

# EMPOWERMENT OF SUSTAINABLE COMMUNITY HEALTH THROUGH THE APPLICATION OF THE THEORY OF MAQASID AL-SHARIAH

Ahasanul Haque\*<sup>1</sup>, Tarekol Islam Maruf<sup>2</sup>, Md Nazim Uddin<sup>3</sup>, Md Zohurul Anis<sup>4</sup>

1. Department of Business Administration, International Islamic University Malaysia
2. Department of Business, Management & Technology, ALFA University College, Malaysia
3. Department of Business Administration, Ankara University, Turkey
4. Department of Management Studies, University of Rajshahi, Bangladesh.

Correspondence: [ahasanul@iiu.edu.my](mailto:ahasanul@iiu.edu.my)

## ABSTRACT

The Maqasid al-Shariah concept is a critical component in implementing Shariah compliant healthcare, promoting medical tourism and sustainable development goals. The concept of Maqasid Shariah provides a clear guidance and framework to the process of ijtihad in solving the issues conforming to the human interest while complying with the will of Spirit. This study examines the incorporation of Maqasid al-Shariah principles into sustainable community health practices, emphasizing the influence of Shariah-compliant hospitals (SCH) and community health (CH) on the realization of Maqasid al-Shariah in Malaysia. The study seeks to synchronize healthcare delivery systems with the United Nations' Sustainable Development Goals (SDGs), highlighting the significance of health and well-being via Shariah-compliant healthcare frameworks. This study identifies gaps in the literature on the systematic implementation of Maqasid al-Shariah in healthcare systems, aiming to address the challenges of reconciling Islamic principles with medical treatments to promote social well-being.

The research used a quantitative methodology, utilizing a survey of 257 participants from diverse healthcare institutions in Kuala Lumpur. The results validate a substantial, favourable correlation between community health practices and Shariah-compliant hospitals with Maqasid al-Shariah. The use of Maqasid al-Shariah principles in healthcare can enhance life, intellect, faith, lineage, and wealth, which are fundamental aims of Islamic law. This research further aids in the actual incorporation of these ideas inside healthcare systems, providing politicians and healthcare executives with solutions to connect medical procedures with Islamic values.

The study indicates that promoting healthcare systems guided by Maqasid al-Shariah, such as Shariah-compliant hospitals and community health programs, can enhance sustainable healthcare practices while furthering the SDGs in Malaysia. It also advocates for additional research on the long-term effects of these integrated practices and their potential applicability across various geographical and institutional contexts. This research provides valuable insights into strengthening healthcare quality, fostering social solidarity, and improving community well-being by integrating Islamic legal frameworks into healthcare systems.

## KEYWORDS

Maqasid al-Shariah, Community Health, Shariah Complaint Hospital, SDG

## INTRODUCTION

The Maqasid al-Shariah, which safeguards life, intellect, faith, lineage, and wealth in accordance with Islamic principles and teachings, is the blueprint for a sustainable society's healthcare system [1]. The fundamental goal of Shariah compliant sustainable healthcare, such as hospitals, is to provide high-quality medical care, halal cuisine, religious and spiritual activities, and ethical and cultural components of medicine. This idea can be developed since it is in high demand among Muslim and non-Muslim populations [2]. Moreover, it can serve as an exceptional instrument for elucidating the ethical, legal, and cultural frameworks inherent in faith-based practices [3]. Therefore, more effort should be placed into learning the fundamental rules for developing Shariah-compliant sustainable health. For example, Maqasid al-Shariah concept is a critical component that must be implemented in hospital operations [4]. Furthermore, the approach used in administering treatments to patients must adhere to the Maqasid al-Shariah [5]. Therefore, while Muslims are undergoing treatment, this practice will provide a better service.

Community health plays a vital role in healthcare delivery, particularly within the framework of Shariah-compliant practices. This alignment is guided by Maqasid al-Shariah, a principle that ensures healthcare practices are consistent with Islamic teachings, promoting the well-being and protection of individuals and communities by religious values—primarily a fundamental need and an invaluable aspect of human existence [6]. The integration of Shariah principles to promote a sustainable and ethical healthcare system is the primary focus of health empowerment in the context of community health and Maqasid al-Shariah. Community health empowerment has a substantial causal influence on long-term social and economic development [7]. On the other hand, disturbances in health can cause significant suffering and deterioration in human life. Furthermore, it creates disruptions in regular operations. COVID-19, heart disease, hypertension, stroke, cancer, chronic respiratory illnesses, diabetes, arthritis, and asthma are among the chronic conditions that impair empowering community health [8]. Several variables influence the incidence of illnesses. Unhealthy diets, excessive calorie consumption, physical inactivity, and cigarette smoking are all concrete factors contributing to these diseases [9].

Humans need particular treatments to be healthy. A community health centre is a facility where individuals may help diagnose, monitor, and treat illnesses [10]. The hospital offers specialists, diagnostic equipment, and medications [11]. If people bring their health concerns to the hospital sooner, the illnesses will be treated. The effectiveness and quality of hospital management are dependent on the organization's empowerment [12]. According to Gharipour et al. [13], administrative management, such as the appointment system, administration process, visiting hours, quality of services, doctor harassment, and a healthy atmosphere, are variables impacting patients' choices in a community health environment. It implies that people must be empowered to provide healthcare services, and services must be delivered. The balance and integration of Islamic and medical techniques is a critical component in building Maqasid al-Shariah based health care facilities that will empower sustainability [14]. The concept is used in hospital settings to promote medical tourism and Sustainable Development Goal 3 (SDG 3) "Good Health and Well-being" in Malaysia [4, 60]. Additionally, it can benefit visitors from outside the area seeking medical care and services. In this study, various issues have been identified. The first is a lack of study on the essential prerequisite for strengthening sustainable community health by implementing Shariah-compliant practices. Furthermore, there is a problem with the lack of explanation concerning the order of the components in Maqasid al-Shariah in the medical sector. Finally, there is a lack of a systematic technique for examining concerns related to Maqasid al-Shariah in the context of empowering sustainable community health and Shariah compliant hospital.

