

**Original Article**

Awareness and Knowledge of Zakat in Healthcare Accessibility in Ilorin West Local Government Area, Kwara State, Nigeria

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ABSTRACT**Introduction**

This study assesses the awareness, knowledge, attitude, and practice of Zakat as a mechanism for healthcare financing among adults in Ilorin West Local Government Area, Kwara State, Nigeria.

Aim

This study assesses the awareness, knowledge, and practices of Zakat in healthcare access and financing among adults in Ilorin West Local Government Area.

Keywords:

Zakat

Healthcare financing

Awareness

Knowledge

Methodology

A cross-sectional survey design was employed, using a structured questionnaire and semi-structured interviews to collect data from 384 respondents selected through multistage sampling. Descriptive and inferential statistics were used to analyze quantitative data, while thematic analysis was applied to qualitative responses.

Results

The results revealed that only 49.5% of respondents were aware that Zakat could be used to finance healthcare, while 50.5% were unaware. Knowledge of Zakat's technical aspects was limited: just 41.6% knew the obligatory Zakat rate (2.5%), and only 45.3% understood the eligibility criteria (nisab). Although 54.6% supported using Zakat to cover hospital bills for the poor, and 39% had donated Zakat for health-related causes. Key barriers included lack of awareness (58.6%), difficulty in accessing funds (65.8%), and cultural stigma (40.3%). Respondents expressed strong support for institutional reforms, such as digitizing Zakat management (46.8%) and integrating health professionals into Zakat committees (49.4%).

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Conclusion

The study concludes that while there is moderate support for Zakat's role in healthcare financing, significant gaps in awareness, knowledge, and practice hinder its effective utilization.

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Introduction

Healthcare financing remains a critical public health challenge in many developing countries, including Nigeria, where access to quality healthcare services is largely constrained by financial barriers. A substantial proportion of Nigerians, particularly low-income and vulnerable populations, rely on out-of-pocket payments to access healthcare, a situation that exacerbates health inequities and limits timely utilization of services. In Muslim-majority communities, Zakat one of the five pillars of Islam represents a potentially sustainable and culturally acceptable source of financial support for healthcare access. Zakat is a mandatory almsgiving obligation requiring eligible Muslims to contribute 2.5% of their accumulated wealth to designated beneficiaries, including the poor and vulnerable (Ahmed, 2004). While traditionally applied to poverty alleviation and social welfare, its role in healthcare financing remains underutilized and underexplored in Nigeria (Abd Wahab & Abdul Rahman, 2011).

Evidence from other Muslim-majority countries demonstrates the effectiveness of Zakat as a healthcare financing mechanism when properly structured and administered. In Malaysia, Zakat institutions systematically support medical treatments, subsidize hospital costs, and provide financial assistance for healthcare services to disadvantaged populations (Mohd Noor *et al.*, 2021). Similar models exist in Pakistan and Indonesia, where organized Zakat systems contribute significantly to reducing the financial burden of illness among the poor (Sadeq, 2002). These experiences highlight the potential of Zakat to reduce health disparities and complement formal healthcare financing systems. However, in Nigeria, particularly in Ilorin West Local Government Area of Kwara State where a large Muslim population resides, empirical evidence on the utilization of Zakat for healthcare purposes remains limited.

Nigeria's healthcare system is characterized by inadequate public funding and heavy reliance on out-of-pocket expenditure. This study is situated within health systems financing and social protection frameworks, which emphasize financial risk protection and equitable access to healthcare. While international evidence demonstrates the role of Zakat as a complementary healthcare financing mechanism, empirical studies examining its awareness, knowledge, and utilization in Nigeria particularly at the sub-national level remain limited. This study addresses this gap by providing evidence from Ilorin West Local Government Area. The World Bank (2020) reports that over 70% of healthcare spending in Nigeria is financed directly by households, making healthcare unaffordable for many citizens. Consequently, individuals often resort to informal

financing mechanisms such as family support, community contributions, and religious assistance (Uzochukwu *et al.*, 2015). Within this context, Zakat presents a viable alternative or complementary financing mechanism capable of improving healthcare access for mustahiq (eligible beneficiaries), if effectively harnessed.

