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**HEALTHCARE-SEEKING BEHAVIOUR AMONG ASNAF
IN RURAL AREAS OF SELANGOR: THE ROLE OF
ZAKAT ASSISTANCE IN HEALTHCARE**

ISZARFIQ JAHRO



**MASTER OF SCIENCE (ACCOUNTING)
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**HEALTHCARE-SEEKING BEHAVIOUR AMONG ASNAF IN
RURAL AREAS OF SELANGOR: THE ROLE OF ZAKAT
ASSISTANCE IN HEALTHCARE**



**BY
ISZARFIQ JAHRO**

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(Accounting)**



Kolej Perniagaan
(College of Business)
Universiti Utara Malaysia

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(Signature)

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(Internal Examiner)

: **Dr. Mohamad Zulkurnai Ghazali**

Tandatangan
(Signature)

Tarikh: **2 April 2024**
(Date)

Nama Pelajar
(Name of Student) : **Iszarfiq Jahro**

Tajuk Tesis / Disertasi
(Title of the Thesis / Dissertation) : **Healthcare-Seeking Behaviour Among Asnaf in Rural Areas of Selangor: The Role of Zakat Assistance in Healthcare**

Program Pengajian
(Programme of Study) : **Master of Science (Accounting)**

Nama Penyelia/Penyelia-penyelia
(Name of Supervisor/Supervisors) : **Assoc. Prof. Dr. Rafeah Mat Saat**



A handwritten signature in black ink, appearing to read 'Rafeah', written over a horizontal line.

Tandatangan

Nama Penyelia/Penyelia-penyelia
(Name of Supervisor/Supervisors) : **Assoc. Prof. Dr. Norhaiza Khairudin**

A handwritten signature in black ink, appearing to be a stylized 'N' or 'P', written over a horizontal line.

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ABSTRACT

Study on healthcare-seeking behaviour examines how individuals or groups access the healthcare system and investigates health disparities. In Malaysia, the impoverished segments of the Muslim community, specifically Fuqara' Asnaf (the needy) and Masakin Asnaf (the poor), receive support from zakat institutions in every states. These institutions provide diverse forms of assistance aim at alleviating poverty. However, socioeconomic factors such as income, education and age can influence their willingness to seek adequate healthcare services, which in turn may affect their daily income and overall quality of life. While zakat assistance is crucial, there is a noticeable lack of studies investigating how these factors impact healthcare-seeking behaviour among Fuqara' and Masakin Asnaf in Malaysia. This study examines the factors influencing the disparity in healthcare-seeking behaviour among Fuqara' and Masakin Asnaf in the rural areas of Selangor; Kuala Selangor and Sabak Bernam. It focuses on the impact of socioeconomic, sociodemographic and sociocognitive factors, as well as the role of zakat assistance. Data were collected through a quantitative survey involving a sample of 361 Fuqara' and Masakin Asnaf, which were then analysed using Statistical Software for Social Sciences (SPSS) and Partial Least Squares Structural Equation Modelling (PLS-SEM). The findings of the study reveal that socioeconomic factors, sociodemographic variables, sociocognitive influences, perceived attributions, perceptions of severity and perceived advantages all significantly enhance healthcare seeking behaviour. Notably, the perception of severity emerges as the most critical factor that influences the decision to seek healthcare. However, zakat assistance does not have a positive influence on the healthcare-seeking behaviour of Fuqara' and Masakin Asnaf. The findings of this study provide valuable insights for authorities and zakat institutions. These insights may aid Fuqara' and Masakin Asnaf in significantly enhancing their quality of life related to healthcare.