Multiple studies have outlined the characteristics and elements of sustainable community health systems grounded in Shariah compliance [15–18]. By integrating medical operations with the principles of Maqasid al-Shariah, Shariah-compliant hospitals and sustainable community health services can be effectively managed and organized [19]. The Maqasid al-Shariah principle's uses must be understood in the context of nature. The aspects of the Maqasid al-Shariah need a clear description and explanation of the nature of empowering sustainable health that offers healthcare evaluation. Today's advancements in science and technology have had a significant impact on medication and

healthcare services. In examining the relevant laws (hukm) and fatwas, Islam must be contextualized within the framework of evolving human existence and advancements in science, technology, and socio-economic development. [20]. As a result of their standing under Islamic law, Muslims begin to question the use of some treatments and services.

There should be a standardized system in place for identifying treatments and services tailored specifically for Muslim consumption. Besides, the Maqasid al-Shariah concept is an appropriate assessment since it is more relevant and flexible in medical areas [21]. It will serve as an example for other regional nations to offer high-quality quality services to Muslim demands. This study aims to answer what is the impact of community health (CH) on Maqasid al-Shariah? And what is the impact of Shariah Compliant Hospital (SCH) on Maqasid al-Shariah (MAS)? Based on the above research questions, this study's general objective is to investigate the impact of community health (CH), and Shariah -compliant hospitals (SCH) on Maqasid al-Shariah (MAS) in Malaysia.

This assessment clearly demonstrates what healthcare practitioners must undertake to create a Maqasid al-Shariah empowering health care system based on community health and a Shariah compliant hospital. It explores how aspects in the Maqasid al-Shariah are prioritized in medical practice. Since it presents a thorough approach to hospital treatments, this research enables healthcare practitioners to determine Islamic legislation aims. As a result, the healthcare practitioners will get the basic skills in operating a Shariah -compliant organization by learning the essential requirements in building a Shariah -compliant hospital. Furthermore, it assists patients in making the best possible decision to acquire Shariah -compliant treatment.

Furthermore, the explanation of the precedence factor in Maqasid al-Shariah gives full knowledge of Islamic law in terms of medical procedures, allowing individuals to apply the teachings of Islam appropriately. Moreover, this research helps medical practitioners and patients prioritize the relevant aspects in the Maqasid al-Shariah while seeking treatment. Practical strategies, such as techniques for identifying the Maqasid al-Shariah, are presented in this work. This specific technique assists medical practitioners in determining the status of treatment based on the amount of maslaha and make judgments that are compliant with Islamic law. In the future, the approach might serve as a guide and reference for other researchers who want to develop the framework of the approach, which is still in its early stages.

## LITERATURE REVIEW

This study investigates the contemporary comprehension of community health empowerment, highlighting Maqasid al-Shariah as the dependent variable. The research examines two primary independent variables—community health (CH) refers to both the overall well-being of a population and the provision of healthcare services aimed at promoting health, preventing illness, and ensuring equitable access to care, and Shari'ah-compliant hospitals—by evaluating their fundamental principles, current status, and the vocabulary used to describe Shari'ah-aligned healthcare practices. The discourse will outline the essential criteria and components for assessing Shari'ah-compliant community health, based on previous studies. The section will conclude with a comprehensive clarification of the relevance of Maqasid al-Shariah in the health care system.

## SDGS AND MAQASID SHARIAH

The concept of a sustainable development model based on religious principles contrasts with the existing paradigm, emphasizing the separation of religious dogma and public policymaking. However, the sustainable development discourse has recognized that the three pillars of sustainable development need an ethical component to realize widespread values [22, 23]. As a result, Maqasid al-Shariah -driven health care would contribute to the achievement of the SDGs. Islamic financial institutions are increasingly recognizing the need to align their aims with the SDGs to defend and promote Maqasid al-Shariah. SDG 17's role in climate response, global health, and broader development contexts converges on the view that partnerships are the mechanism by which the remaining SDGs are operationalized, financed,

and scaled (including governance, accountability, and knowledge exchange across sectors) [41, 60, 62]. The following part will look for similarities between the SDGs and Imam al-Maqasid Ghazali's Shariah framework [63].

People, planet, prosperity, peace, and partnership are the five Ps that must be understood to comprehend the SDGs. These five Ps are considered components of the SDGs, and three of them—people, planet, and prosperity—are the pillars of SD [24]. Because the 2030 Agenda is indivisible, nations should avoid cherry-picking objectives and carefully weigh the trade-offs between them. SDGs are very broad, intended to accomplish global objectives that have been agreed upon by the international community as a whole, and have no direct contradictions with Islamic principles. Maqasid-al Shariah is also highly methodical, attempting to address human welfare and well-being in an orderly and complete manner [24]. The following paragraph attempts to translate the Sustainable Development Goals into Maqasid al-Shariah.