Despite its potential, several challenges limit the effective utilization of Zakat for healthcare financing in Ilorin West. These include inadequate awareness of Zakat's applicability to healthcare needs, absence of structured collection and distribution mechanisms, misconceptions regarding eligible beneficiaries, and weak institutional coordination (Oseni, 2017; Abdulkadir, 2013). Although Islamic organizations, mosques, and Zakat committees exist within the area, their operations often lack regulatory oversight, transparency, and targeted healthcare-focused distribution strategies (Kalejaiye, 2019). As a result, it remains unclear whether Zakat contributions are systematically directed toward alleviating healthcare-related financial burdens or dispersed across other charitable purposes.

This study therefore focuses on examining the awareness, knowledge, and practices surrounding Zakat and its utilization in healthcare financing among adults in Ilorin West Local Government Area. It specifically explores the extent to which Zakat is used to support healthcare access, the factors influencing its utilization, and the barriers limiting its effectiveness. The study is limited to adult residents of Ilorin West, including both Zakat payers (muzakki) and recipients (mustahiq), and does not extend to other forms of Islamic charity such as sadaqah or waqf. A cross-sectional survey design is employed, and findings may not be generalizable beyond the study area due to contextual differences.

The rationale for this study is grounded in the increasing financial burden of healthcare in Nigeria and the urgent need for alternative, community-based financing models aligned with local cultural and religious values. Given the significant Muslim population in Ilorin West, exploring Zakat as a healthcare financing mechanism is both timely and necessary. The study is further justified by successful international models and its alignment with global goals such as Universal Health Coverage and Sustainable Development Goal 3, which emphasizes equitable access to quality healthcare.

The significance of this study lies in its potential contributions to policy, practice, and scholarship. It provides empirical evidence on the role of Zakat in healthcare financing, contributes to the limited Nigerian literature on Islamic social finance and public health, and offers insights for policymakers, health administrators, religious leaders, and Zakat

institutions. Ultimately, the study seeks to promote more transparent, efficient, and health-focused Zakat systems that can reduce out-of-pocket expenditure, enhance healthcare access, and improve health equity among vulnerable populations in Ilorin West and similar settings.

Aim

This study aims to assess the awareness, knowledge, and practices of Zakat in healthcare access and financing among adults in Ilorin West Local Government Area.

Objectives

The specific objectives are:

To determine the level of awareness of Zakat as a financial aid mechanism for healthcare services among adults in Ilorin West Local Government Area.

To assess the knowledge of Zakat's role in healthcare financing among residents of the study area.

Methods

Study Design

This study adopted a descriptive cross-sectional survey design to assess the awareness, knowledge, and practices of Zakat in healthcare access and financing among adults in Ilorin West Local Government Area of Kwara State, Nigeria. The cross-sectional approach enabled data collection at a single point in time, providing a snapshot of how Zakat is understood and utilized for healthcare purposes within the study population. A mixed-methods approach was employed, combining quantitative data obtained through structured questionnaires with qualitative insights gathered through key informant interviews and focus group discussions, in order to enrich understanding of participants' experiences and perceptions.

Study Area

Ilorin West Local Government Area is one of the sixteen LGAs in Kwara State and serves as a major administrative, commercial, and religious hub. The area is predominantly Muslim, with numerous mosques, Islamic schools, and charitable organizations actively involved in religious and social welfare activities, including Zakat administration. Despite the presence of public and private healthcare facilities, many residents face financial barriers to healthcare access due to economic constraints and high out-of-pocket expenditures. This socio-religious and economic context makes Ilorin West a suitable setting for examining the role of Zakat in healthcare financing.

Study Population

The study population comprised adults aged 18 years and above residing in Ilorin West LGA, including Zakat payers (muzakki), Zakat beneficiaries (mustahiq), religious leaders, and Zakat administrators. Zakat payers were identified based on self-reported fulfillment of Zakat obligations and eligibility based on the Islamic nisab, while beneficiaries were identified through reported receipt of Zakat assistance, particularly for health-related needs, supported by socio-economic indicators such as low income, unemployment, chronic illness, or vulnerability. Identification was further aided through collaboration with mosque-based Zakat committees and community referrals to ensure inclusion of hard-to-reach participants.