Keywords: healthcare-seeking behaviour, socioeconomic, sociodemographic, sociocognitive, zakat assistance

ABSTRAK

Kajian mengenai tingkah laku dalam mendapatkan penjagaan kesihatan mengkaji bagaimana individu atau kumpulan tertentu mengakses sistem penjagaan kesihatan sering digunakan sebagai alat untuk menganalisis ketidaksaksamaan kesihatan. Golongan fakir dan miskin di Malaysia yang terdiri daripada masyarakat beragama Islam iaitu Asnaf Fuqara (fakir) dan Asnaf Masakin (miskin) dibantu oleh institusi zakat di setiap negeri. Institusi ini menyediakan pelbagai jenis bantuan untuk mengurangkan masalah kemiskinan. Walau bagaimanapun, faktor sosioekonomi seperti pendapatan, pendidikan, dan umur mungkin menyumbang kepada keengganan mereka untuk mendapatkan perkhidmatan kesihatan yang sewajarnya, yang seterusnya mempengaruhi kemampuan mereka untuk mencari nafkah dan menurunkan kualiti hidup mereka. Walaupun bantuan zakat memainkan peranan penting, kajian mengenai bagaimana faktor ini mempengaruhi tingkah laku mendapatkan penjagaan kesihatan dalam kalangan Asnaf Fuqara dan Masakin di Malaysia masih terhad. Kajian ini mengkaji jurang tersebut dengan meneliti bagaimana faktor sosioekonomi, sosiodemografi, dan sosiokognitif, bersama dengan bantuan zakat, mempengaruhi tingkah laku mendapatkan penjagaan kesihatan dalam kalangan Asnaf Fuqara dan Masakin di kawasan luar bandar Selangor, iaitu di daerah Kuala Selangor dan Sabak Bernam. Data dikumpulkan melalui tinjauan kuantitatif daripada sampel 361 orang Asnaf Fuqara dan Masakin, dan dianalisis menggunakan Perisian Statistik untuk Sains Sosial (SPSS) serta Pemodelan Persamaan Struktur Kuasa Dua Terkecil Separa (PLS-SEM). Dapatan kajian menunjukkan bahawa faktor sosioekonomi, sosiodemografi, sosiokognitif, atribusi yang dirasakan, persepsi keseriusan, dan kelebihan yang dirasakan mempunyai hubungan positif terhadap tingkah laku mendapatkan penjagaan kesihatan, manakala persepsi keterukan merupakan faktor paling berpengaruh dalam mendapatkan penjagaan kesihatan. Walau bagaimanapun, bantuan zakat tidak memberikan pengaruh positif terhadap tingkah laku mendapatkan penjagaan kesihatan mereka. Penemuan kajian ini memberikan pandangan yang bermakna kepada pihak berkuasa dan institusi zakat. Dapatan ini berpotensi untuk menyokong usaha Asnaf dalam meningkatkan kualiti hidup mereka, khususnya yang berkaitan dengan penjagaan kesihatan.

Kata kunci: tingkah laku mendapatkan penjagaan kesihatan, sosioekonomi, sosiodemografi, sosiokognitif, agihan zakat

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LIST OF ABBREVIATION

COVID-19	Coronavirus Disease
KL	Kuala Lumpur
LZS	Lembaga Zakat Selangor
MOH	Ministry of Health
OPD	Outpatient Department
PHCC	Primary HealthCare Clinic
SCT	Socio Cognitive Theory
SEM-PLS	Partial Least Squares Structural Equation Modelling
SES	Socioeconomic Status
TB	Tuberculosis
TM	Traditional Medicine
UK	United Kingdom



CHAPTER ONE INTRODUCTION

1.1 Background of the Study

Healthcare-seeking behaviour is defined as any action done by those who believe they have health issues or sick, to locate a suitable treatment (Ward et al., 1997). The study of healthcare-seeking behaviour and the variables that impact the behaviour, identifies crucial areas that need to be addressed; thus, providing information to the government and policymakers on the health-related behaviour of its citizens (Mackian, 2003). Additionally, the study of healthcare-seeking behaviour is a way that helps us learn how people access the healthcare system in diversified political, economic, demographic, and sociocultural conditions, thus healthcare-seeking behaviour study being viewed as an efficient tool for analysing health inequities (Shaikh & Hatcher, 2004). Accordingly, healthcare-seeking behaviour determines how a region's available healthcare facilities are being used, which in turn defines the population's health outcomes. Finally, it is a crucial, but frequently neglected, entry point for addressing disparities in healthcare (Musoke et al., 2014).