Protection of faith is one of the first pillars of Imam Al-Maqasid Ghazali's Shariah framework, and SDG targets 1, 2, 3, 6, and 10 concentrates on decreasing vulnerability, which is seen in people's faith. The second pillar is life protection (Nafs), which includes objectives 2, 3, 6, 8, and 11 to ensure healthy lifestyles and foster well-being to achieve long-term growth. The third pillar is progeny protection (Nasl) and Zakat (one of Islam's five pillars of religion), which assists people in poverty alleviation, fostering peace, and preserving the environment, as well as objectives 3, 5, 7, 11, 12, 13, 14, 15, and 16, which are all related to human progeny. The fourth pillar is intellectual protection (Aqal), which aligns with SDGs 1, 2, and 9 by facilitating access to nutritious food and excellent education and making children more productive in the future. The last pillar is wealth protection (Mal), and Zakat has built-in wealth transfer (SDG 10) that may assist create economic activity (SDG 8) and provide a social safety net (SDGs 1 and 3).

## SHARIAH COMPLIANT HOSPITAL

A hospital that complies with Shari'ah legislation ensures that all of its policies, processes, and medical practices adhere to the principles of Shari'ah [20]. This includes providing food that has been certified halal, ensuring that medical treatment is gender-sensitive, treating patients according to Islamic principles, and attending to their religious needs, such as providing prayer rooms and spiritual counselling [5]. These hospitals offer more than just medical care. Additionally, they base their administrative choices, financial management, and general patient care on Islamic principles. This ensures that the provision of healthcare aligns with the broader objectives of the Maqasid al-Shariah. In addition to receiving high-quality medical care, patients who select these institutions seek a medical environment that honours their moral principles and religious beliefs.

## COMMUNITY HEALTH

The coordinated efforts of healthcare professionals, organizations, and legislators to improve the health and well-being of entire populations, particularly in local areas, is known as community health [4]. Medical services, health education, preventive care, and wellness programs that adhere to Islamic morals and teachings are all included in community health in a Shari'ah-compliant setting. These initiatives address public health issues while ensuring that decisions are made in accordance with religious principles, cultural values, and the Shari'ah's moral guidelines [5]. In accordance with Maqasid al-Shariah, hospitals primarily concentrate on treating individual patients, but community health initiatives adopt a broader stance by attempting to prevent illness, promote health, and create policies that would enhance the overall well-being of the community.

## MAQASID AL-SHARI'AH (THE HIGHER OBJECTIVE OF ISLAMIC LAW)

Shariah is an Arabic term that is meaning "law" or "code of law." Maqasid al-Shariah is based on individual and communal advantages, and its rules are intended to preserve these benefits while also facilitating the development and perfection of human existence on Earth [19, 60]. Maqasid al-Shariah, according to Bendebka [28], is the Lawgiver's goals and intelligent purpose enshrined in each Shariah judgment. Its focus is on the essentials of individual existence in general [20].

The components of Maqasid al-Shariah have been described by previous academics. The elements of Maqasid al-Shariah are as follows: if al-Din (protection of belief and religion), if al-Nafs (protection of soul and body), if al-Aql (protection of intellect), if al-Nasl (protection of progeny and offspring), and if al-Mal (protection of resources), as introduced by previous scholars such as Imam Al-Ghazali. Moreover, many other scholars, such as Imam al-Shibi [28] agree with these points. The

five fundamental principles are founded on a reading of the Quran and Sunnah, which are the primary sources of Islamic law. The aim and goals of this concept are to facilitate (malaah) and protect humanity's advantages [30].

Medical treatments have positive and bad outcomes, with positive and negative side effects [21]. This method should strike a balance between the advantages and disadvantages. Patients need medical intervention in order to reclaim their quality of life. Unfortunately, there is no medical intervention that provides complete advantages to people [21]. In the lack of advantages, medical treatments will be useless. When artificial life support merely provides the quantity of life (a more extended lifetime) but not the quality or utility of human life, it is unnecessary. As a result, medical intervention will be deemed useless and a waste of money.

The merger of Shariah and medicine may occur in the preventive and preservation mode [21]. The Shariah rule includes food hygiene, personal cleanliness, and environmental hygiene, which leads to illness prevention and dissemination [21]. Furthermore, metabolic syndromes such as hypertension, coronary artery disease, and diabetes may be avoided by sharing information and educating about hunger management.

Intellect is a person's distinguishing feature, and it should be developed through time to increase both the individual's and society's knowledge [29]. According to Islam, Muslims must safeguard their intellect [30]. Thus, mental illness will be treated medically, and human intelligence will be restored. Furthermore, people will not live the lives of animals since humans, and a healthy mind and intelligence distinguish other creatures. A person's mental function should be managed since it may quickly lead to problems. Stress, neuroses, and psychoses are mental health issues that need therapy to restore intellectual function [21]. The same may be said about drug and alcohol addiction. Alcohol is addressed explicitly in the Quran as being prohibited because it interferes with human brain processes and intelligence.

Preserving the lineage entails selecting the children in terms of purity and cleanliness, as God has done. As a result, in Muslim culture, Islam encourages marriage and forbids infidelity [31, 2]. In addition, medical experts offer maternal health care, infertility therapy, and obstetric care, among other therapies, to maintain the community's reproduction [21].

One of the essential aspects of human existence is resources or property. As a result, Islam includes wealth in Islamic law to correctly manage their resources and avoid misusing them [32]. Human and material resource conservation are two elements of resource conservation in the medical profession [21]. The hospital's personnel will offer their entire dedication to the industry and create a healthy and productive environment by taking effective medications and living healthy lives. It adds to the economic resources of the community. Medical treatment facilities should not be squandered, and medical practitioners should look after them. Furthermore, it follows Islamic doctrine, which encourages resource conservation and avoidance of wasteful behavior.