Sample Size Determination

A minimum sample size of 384 respondents was determined using Cochran's formula for large populations at a 95% confidence level and a 5% margin of error.

Sample Technique

A multistage sampling technique was employed. First, six wards were purposively selected from the twelve wards in Ilorin West based on population density, socio-economic diversity, and the presence of active Islamic institutions. Respondents were then stratified into Zakat payers, beneficiaries, and Zakat administrators, after which systematic random sampling was used to select participants proportionately from each stratum.

Data Collection Instruments

Data were collected using a structured questionnaire containing mainly closed-ended Likert-scale items to assess awareness, knowledge, and practices of Zakat in healthcare financing. Qualitative data were obtained through focus group discussions and key informant interviews with Islamic scholars and Zakat administrators.

Validity and Reliability of Instruments

The research instruments were validated through expert review and pilot testing to ensure clarity, relevance, and adequacy. Reliability was established using the test-retest method and internal consistency analysis, with Cronbach's alpha coefficient of 0.7 or higher considered acceptable.

Data Collection Procedure

Ethical approval [ERC/MOH/2025/07/469] was obtained from the appropriate research ethics committee, and permission was secured from relevant authorities, including local government officials and Islamic organizations. Participants were adequately

informed about the study, and confidentiality was maintained throughout the research process. Data collection was carried out by trained research assistants, using both self-administered and interviewer-administered questionnaires to accommodate varying literacy levels.

Data Analysis

Quantitative data were analyzed using the Statistical Package for the Social Sciences (SPSS), employing descriptive statistics such as frequencies and percentages. Findings were presented using tables.

Results

Table 1: Demographic Characteristics

Variable	Category	Frequency	Percentage (%)
Age	18–25	24	6.3
	26–35	80	20.8
	36–45	100	26.0
	46–55	120	31.2
	56+	60	15.6
Gender	Male	200	52.1
	Female	184	47.9
Occupation	Civil servant	84	21.9
	Trader	117	30.5
	Artisan	67	17.4
	Health Workers	67	17.4
	Unemployed	49	12.8
Education	No formal	20	5.2
	Primary	30	7.8
	Secondary	120	31.3
	Tertiary	170	44.3
	Quranic only	44	11.4
Income (₦)	<20,000	90	23.4
	20,000–50,000	100	26.0
	50,000–100,000	110	28.6
	>100,000	84	21.9
Paid zakat before	Yes	150	39.1
	No	234	60.9
Received zakat for healthcare	Yes	120	31.3
	No	264	68.7

The age distribution shows that the respondents were predominantly middle-aged. The largest group was 46–55 years (31.2%), followed by those aged 36–45 years (26.0%). Younger respondents were less represented, with only 6.3% aged 18–25 and 20.8% aged 26–35. Meanwhile, 15.6% were 56 years and above. Gender distribution was nearly balanced, with 52.1% male and 47.9% female. Occupation-wise, the majorities were traders (30.5%), followed by civil servants (21.9%), artisans and health workers (each

17.4%), while 12.8% were unemployed. In terms of education, the largest proportion had tertiary education (44.3%), with secondary education also well represented (31.3%). Only 5.2% had no formal education. Income distribution shows that most earned between ₦20,000–₦100,000 (54.6%), while 23.4% earned less than ₦20,000. Importantly, 60.9% had never paid zakat, and 68.7% had never received zakat for healthcare.