This study focuses on the Asnaf, a group of persons who qualify for zakat, including the Masakin (needy) and Fuqara' (poorer) (Widiastuti et al., 2021). Healthcare was not the primary focus of the majority of Fuqara' and Masakin Asnaf research. Therefore, this study focuses on Asnaf, also referred to as Fuqara' and Masakin, who fall under the category of the poor and needy.

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APPENDIX A

BORANG SOAL SELIDIK KAJIAN



PUSAT PENGAJIAN PERAKAUNAN TUNKU PUTERI INTAN SAFINAZ

(TISSA-UUM)

Assalamualaikum w.b.t.

Tuan/Puan,

Soal selidik ini adalah sebahagian daripada maklumat yang diperlukan untuk melengkapkan tesis kajian sarjana berkaitan **Faktor-Faktor yang Mempengaruhi Tingkah Laku Mendapatkan Penjagaan Kesihatan dalam Golongan Asnaf di Daerah Kuala Selangor dan Sabak Bernam**. Diharapkan tuan/puan dapat meluangkan sedikit masa untuk menjawab soal selidik ini dengan teliti dan seikhlas hati.

2. Semua jawapan yang tuan/puan berikan akan dirahsiakan dan hanya digunakan untuk tujuan kajian ini sahaja.

3. Jika ada sebarang pertanyaan, tuan/puan boleh menghubungi saya di talian 017-6509364.

Saya dahului dengan ucapan ribuan terima kasih di atas kerjasama yang tuan/puan berikan.

Salam hormat daripada saya,

Iszarfiq Bin Jahro

827794

Pelajar Ijazah Sarjana Sains (Perakaunan)

Bahagian A - Butiran Peribadi Responden

Sila berikan maklumat tentang anda. Sila tandakan (/) pada ruangan yang diberikan.

1. Jantina.

i) Lelaki ii) Perempuan

2. Umur.

i) < 30 tahun

ii) 31 – 40 tahun

iii) 41 – 50 tahun

iv) 51 – 60 tahun

v) > 61 tahun

3. Status perkahwinan.

i) Bujang

ii) Berkahwin

iii) Balu

iv) Duda/Janda

4. Status pekerjaan.

i) Menganggur

ii) Pekerja tidak mahir

iii) Pekerja separuh mahir, Perkeranian, Separuh profesional

iv) Pekerja mahir

v) Petani

Sila Nyatakan Pekerjaan : _____

5. Jumlah pendapatan sebulan.

- i) kurang dari RM 1,000
- ii) RM 1,001 – RM 1,500
- iii) RM 1,501 – RM 2,000
- iv) RM 2,001 – RM 2,500
- v) RM 2,501 – RM 3,000

6. Tahap pendidikan tertinggi.

- i) Sekolah Rendah (UPSR)
- ii) Sekolah Menengah Rendah (PMR/PT3)
- iii) Sekolah Menengah Atas (SPM)
- iv) Sijil Kemahiran
- v) STPM/Diploma/ Ijazah

7. Jarak perjalanan ke hospital atau klinik kesihatan yang berhampiran.

- i) 0 – 10 KM
- ii) 11 – 20 KM
- iii) 21 – 30 KM
- iv) 31 – 40 KM
- v) 50 KM ke atas

8. Mukim tempat tinggal:

9. Asnaf berdaftar di Lembaga Zakat Selangor: Ya Tidak

**Bahagian B - Faktor-Faktor yang Mempengaruhi Tingkah Laku Mendapatkan
Penjagaan Kesihatan dalam Golongan Asnaf**

Sila bulatkan nombor di dalam kotak yang bersesuaian bagi menyatakan tahap setuju dan tidak setuju anda terhadap pernyataan di bawah.