## **COMMUNITY HEALTH AND MAQASID AL-SHARIAH**

The sources of reference in creating a Maqasid al-Shariah based community health system are the complete Shariah compliance covered sources, which are either primary or secondary sources of Islamic law, Islamic legal maxims, norms, model, and basic necessity [19]. The sources are divided into two categories: primary and secondary. The Quran, Sunnah, Ijma", and qiys are among the primary sources that Muslims use to achieve Islamic law goals. Furthermore, when the problems addressed are either unclearly expressed or not covered in the primary texts, Muslims turn to various sources to develop and build judgments. In defining empowering community health procedures and processes in the SDGs, secondary sources may also supplement primary ones [6]. They are juristic preference (Istisn), public interest considerations (Malik mursalah), custom (Uruf), continuity assumption (Istib), and undermining the means (Sad al-dhari).

A portion of the Quranic verses is the primary source for establishing a Maqasid al-Shariah framework based on community health system. It implies that eating halal food, paying attention to cleanliness, and being frugal while consuming sources are among Muslims' rules. The basic principles serve as a guide for developers and researchers in establishing the Quran as a basis for organizational growth. Because it is the second source of Islamic law, the Sunnah plays an essential part in the Islamic governing process. Since its careful and comprehensive procedure, Sunnah is a reliable source. Sunnah is

concerned about healthcare. Medical practitioners may use this tradition as a basic guideline for creating treatments in the health sector. Sunnah is also the primary source for introducing Shariah-compliant hospitals.

The third source of Islamic law is the Ijma [20]. Ijma Shariah may also be done when a scholar expresses his or her viewpoint on a topic and has it endorsed and agreed upon by other academics. Muslims do not need to reject Ijma Shariah since it is included in Islamic law [12]. Non-halal medical use as long as halal alternative medications are not accessible is an example of ijma" linked to medical activities. It may be seen in gelatin in medications and the injection of highly pure insulin [25]. In Islamic law, qiyas is also one of the essential sources. In its literal sense, qiyas refers to an analogy that compares one item to another [20, 30]. Therefore, the Quran, Sunnah, and Ijma" all support accepting the qiyas as a source [4].

Secondary sources such as al-istisna, malih mursalah, uruf, istib, and sad al-dhari are used in addition to primary sources to determine the principles in shari'ah-compliant community health. In Islamic law, istisna (equity) means to deem anything desirable [20]. The Quran and Sunnah are used to create Istisna. The permission of seeing at people's private parts while getting treatment is an example of Istisna in sustainable health procedure and practice [19]. The basic rule is that looking at private areas is illegal, although it is permitted to avoid damage. Because it offers the essential tools to promote flexibility and development of Islamic law, it is significant in structuring processes in the healthcare sector [12].

In Maqasid al-Shariah, malih mursalah (public interest) considers obtaining profit and avoiding or averting damage, and it supports the preservation of five fundamental components [27]. Indeed, it adheres to the concept of Maqasid al-Shariah, which is to gain benefit (malaah) while avoiding damage (mafsadah). The development of an empowered, sustainable community health centre and services for the community falls under the maalh mursalah, which means "life protection." Therefore, this study proposes the following hypotheses:

**H1:** There is a positive impact of community health on Maqasid al-Shariah.

## **SHARI'AH-COMPLIANT HOSPITAL AND MAQASID AL-SHARIAH**

Despite its arrival and growth, there are no comprehensive criteria for this idea or acknowledged Shariah-compliant standards for community health empowerment. However, several industry participants have expressed their views on the requirements for creating Shariah-compliant hospital. Therefore, this section attempts to bring together various sources to examine the features and structure of creating Shariah-compliant hospital to facilitate Maqasid al-Shariah. According to Al Haq et al. [5], the Shariah supervisory committee (SSC) in the hospital's organizational structure is an essential criterion in establishing Shariah compliance in community health. It will provide continuous monitoring, clarification, and evaluation to ensure that the community health system operates by Islamic law.

On the other hand, the following elements are the best criterion for demonstrating that this specific community health is compliant with Shariah principles. Architectural design, financial stability, advanced technology, and high-quality equipment are among the requirements. The services provided are accessible to everyone, regardless of faith or creed, and include the provision of healthy, up-to-date scientific medical treatment and holistic patient care, including physical, mental, emotional, and spiritual well-being. Among the requirements that the community health needs to recognize Shariah-compliant hospital are social demands and services and processes that do not violate Shariah principles [33].

Furthermore, the requirements for establishing Shariah-compliant sustainable community health are centered on specific components such as food and medicines, facilities, finances, human resources, services and treatment, and management. There are several indicators that a specific healthcare service is Shariah-compliant [1]. On the other hand, [19] have their criteria to define Shariah-compliant, long-term community health. Understanding the basic principles of Shariah, understanding the principles of halal and haram, understanding the principles of mumalah, implementing the concept of quality in Islam, and establishing Islamic core values within the organization that runs the sustainable community health are the essential characteristics and components that reflect Maqasid al-Shariah.

These factors and criteria of Shariah are necessary for determining if a particular empowering community health program is Shariah-compliant. It encompasses both excellent infrastructure and facility management as well as spiritual requirements [26]. In addition, the enabling organization must include Shariah principles into its standard operating procedure (SOP) to maintain a high-quality, long-term community health management approach. Finally, a variety of variables influences people's preferences for these two kinds of hospitals. For example, administration, such as appointment systems, administrative procedures, visiting hours, quality of services, doctor harassment, and a healthy atmosphere, affect patient choice in private and government hospitals [34].