Table 2: Awareness of Zakat for Healthcare

Variable	Category	Frequency	Percentage (%)
Aware zakat can finance healthcare	Strongly Agree	50	13.0
	Agree	140	36.5
	Disagree	95	24.7
	Strongly Disagree	99	25.8
Mosques educate on zakat for healthcare	Strongly Agree	70	18.2
	Agree	85	22.1
	Disagree	130	33.9
	Strongly Disagree	99	25.8
Zakat should cover hospital bills for poor	Strongly Agree	120	31.2
	Agree	90	23.4
	Disagree	80	20.8
	Strongly Disagree	94	24.5
Seen campaigns/messages	Strongly Agree	60	15.6
	Agree	99	25.8
	Disagree	140	36.5
	Strongly Disagree	85	22.1
Islamic orgs distribute zakat for healthcare	Strongly Agree	55	14.3
	Agree	104	27.1
	Disagree	130	33.9
	Strongly Disagree	95	24.7
Discussed in social/religious circles	Strongly Agree	65	16.9
	Agree	90	23.4
	Disagree	135	35.2
	Strongly Disagree	94	24.5
Media promotes zakat for healthcare	Strongly Agree	70	18.2
	Agree	80	20.8
	Disagree	140	36.5
	Strongly Disagree	94	24.5
Centralized zakat-healthcare database would help	Strongly Agree	125	32.6
	Agree	85	22.1
	Disagree	75	19.5
	Strongly Disagree	99	25.8
Zakat for healthcare prioritized over other uses	Strongly Agree	130	33.9
	Agree	104	27.1
	Disagree	60	15.6
	Strongly Disagree	90	23.4
Complete Awareness Score (Mean = 2.44)			Low Level

Awareness levels were mixed. While 49.5% (13% strongly agree, 36.5% agree) knew zakat Awareness levels were mixed. While 49.5% (13% strongly agree, 36.5% agree) knew zakat could finance healthcare, nearly the same proportion disagreed (50.5%). On mosque education, only 40.3% agreed, while 59.7% disagreed. Interestingly, 54.6% supported zakat covering hospital bills for the poor, while 45.3% opposed. Campaign exposure was low, with 41.4% reporting awareness and 58.6% not seeing messages. Regarding Islamic organizations, only 41.4% agreed they distribute zakat for healthcare, while 58.6%

disagreed. Social/religious discussions also leaned low, with 40.3% agreeing and 59.7% disagreeing. Media promotion was limited, as 39% agreed but 61% disagreed. On structural improvement, 54.7% supported a centralized zakat-healthcare database, while 45.3% did not. Finally, 61% believed zakat for healthcare should be prioritized over other uses, while 39% disagreed.

Complete Awareness Score: The overall mean awareness score was 2.44 out of 4, indicating a generally *low level of awareness* of Zakat for healthcare among respondents.

Table 3: Knowledge of Zakat's Role

Variable	Category	Frequency	Percentage (%)
Zakat can fund healthcare under Sharia	Strongly Agree	95	24.7
	Agree	130	33.9
	Disagree	64	16.9
	Strongly Disagree	94	24.5
Know zakat rate (2.5%)	Strongly Agree	70	18.2
	Agree	90	23.4
	Disagree	125	32.6
	Strongly Disagree	99	25.8
Chronically ill patients qualify	Strongly Agree	60	15.6
	Agree	130	33.9
	Disagree	100	26.0
	Strongly Disagree	94	24.5
Pooling zakat funds for community health	Strongly Agree	104	27.1
	Agree	120	31.22
	Disagree	85	22.1
	Strongly Disagree	75	19.5
Committees should include health workers	Strongly Agree	80	20.8
	Agree	95110	28.6
	Disagree	95	24.7
	Strongly Disagree	99	25.8
Let it be Zakat funds can be used to support healthcare financing alongside government efforts.	Strongly Agree	55	14.3
	Agree	85	22.1
	Disagree	140	36.5
	Strongly Disagree	104	27.1
Schools can help raise awareness about the link between zakat and healthcare.	Strongly Agree	65	16.9
	Agree	130	33.9
	Disagree	90	23.4
	Strongly Disagree	99	25.8
Understand zakat eligibility (nisab)	Strongly Agree	70	18.2
	Agree	104	27.1
	Disagree	125	32.6
	Strongly Disagree	85	22.1
Islamic scholars have taught that zakat can be used for healthcare.	Strongly Agree	60	15.6
	Agree	95	24.7
	Disagree	135	35.2
	Strongly Disagree	94	24.5