ATRIBUSI YANG DIRASAKAN		Sangat Tidak Setuju	Tidak Setuju	Neutral	Setuju	Sangat Setuju
1.	Secara umum, saya paling gemar mendapatkan penjagaan kesihatan berbanding ahli keluarga.	1	2	3	4	5
2.	Jika saya mendengar kempen penjagaan kesihatan diadakan, saya berminat untuk menyertainya.	1	2	3	4	5
3.	Saya suka mendengar ceramah penjagaan kesihatan yang dijalankan.	1	2	3	4	5
4.	Berbanding dengan ahli keluarga saya, saya memiliki beberapa risalah penjagaan kesihatan.	1	2	3	4	5
5.	Sekiranya ahli keluarga mempunyai risalah penjagaan kesihatan, saya akan meminta untuk membacanya.	1	2	3	4	5

PERSEPSI KETERUKAN		Sangat Tidak Setuju	Tidak Setuju	Neutral	Setuju	Sangat Setuju
1.	Saya berisiko mengalami masalah kesihatan.	1	2	3	4	5
2.	Saya berfikir bahawa penjagaan kesihatan bantu mengurangkan risiko masalah kesihatan.	1	2	3	4	5
3.	Saya berfikir bahawa penjagaan kesihatan perlu bagi golongan seperti saya.	1	2	3	4	5
4.	Saya berfikir risiko masalah kesihatan boleh dikurangkan dengan penjagaan kesihatan.	1	2	3	4	5
5.	Saya berfikir bahawa maklumat penjagaan kesihatan telah tersebar meluas.	1	2	3	4	5
6.	Saya berfikir bahawa penjagaan kesihatan sangat bersesuaian untuk saya.	1	2	3	4	5

KELEBIHAN YANG DIRASAKAN		Sangat Tidak Setuju	Tidak Setuju	Neutral	Setuju	Sangat Setuju
1.	Saya mudah membuat rawatan susulan selepas keluar dari hospital.	1	2	3	4	5
2.	Saya rasa lega dirawat tanpa perlu masuk ke bilik rawatan melainkan jika perlu.	1	2	3	4	5
3.	Saya lebih jelas dengan adanya catatan data dan penerangan daripada doktor.	1	2	3	4	5
BANTUAN ZAKAT		Sangat Tidak Setuju	Tidak Setuju	Neutral	Setuju	Sangat Setuju
1.	Lembaga Zakat Selangor (LZS) perlu terus membantu Asnaf yang menghadapi masalah kesihatan dalam bentuk kewangan.	1	2	3	4	5
2.	Lembaga Zakat Selangor (LZS) mengagihkan bantuan zakat perubatan secara adil mengikut kehendak Islam.	1	2	3	4	5
3.	Jumlah bantuan zakat perubatan ini mengambil kira semua aspek keperluan saya.	1	2	3	4	5
4.	Bantuan zakat membantu menampung keperluan hidup saya.	1	2	3	4	5
5.	Kakitangan Lembaga Zakat Selangor (LZS) memberikan perkhidmatan mesra pelanggan.	1	2	3	4	5

TINGKAH LAKU MENDAPATKAN PENJAGAAN KESIHATAN		Sangat Tidak Setuju	Tidak Setuju	Neutral	Setuju	Sangat Setuju
1.	Dalam tempoh 30 hari yang lepas, saya telah pergi ke hospital/klinik.	1	2	3	4	5
2.	Sekiranya saya sakit, tindakan pertama saya adalah berjumpa doktor.	1	2	3	4	5
3.	Sekiranya saya sakit, saya yakin dapat merawatnya dengan bertemu doktor.	1	2	3	4	5
4.	Saya berasa kagum jika seseorang itu dapat mengatasi masalah kesihatannya tanpa merujuk doktor.	1	2	3	4	5



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APPENDIX B
ENGLISH VERSION
SURVEY QUESTIONNAIRE FORM



TUNKU PUTERI INTAN SAFINAZ SCHOOL OF ACCOUNTANCY
(TISSA-UUM)

Greetings from TISSA-UUM.