In Malaysia, the provincial government is in charge of the rules and regulations at government hospitals [6]. The Minister of Health in Malaysia employs and dispatches physicians, nurses, pharmacists, dentists, and other associated healthcare professionals to various medical facilities [31]. Besides, government hospitals are faced with an excessive number of patients to treat daily. It is based on a study that states that in 2016, six million more outpatients were admitted to government hospitals [57]. As a result, government hospitals could barely afford to offer patients the same level of care as private hospitals. Furthermore, the research found that patients were dissatisfied with the level of assurance provided by government institutions, interpersonal skills continue to be a significant issue in government hospitals.

Additionally, most private hospitals have reduced waiting times for medical care, are well-maintained, have a clean atmosphere, pleasant and elegant amenities, room service, and various food and medication options, to name a few benefits [35]. Furthermore, since there are more private wards, guests may enjoy longer visiting hours and excellent solitude. Private hospitals are expensive in-service fees since they provide higher quality services and provide superior patient and customer care [36]. With the promise of more excellent pay and lighter workloads in the private sector, retaining government sector experts has become a problem [37].

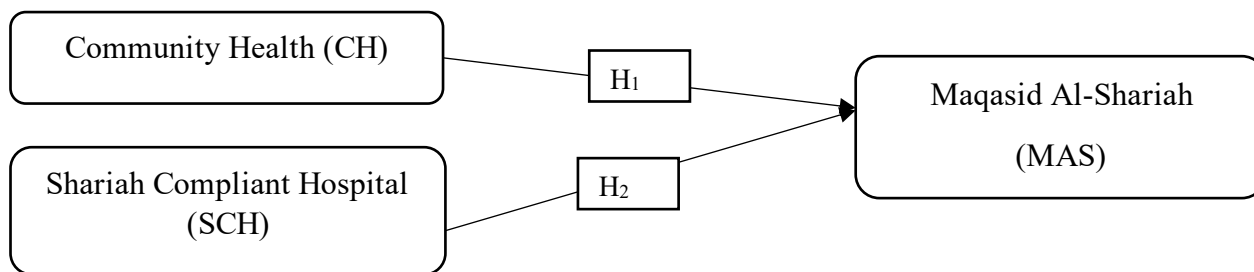
The Malaysian government has announced plans to cooperate with the commercial healthcare industry in sharing experts and facilities in government hospitals via the Minister of Health [38]. When experts are shared, this cooperation will overcome numerous logistical difficulties, allowing for more significant work in the hospital. In addition, the cooperation mechanism ensures greater productivity and efficiency, as hospitals may combine their efforts to provide high-quality, safe, and cost-effective social insurance for patients [39].

Private hospitals are actively implementing Shariah-compliant hospitals. It is notable that, An-Nur Specialist Hospital is a private hospital in Malaysia that has received a Shariah compliance certificate [19, 40]. Malaysia wants more healthcare professionals from both the commercial and public sectors to offer Shariah-compliant services. In the comprehensive literature study, definitions of Muslim medical tourism, ibadah friendly hospital, Islamic hospital, Shariah-compliant hospital, and the words *qawa id al-fiqhiyyah*, and *Maqasid al-Shariah* are given. As this study offers important information in addressing the research goals, the literature on the sequence of *Maqasid al-Shariah* and its development based on requirements is examined. Primary sources for building a Shariah-compliant hospital and other relevant criteria are also addressed in depth.

In terms of standard operating procedures (SOP) and customer service delivery, *Maqasid al-Shariah* may be implemented at the management level. The appropriate methods and procedures should be followed in order to create Shariah-compliant hospitals. The principles of *Maqasid al-Shariah* will guarantee that individuals behave by the revelation, guiding them to Allah S.W.T.'s compassion and favor. This hypothesis is also established by Ibn Khaldun's concept of *Asabiyyah* [41, 42], which emphasizes social cohesion and collective well-being. In the context of this study, *Asabiyyah* aligns with the Community Health construct, reflecting the social solidarity necessary to preserve life and lineage as part of the *Maqasid al-Shariah*. This research proposes the pursuing hypotheses:

**H<sub>2</sub>.** There is a positive impact of Shariah compliant hospital and *Maqasid al-Shariah*.

FIGURE: 1 CONCEPTUAL FRAMEWORK



## RESEARCH METHODOLOGY

The quantitative research methodology used in the study was based on a survey approach [48, 61], utilizing convenience sampling to gather data. The researchers distributed 300 sets of questionnaires, collecting 257 valid responses from Malaysian community health beneficiaries. The data were analyzed using IBM's SPSS-28 for statistical analysis and IBM's AMOS-SEM for structural equation modeling (SEM) to validate the measurement model and test hypotheses [64]. The present study analysed several elements that are essential for Maqasid al-Shariah (MAS). Consequently, the study's target audience consists of patients in Kuala Lumpur who are using the health care services of the country. Kuala Lumpur has been selected as the primary area for data collection because, as the nation's capital, it has the highest concentration of the population. According to Klar & Leeper [43], convenience sampling was chosen as the sampling method because it enables researchers to acquire essential data from a large population efficiently and rapidly. In addition, they stated that convenient sampling allows researchers to select respondents who are knowledgeable and conversant with the research topic. Yue et al. [44] indicate that a sample size between 200 and 400 is ideal for SEM data processing in terms of sample size selection. This study distributed 300 sets of questionnaires in several health care centre in Kuala Lumpur. All 273 responses were gathered. Respondents were Malaysian community health beneficiaries. After eliminating the eleven incomplete questions, 257 were usable.