Knowledge levels showed some gaps. A slight majority (58.6%) agreed that zakat can fund healthcare under Sharia, while 41.4% disagreed. Knowledge of zakat rate (2.5%) was poor, as Knowledge levels showed some gaps. A slight majority (58.6%) agreed that zakat can fund healthcare under Sharia, while 41.4% disagreed. Knowledge of the zakat rate (2.5%) was poor, as only 41.6% agreed, while a higher 58.4% did not know. On eligibility, 49.5% recognized chronically ill patients as qualified, while 50.5% disagreed. Pooling zakat funds for health was supported by 58.3%, while 41.6% opposed. Having health workers in committees gained 49.4% support, but still faced 50.5% opposition. Replacing government financing with zakat had low approval,

with only 36.4% support against 63.6% opposition. School-based teachings were supported by 50.8%, while 49.2% disagreed. Understanding nisab was weak, as only 45.3% knew, while 54.7% did not. Finally, scholar emphasis was low, with just 40.3% agreement compared to 59.7% disagreement.

Discussion

This study provides empirical evidence from Ilorin West Local Government Area showing generally low awareness and modest knowledge of Zakat as a mechanism for healthcare financing among adults. Despite respondents being largely middle-aged, economically active, and relatively educated, over 60% had never paid Zakat and nearly 70% had never

received Zakat for healthcare. This highlights a significant gap between socio-economic capacity and the practical use of Zakat for health-related purposes. Findings indicate that only 49.5% of respondents were aware that Zakat could be used to finance healthcare, with an overall low mean awareness score (2.44). Limited exposure through mosque teachings, media campaigns, and community discussions reflects weak institutional communication and poor integration of Zakat into healthcare financing discourse. These findings are consistent with earlier Nigerian studies, which report that Zakat is often viewed narrowly as general charity rather than as a structured social finance mechanism (Oseni, 2017; Abdulkadir, 2013). Knowledge-related gaps were also evident, as less than half of respondents correctly identified the Zakat rate (2.5%) or understood eligibility criteria (nisab), and only a slight majority recognized that Zakat could be used to fund healthcare under Sharia. Nevertheless, attitudes toward using Zakat for healthcare were relatively positive, with more than half of respondents supporting the use of Zakat to cover hospital bills for the poor and endorsing institutional reforms such as pooled Zakat funds and the inclusion of health professionals in Zakat committees. However, actual practice remained low, confirming that positive attitudes alone do not translate into utilization, largely due to poor awareness, weak institutional structures, and access barriers.

Overall, the findings suggest that Zakat remains an underutilized but socially acceptable mechanism for healthcare financing in Ilorin West LGA. This study contributes to the limited Nigerian literature on Islamic social finance by demonstrating that the primary constraints to effective Zakat utilization for healthcare are knowledge deficits and governance challenges rather than religious resistance. Strengthening institutional coordination, transparency, and alignment of Zakat systems with existing health financing structures could enhance Zakat's role in reducing out-of-pocket expenditure and improving healthcare access among vulnerable populations.

Conclusion

This study concludes that although there is moderate support for using Zakat to finance healthcare in Ilorin West LGA, awareness, knowledge, and practical utilization remain low. The disconnect between positive attitudes and actual practice limits Zakat's effectiveness as a complementary healthcare financing mechanism. Strengthening education, institutional coordination, and transparency is essential for Zakat to meaningfully reduce healthcare financial barriers among vulnerable populations.

Recommendations

Intensify public enlightenment campaigns through mosques, Islamic schools, media, and community forums on Zakat's role in healthcare.

Establish structured and transparent Zakat management systems, including centralized databases for healthcare-related Zakat.

Integrate health professionals into Zakat committees to improve needs assessment and fund allocation.

Encourage collaboration between Zakat institutions and healthcare facilities to support subsidized care for the poor.

Incorporate Zakat education into school curricula and religious training programs.

Public Health Impact

Enhances financial access to healthcare for low-income and vulnerable populations.

Reduces out-of-pocket healthcare expenditure, supporting progress toward Universal Health Coverage.

Strengthens community-based health financing aligned with cultural and religious values.

Contributes to health equity and poverty reduction, advancing SDG 3 and social protection goals.

Conflict of Interest

The authors declare no conflict of interest associated with this study.

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