Dear Sir / Madam,

This questionnaire is part of the information needed to complete the thesis of a master's study titled **Factors Influencing Healthcare-Seeking Behaviour Among Asnaf in Kuala Selangor and Sabak Bernam Districts**. It is hoped that you can spare some time to answer this questionnaire meticulously and sincerely.

2. Your responses in the questionnaire will be kept confidential and used for the purpose of this study only.

3. If you have any questions, feel free to contact the researcher at 017-6509364. Your cooperation is highly appreciated.

Best Regards,

Iszarfiq Bin Jahro
827794
Master's Degree of Science (Accounting) Students

Part A - Respondent's Personal Details

Please provide information about yourself. Please mark (/) in the given space.

1. Gender.

i) Male ii) Female

2. Age.

i) < 30 years old
ii) 31 – 40 years old
iii) 41 – 50 years old
iv) 51 – 60 years old
v) > 61 years old

3. Marital status.

i) Single
ii) Married
iii) Widow
iv) Divorced

4. Occupation status.

i) Unemployed
ii) Unskilled workers
iii) Semi-skilled workers, Clerical, Semi-professional workers
iv) Skilled workers
v) Farmers

Please Specify Occupation: _____

5. Total income per month.

- i) Less than RM 1,000
- ii) RM 1,001 – RM 1,500
- iii) RM 1,501 – RM 2,000
- iv) RM 2,001 – RM 2,500
- v) RM 2,501 – RM 3,000

6. Highest education level.

- i) Primary School (UPSR)
- ii) Lower Secondary School (PMR/PT3)
- iii) High School (SPM)
- iv) Skills Certificate
- v) STPM/Diploma/ Bachelor's Degree

7. Travel distance to nearby hospitals or health clinics.

- i) 0 – 10 KM
- ii) 11 – 20 KM
- iii) 21 – 30 KM
- iv) 31 – 40 KM
- v) Above 50 KM

8. Residential sub-district:

9. Asnaf registered with the Selangor Zakat Institution: Yes No



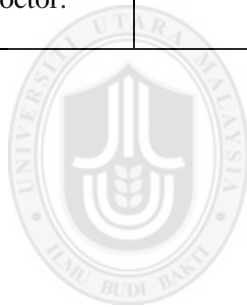
Part B - Factors Influencing the Healthcare-Seeking Behaviour among Asnaf.

Please circle the number in the appropriate box to indicate your agreement or disagreement with the statements below.

PERCEIVED ATTRIBUTION		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	In general, I prefer to seek healthcare more than my family members.	1	2	3	4	5
2.	If I hear of a healthcare campaign being held, I am interested in joining it.	1	2	3	4	5
3.	I love listening to the healthcare talks that are conducted.	1	2	3	4	5
4.	Compared to my family members, I own several healthcare brochures.	1	2	3	4	5
5.	If a family member has a healthcare brochure, I will ask for it to be read.	1	2	3	4	5
PERCEPTION OF SEVERITY		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	I am at risk of developing health problems.	1	2	3	4	5
2.	I think that healthcare helps reduce the risk of health problems.	1	2	3	4	5
3.	I think that healthcare is necessary for people like me.	1	2	3	4	5
4.	I think the risk of health problems can be reduced with healthcare.	1	2	3	4	5