The research model comprises three constructs: community health, Shariah compliant hospital, and Maqasid al-Shariah. The self-developed questionnaire consists of 14 items that were adopted and modified to some extent to meet the requirements of the present study. Following Hair et al. [45, 46], a 5-point Likert scale ranging from 1 "strongly disagree" to 5 "strongly agree" was utilized. The items of the questionnaire were composed exclusively in English. To validate the items, 20 sets of questionnaires were distributed to university students as part of a pilot study to collect their views. The questionnaires were then refined based on the respondents' suggestions. Based on the comments and suggestions provided by 273 respondents, the questionnaire was modified to increase clarity and comprehension.

For statistical analysis of the data, IBM's SPSS-28 was utilized in this study. However, IBM's AMOS-SEM was also utilized to validate the measurement model and to prove the research hypothesis.

## DEMOGRAPHIC PROFILE

The demographic profile can provide valuable insights regarding healthcare accessibility and community health. The disparity between employed and unemployed individuals may indicate difficulties in delivering sufficient healthcare services to the unemployed, who are likely more dependent on public health resources. The disparity in wealth levels suggests varying healthcare requirements, with affluent people likely accessing private or Shariah-compliant healthcare facilities, whilst lower-income persons may have obstacles in obtaining similar treatments.

The demographic data underscore the necessity for more inclusive healthcare systems that accommodate various populations, tackle socio-economic inequities, and correspond with the objectives of Maqasid al-Shariah, particularly regarding healthcare equity and quality. An exhaustive examination of these groups' preferences and requirements can assist policymakers in formulating more focused and efficacious healthcare services that address the entire community, without exclusion.

Table 1 provides a succinct overview of demographic information, while a comprehensive analysis of these features fosters a better comprehension of the community's varied requirements and underscores the necessity of incorporating inclusive, egalitarian, and Shariah-compliant healthcare frameworks. The demographic profile of the questionnaire respondents is displayed in Table 1.

**TABLE 1: DEMOGRAPHIC PROFILE OF RESPONDENTS**

Attributes	Category	Frequency	Percentage
Gender	Male	131	50.97%
	Female	126	49.03%
Age (Year)	18-23	23	8.95%
	24-29	60	23.35%
	30-35	39	15.18%
	36-41	52	20.23%
	42-47	25	9.73%
	48-53	19	7.393%
	54 and above	39	15.18%
Occupation	Service	43	16.73%
	Housewife	38	14.786%
	Student	49	19.07%
	Self-employed	53	20.62%
	Unemployed	74	28.79%
Income (RM)	Less than 2 k	38	14.78%
	2k-3k	31	12.06%
	4k-5k	49	19.07%
	6k-7k	53	20.62%
	8k-9k	80	31.13%
	10 k and above	6	2.33%

## EXPLORATORY FACTOR ANALYSIS

An Exploratory Factor Analysis (EFA) was conducted to study and determine the correlation between a group of interconnected variables [47] and [48]. Kaiser-Meyer-Olkin (KMO) and Bartlett's test of sphericity were conducted to initiate the EFA for this study. The KMO test yielded a value of 0.630, as shown in Table 2, showing that the result was statistically significant because it exceeded the 0.50 criterion [49]. Bartlett's Test of Sphericity was also statistically significant P value (0.000), confirming that the variables under consideration had a suitable correlation. The outcomes of the KMO test and Bartlett's test of sphericity indicate that the data were appropriate for exploratory factor analysis.

**TABLE 2: KMO AND BARTLETT'S TEST**

KMO and Bartlett's Test		
Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		0.630
Bartlett's Test of Sphericity	Approx. Chi-Square	1103.415
	df	66
	Sig.	0.000

According to Badar et al. [50], the exploratory factor analysis of this study utilized principal component analysis and the varimax rotation method. In addition, elements with eigenvalues more than 1.0 and factor loadings greater than 0.50 were chosen to represent a construct.

It is noteworthy that three components were found using EFA. However, specific parameters had to be eliminated from the study since they overwhelmed other variables. Due to the removal of SCH3, CH4 and MAS4 from the principal component analysis for a second time, the factors in Table 3 are capable of independently loading without causing any issues.

**TABLE 3: TOTAL VARIANCES EXPLAINED**

Rotated Component Matrix <sup>a</sup>			
	Component		
	1	2	3
SCH4	0.910		
SCH1	0.894		
SCH2	0.875		
CH1		0.876	
CH2		0.864	
CH3		0.831	
MAS2			0.853
MAS1			0.844
MAS3			0.565

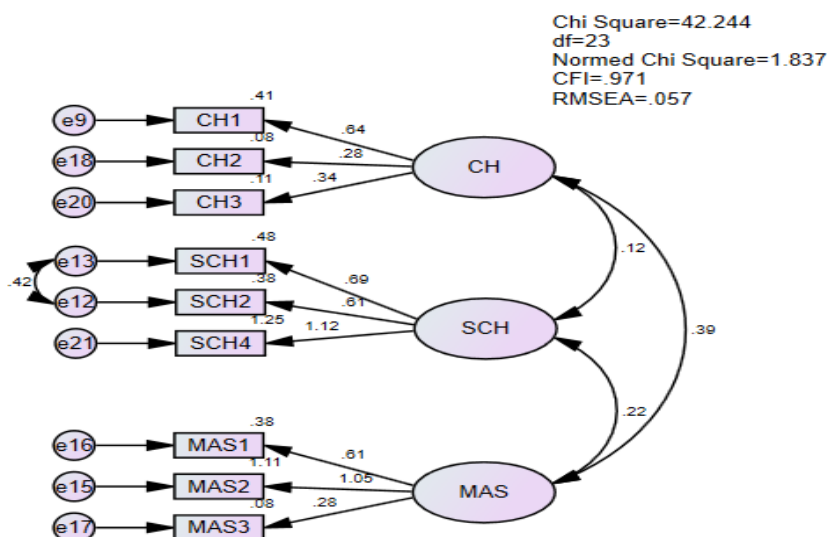
Extraction Method: Principal Component Analysis.  
Rotation Method: Varimax with Kaiser Normalization.

a. Rotation converged in 5 iterations.

