it is observed that the remaining 46.3% of the variance cannot be accounted for by the regression analysis alone. This suggests that there might be other factors, such as the promotion of health waqf, that could potentially influence the intention to contribute in health waqf.

#### 4.5 Multiple Regression Analysis of Coefficient

The regression analysis presented in Table 5 examines the coefficients between the independent variables and the dependent variable. The results indicate that the Beta value for financial is 0.243, followed by attitude with 0.576, perceived behavior control with 0.057, subjective norm with 0.068, and level of understanding with -0.028. These findings suggest that attitude has the greatest impact on the public's intention to contribute to health waqf, as indicated by its Beta value of 0.576.

Furthermore, only two variables emerge as significant predictors of the intention to contribute to health waqf: attitude (p = 0.00) and financial (p = 0.02). However, subjective norm, perceived behavior control, and level of understanding are not significant predictors of intention to contribute in health waqf (p = 0.309, p = 0.481, and p = 0.732, respectively).

Table 5. Regression Analysis of Coefficient

Model		Coefficients <sup>a</sup>			t	Sig.
		Unstandardized Coefficients		Standardized Coefficients		
		B	Std. Error	Beta		
1	(Constant)	.508	.323		1.575	.118
	Attitude	.576	.081	.550	7.089	.000
	Subjective Norms	.068	.067	.073	1.021	.309
	Perceived Behavior Control	.057	.080	.053	.707	.481
	Financial	.243	.075	.241	3.220	.002
	Level of understanding	-.028	.082	-.025	-.343	.732

a. Dependent Variable: intention

Regression analysis was conducted to fulfil the second research objective in this study, which is to identify the most significant factors between attitude, subjective norm, perceived behavior control, financial and level of understanding that influence public's intention to contribute in health waqf. Based on the regression analysis results, it can be concluded that attitude is the factor that mostly influence public intention to contribute in health waqf, with t-value (7.089) and Beta value (0.550) the highest among all variables.

## **5.0 CONCLUSION**

This study found that attitude and financial are two major factors influencing the public's intention to contribute in health waqf. Attitude had the greatest influence on people's views, beliefs, and values about health waqf and their desire to contribute. These results have significant implications for relevant parties, including the Department of Waqf, Zakat, and Hajj (JAWHAR), when it comes to creating efficient plans for the progress of health waqf. By recognising the critical role of attitude, these stakeholders may create suitable ways to improve the public's view of and participation in health waqf programmes. This may involve targeted awareness campaigns, educational programs, and communication efforts that emphasize the significance of health waqf to assist those in need.

In addition, the State Islamic Religious Council (SRIC) also has a vital role to play in promoting health waqf. The findings suggest that raising awareness among the community is crucial and can be achieved through both aggressive and consistent promotional activities. Furthermore, State of Religious Council (SRIC) can successfully convey information about health waqf, its purpose, and the beneficial affects it may have on the community by using several channels such as social media, community activities, and website. This effort will assist to raise people's awareness of how important waqf is as a social fund that meets the needs of the community.

It is imperative to view health waqf as more than just a financing instrument for healthcare services. Rather, it should be recognized as a powerful tool for socio-economic development within the Ummah. A channelling resource into health waqf will not only provide direct support to the healthcare sector but will also contribute to the overall economic growth of the community. This point of view shows the wider effects and possibilities of health waqf, which go beyond its immediate benefits in providing healthcare. In facilitating the contribution process, it is essential for parties involved (e.g., State of Religious Council) to establish accessible and convenient channels for donors to contribute to health waqf. Providing appropriate platforms, both online and offline, can encourage more individuals to donate and ensure that their contributions reach the intended beneficiaries. Additionally, streamlining the donation process and offering transparency in the utilization of funds will further strengthen the trust and confidence of potential donors.

While financial considerations are often regarded as the primary factor influencing contributions to health waqf, it is important to recognize that there are individuals who have a genuine voluntary desire to donate. These individuals may not solely prioritize financial factors but instead have a deep-seated motivation to support the ummah through waqf contributions. For this reason, it is crucial to provide clear information on available channels and options for contributing to ensure that these voluntary donors can easily find avenues to fulfil their intentions.

In conclusion, the findings of this study offer valuable insights into the factors that influence the public's intention to contribute to health waqf. By understanding the significance influence of attitude and financial towards public intention, stakeholders can develop targeted strategies to strengthen the planning and development of health waqf initiatives. Through proactive awareness campaigns, appropriate channels for contributions, and a holistic perspective on the impact of health waqf, this social fund can be established as a crucial resource in meeting the needs of the community. It also highlights the importance of fostering commitment and garnering support from implementers and the wider society in order for the potential of health waqf in supporting those in need to be fully realized.

## **6.0 Suggestion for Future Research**

The study has raised several questions that need further investigation. Furthermore, similar research is considered important to explore the potential of health waqf implemented by the State Islamic Religious Council (SRIC). As a suggestion, there are several elements that can be explored for future research. The first element encompasses religion. Future researchers can attempt to examine the potential of religious factors as motivators for the community to contribute to health waqf. Religion can be a significant factor that encourages people to donate waqf because waqf has deep roots in certain religious teachings. For individuals who are religiously devout, waqf can be a form of obedience to religious teachings. In certain religions, contributing a portion of one's wealth as waqf is considered a spiritual responsibility and part of the commanded worship.

Furthermore, marketing can also be an additional factor that can be studied in the future. Marketing refers to the methods that can be implemented by the State Islamic Religious Council (SRIC) to attract interest and attention from the community to contribute to health waqf. With the advancements in current technology, the SRIC can carry out advertisements and marketing promotions through social media platforms such as TikTok, Facebook, Twitter, and many more. This is because the majority of the community frequently browse these social media platforms to obtain information and updates. Therefore, creative marketing ideas can effectively disseminate information about health waqf to the community.

Finally, future studies can focus on examining the sustainability of health waqf institutions. This is because several State Islamic Religious Councils (SRIC) have started developing their own health waqf-based institutions through hemodialysis centers in Johor, Pahang, and Perak. Hence, it is important to study the sustainability of these health waqf institutions to ensure their continued functioning and significant contributions to the community, especially for disadvantaged groups such as the B40.

## **CO-AUTHOR CONTRIBUTION**

This study was conducted collaboratively, and the co-authors contributed ideas, energy, and expertise to ensure the smooth progress of the study and article writing. Special thanks are extended to Dr. Noraina Mazuin Sapuan, the main advisor, and Associate Professor Dr. Puteri Fadzline Muhamad Tamyaz, the co-advisor, for their valuable effort, suggestions and comments on this research.

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