5.	I think that healthcare information has become widespread.	1	2	3	4	5
6.	I think that healthcare is suitable for my life.	1	2	3	4	5
PERCEIVED ADVANTAGES		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	It is easy for me to have follow up treatments after being discharged from hospital.	1	2	3	4	5
2.	I feel relieved to be treated without entering the treatment room unless necessary.	1	2	3	4	5
3.	I understand information better when it's presented in data records and explained by doctors.	1	2	3	4	5
ZAKAT ASSISTANCE		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	The Selangor Zakat Institution (LZS) must continue to help Asnaf who are facing health problems with finances.	1	2	3	4	5
2.	The Selangor Zakat Institution (LZS) distributes medical zakat assistance fairly following Islamic requirements.	1	2	3	4	5
3.	The amount of medical zakat assistance considers all aspects of my needs.	1	2	3	4	5
4.	Zakat assistance helps me meet my living needs.	1	2	3	4	5

5.	The staff of the Selangor Zakat Institution (LZS) provides customer-friendly service.	1	2	3	4	5
HEALTHCARE-SEEKING BEHAVIOUR		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	In the last 30 days, I have been going to a hospital/clinic.	1	2	3	4	5
2.	If I am sick, my first action is to see a doctor.	1	2	3	4	5
3.	If I am sick, I am confident that I can be treated by seeing a doctor.	1	2	3	4	5
4.	I am amazed if a person can overcome health problems without consulting a doctor.	1	2	3	4	5



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APPENDIX C

List of Instrument Panel Experts

Academic Experts

1. Associate Prof. Dr. Rafeah Mat Saat

Assist. Professor, College of Business,
University Utara Malaysia, Malaysia

2. Associate Prof. Dr. Norhaiza Khairudin

Assist. Professor, College of Business,
University Utara Malaysia, Malaysia



APPENDIX D

Path Coefficient

	Standard deviation (STDEV)	T statistics (O/S TDEV)	P values
Perceived Advantages -> HEALTHCARE SEEKING BEHAVIOUR	0.065	1.735	0.041
Perceived Attribution -> HEALTHCARE SEEKING BEHAVIOUR	0.060	3.864	0.000
Perception of Severity -> HEALTHCARE SEEKING BEHAVIOUR	0.062	3.968	0.000



APPENDIX E

Path Coefficient

	Standard deviation (STDEV)	T statistics (O/S TDEV)	P values
Socio Cognitive -> HEALTHCARE SEEKING BEHAVIOUR	0.055	8.005	0.000
Socio Demographics -> HEALTHCARE SEEKING BEHAVIOUR	0.040	2.989	0.003
Socio Economics -> HEALTHCARE SEEKING BEHAVIOUR	0.047	3.385	0.001
Zakat Assistance -> HEALTHCARE SEEKING BEHAVIOUR	0.047	1.536	0.125



APPENDIX F

R-Square

	R-square	R-square adjusted
HEALTHCARE SEEKING BEHAVIOUR	0.302	0.288



APPENDIX G

Discriminant Validity-Fornell Larcker Criterion

	ADVANTAGES	ATTRIBUTION	BARRIER	HEALTHCARE SEEKING BEHAVIOUR	SEVERITY	ZAKAT
ADVANTAGES	0.794					
ATTRIBUTION	0.451	0.795				
BARRIER	0.215	0.051	0.775			
HEALTHCARE SEEKING BEHAVIOUR	0.370	0.409	0.156	0.939		
SEVERITY	0.480	0.317	0.330	0.378	0.799	
ZAKAT	0.247	0.345	0.282	0.261	0.246	0.797



APPENDIX H

Reliability Test for Healthcare Seeking Behaviour

Reliability Statistics	
Cronbach's Alpha	N of Items
.659	4

Reliability Test for Perceived Attribution

Reliability Statistics	
Cronbach's Alpha	N of Items
.966	5

Reliability Test for Perception of Severity

Reliability Statistics	
Cronbach's Alpha	N of Items
.932	6



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Reliability Test for Perceived Advantages

Reliability Statistics	
Cronbach's Alpha	N of Items
.687	3

Reliability Test for Zakat Assistance

Reliability Statistics	
Cronbach's Alpha	N of Items
.905	5