## MEASUREMENT MODEL

A measuring model was developed to evaluate the validity of all exogenous and endogenous variables in the fitness-tested model. The independent variable of this study is community health (CH) and Shariah compliant hospital (SCH). On the other hand, Maqasid al-Shariah (MAS) is the dependent variable. Based on EFA, some items have been eliminated.

**FIGURE 2 MEASUREMENT MODEL**



After the change depicted in Figure 2, the variables were fitted to a CFI with a value of 0.971 and an RMSEA of 0.057, both of which are acceptable. The chi-square value is 42.244, and the degree of freedom is 23. The normed chi-square value of 1.837 is below the cutoff value of 5.0. Table 4 illustrates a summary of the measuring model.

**TABLE 4: SUMMARY OF MEASUREMENT MODEL RESULTS**

Name of Category	Recommended Value	Obtained Value	Comments
Absolute fit	RMSEA ≤ 0.08	0.057	The recommended level is achieved
Incremental fit	CFI ≥ 0.90	0.971	The recommended level is achieved
Parsimonious fit	ChiSq/df ≤ 5	1.837	The recommended level is achieved

All exogenous and endogenous latent variables exhibit correlation values less than the 0.85 thresholds, demonstrating the discriminant validity between variables.

### TESTING RELIABILITY AND VALIDITY

This study conducted a reliability test, including Cronbach's alpha, using SPSS-28 software for all constructs and AMOS software to evaluate Construct Reliability (CR). According to Bujang, Omar, & Baharum [51], Cronbach's alpha should exceed 0.70. Table 5 displays Cronbach's alpha value for each variable. Cronbach's alpha for CH, SCH, & MAS are 0.82, 0.88, & 0.71, respectively, which are above the minimal threshold provided. Furthermore, standardized loading for the construct of all three factors is greater than the 0.50 threshold, indicating that none of the constructs has a reliability concern.

**TABLE 5: FACTOR LOADING, AVE AND CR COMPUTATION FOR THE CONSTRUCTS**

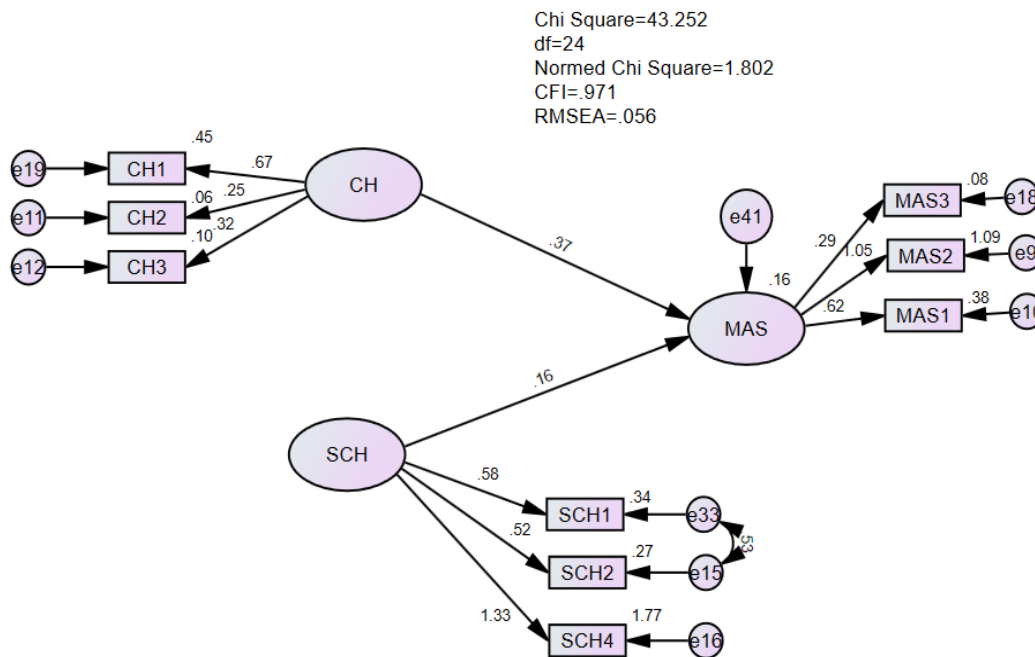
Constructs	Items	Factor loading	Cronbach a	AVE	CR
CH	CH 1	0.782	0.82	0.79	0.90
	CH 2	0.772			
	CH 3	0.693			
SCH	SCH 1	0.836	0.88	0.81	0.91
	SCH 2	0.774			
	SCH 4	0.844			
MAS	MAS1	0.713	0.71	0.73	0.89
	MAS2	0.766			
	MAS3	0.521			
Overall Cronbach's alpha			0.80		

In addition, the Composite Reliability (CR) and Average Variance Extracted (AVE) estimations were used to evaluate the validity of the three constructs in this study. Table 5 reveals that AVE for construct CH (0.79), SCH (0.81) and MAS (0.73) which are above the minimal threshold provided. Indeed, convergent validity was demonstrated for all components since the value of CR was greater than 0.60 (CR fluctuating from 0.89 to 0.91). According to Ab Hamid, M. R., Sami, & Sidek [52], if AVE is less than 0.50, although composite reliability is greater than 0.60, the construct's convergent validity is still adequate. However, in this study, the value of AVE and CR exceed the threshold level. Consequently, it might be argued that the legitimacy of further investigation has been established.

## STRUCTURAL EQUATIONS MODELING

Figure 3 illustrates the modified structural model, which fits with a CFI of 0.971, exceeds the cut-off value of 0.90, and has an RMSEA of 0.056, which satisfies the criteria. The normed chi-square value of 1.802 is less than five, which contributed to the structural model's fit; it has 24 degrees of freedom, and the chi-square value is 43.252. Therefore, the structure model remains fitted.

FIGURE 3: STRUCTURAL MODEL



Based on the SEM model (Figure 3), Table 6 displays the estimated paths between the constructions.

TABLE 6: PATH ESTIMATION

			Estimate	S.E.	C.R.	P	Decision
MAS	<---	CH	0.464	0.221	2.098	0.036	Supported
MAS	<---	SCH	0.098	0.038	2.589	0.010	Supported

## HYPOTHESIS TESTING

The results of analysing the structural path in the model revealed that community health (CH) has a substantial impact on Maqasid al-Shariah (MAS). Table 6 above shows that the hypothesis testing yielded a standardized regression weight of 0.464, a standard error of 0.221, and a critical ratio of 2.098. This critical ratio is higher than the threshold value of 1.96. The p-value is 0.036, which is less than the threshold 0.05. Prior studies have also found a favourable correlation between community health and its substantial impact on Maqasid al-Shariah [54, 55, 28]. Thus, the null hypothesis was refuted, indicating that there is a substantial impact of community health on Maqasid al-Shariah.

The hypothesis testing (Table 6) revealed that there is a strong relationship between Shariah-compliant hospitals (SCH) and Maqasid al-Shariah (MAS). The structure route has a standard regression weight of 0.098, a standard error of 0.038, a critical ratio of 2.589, and a P value of 0.010, which is less than the threshold level of 0.05. Hypothesis testing demonstrates that the services of a Shariah-compliant hospital have an impact on Maqasid al-Shariah. Given the rejection of the null hypothesis, there is strong empirical support, as demonstrated by previous studies, that a Shariah-compliant hospital has an impact on Maqasid al-Shariah [56, 57, 58, 59].

## CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

This study demonstrates a significant correlation between Maqasid al-Shariah (MAS), shariah-compliant hospitals (SCH), and community health (CH). This is consistent with prior research that advocates for the integration of Maqasid al-Shariah principles into healthcare systems. According to the findings, the objectives of Maqasid al-Shariah are positively influenced by shariah-compliant healthcare practices, particularly in the preservation of life, intellect, faith, lineage, and fortune. Through the application of AMOS-SEM statistical analysis, the empirical data collected in this study demonstrate that shariah-compliant hospitals and community health systems are essential for improving the general health of individuals by Maqasid al-Shariah. These results are consistent with existing theoretical frameworks and emphasize the significance of integrating Islamic law principles into healthcare systems. The results emphasize the broader alignment with the Sustainable Development Goals (SDGs), suggesting that the integration of Maqasid al-Shariah can enhance societal well-being by promoting ethical healthcare practices.

Despite the work's merits, it has a few deficiencies that warrant further investigation. The results of the study were conducted in Kuala Lumpur, Malaysia, using a convenience sample technique. Unfortunately, this may limit their generalizability to other regions or healthcare environments with varying cultural or economic conditions. The capacity to infer causality regarding the long-term effects of Maqasid al-Shariah integration within healthcare systems is limited using a cross-sectional design. To assess the effects over time and provide more considerable evidence of causal relationships, it is imperative to employ a longitudinal approach. The convenience sample approach may have resulted in sampling bias, as it fails to adequately represent the larger population, potentially undermining the external validity of the results. To rectify these deficiencies, future research should employ a more randomized sampling methodology and examine the long-term effects of Maqasid al-Shariah in a variety of healthcare contexts. The findings could be improved, and a more comprehensive understanding of the integration of Maqasid al-Shariah into global healthcare systems could be achieved by expanding the geographic parameters of the study and incorporating a more representative sample.

The study's findings suggest that there are numerous critical recommendations for future healthcare policy and research. To strengthen the spiritual and medicinal integrity of the healthcare system, policymakers should prioritize the integration of Maqasid al-Shariah into national healthcare frameworks. By incorporating Islamic legal principles into healthcare programs, the system could be more responsive to community demands while still adhering to fundamental ethical principles. Secondly, healthcare administrators and religious leaders should collaborate to develop policies and programs that align with Maqasid al-Shariah to ensure that healthcare professionals are trained in the application of these principles. The third and subsequent research should focus on the long-term effects of Maqasid al-Shariah on healthcare outcomes through longitudinal studies. The generalizability of the findings will be enhanced, thereby enabling a more comprehensive understanding of the relationship between Maqasid al-Shariah and global healthcare systems, by increasing the sample size to incorporate a more diverse demographic and geographic spectrum. Additionally, there is a need to prioritize the identification and resolution of the practical challenges that impede the implementation of Maqasid al-Shariah in healthcare settings, particularly in regions with diverse cultural and healthcare needs. Ultimately, research on shariah-compliant hospitals and their impact on community health and empowerment may offer valuable insights into the most effective methods for integrating Islamic principles into modern healthcare systems.

### Research Ethics Approval

Ethics approval for this study was received from the Research Ethics Committee of ALFA University College (RECAUC) on 20/06/2024 (Ref. No.: RECAUC-2024-0620).

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