

**AN EMPIRICAL ANALYSIS OF BEHAVIOURAL INTENTION OF DONORS  
TOWARDS WAQF FOR FINANCING MATERNAL AND CHILD HEALTHCARE  
SERVICES IN KANO METROPOLIS**

**BY**

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ISLAMIC BANKING & FINANCE**

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## **DECLARATION**

I hereby declare that this work is the product of my research efforts undertaken under the supervision of Dr Ahmad A. Maiyaki and to the best of my knowledge it has not been presented anywhere for the award of a degree or certificate. All sources have been duly acknowledged.

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## CERTIFICATION

This is to certify that the research work for this dissertation by {Zainab Muhammad Bashir SPS/13/MIF/00009} was carried out under my supervision.

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## **DEDICATION**

To the soul of my grandparents,

And my beloved parents,

And to my beloved and my siblings,

And finally to all mothers and righteous children,

This is dedicated for you

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## **ABSTRACT**

*Inadequate financing of maternal and child healthcare among other challenges such as unaffordable private healthcare service, increased demand, unsustained government policies, non complementary funding from philanthropic institutions necessitates a viable alternative to finance MCH in Kano metropolis. This study makes use of the theory of planned behavior TPB, developed by Ajzen to examine the behavioral intention of donors towards waqf. Specifically, the study examines the influence of attitude, subjective norm and perceived behavioral control on explaining intention of donors towards waqf for financing maternal and child healthcare services in Kano metropolis. A survey has been distributed to 384 respondents using simple random sampling. Using ordered logit for data analysis, the result of the findings shows that attitude and perceived behavioral control significantly influence donors behavioral intention. However, the TPB constructs serve as predictor to waqf donating intention for financing MCH in Kano metropolis. Accordingly, creation of awareness and motivation will help to boost and uphold individual donors confidence to donate waqf; and also health sector waqf should be initiated specifically for MCH services. Future research should include other relevant motivating variables such as altruism, religiosity, trust, moral responsibility, literacy and so on.*

## CHAPTER ONE

### INTRODUCTION

#### 1.1 BACKGROUND TO THE STUDY

Maternal and child healthcare (MCH) services are the health services provided to mothers (women in their child bearing age) and children. The targets for MCH services are all women in their reproductive age groups i.e. 15-49 years of age, children, school age population and adolescents. Throughout the world, especially in the developing countries, there is an increasing concern and interest in MCH. The commitment towards MCH gains further strength after the World Summit for Children in 1991, which gave serious consideration and outlined major areas to be addressed in the provision of MCH services (Addisse, 2003). The United Nation's Children Fund (UNICEF) observed that poor funding is among the direct factors that trigger maternal and child mortality. Other factors include culturally inappropriate health and nutrition services, food insecurity, female illiteracy and indirect factors. Inadequate finance is also one of the important challenges facing the health sector, in particular the maternal and child health (MCH) service component.

Nigeria, being the most populous black country in the World with a population of 178.52 million in 2014 i.e., 2.35% of world population (National Bureau of Statistics Nigeria), has not been able to meet the target of maternal and child healthcare intervention of the Millennium Development Goals (MDGs), now replaced by the Sustainable Development Goals (SDGs). However, in an effort to improve MCH services various interventions were put in place by Nigerian government including the Midwife Service Scheme, SURE-P MCH, Ward Health System and the Free Maternal and Child Health policy which were introduced in a number of states including Kano.

In Kano state, the government's free maternal and child health policy was initiated because of financial barrier which hinder equitable access to the use of maternal and child health service. Moreover, records from health authorities reveal that the money for the free maternity is increased on annual basis but prices change rapidly and population is increasing daily. Therefore the free MCH materials finish before the regular 3 months release, often with 4 to 6 weeks deficit and the bigger hospitals like Murtala Muhammad Specialist Hospital (MMSH) end up augmenting the programme from their local resources (Yakasai *et al*, 2012).

Besides government expenditure on MCH is limited by growing population, increased demand, (that is rising number of women in need of the service which has overstretched the governments capacity), scarce resources, high prices, problem of affordability of service, short supply of government equipment, and short term or unstable government policies on health and MCH. In addition, women and children are among the vulnerable group in the society of which financial barrier deter access to use of such services. The situation is obvious in our communities and in hospitals. However, financial resources allocated to MCH services are insufficient to give wider coverage because of high demand by the society.

Therefore, financing of this service is a burden that should be shouldered by all and sundry not only the government. The foregoing issues provide the motivation for this study to seek an alternative source of financing MCH service. One of these alternatives is the Islamic endowment (*waqf*) which is a voluntary institution in Islamic civilization that provides social and welfare facilities like health, education, shelter, entertainment and food. *Waqf* could therefore be exploited as another major source of finance with potential of supporting the financing of MCH services in Nigeria and elsewhere.

*Waqf* is founded by keeping in perpetuity some property, movable and immovable, for religious, pious or charitable purposes and preserving it for the benefit of Muslim community. The institution of *waqf*, began in the early days of Islam became well developed in the Ottoman Empire, contributed to socio-economic development of Muslims. The objective of *waqf* may be for the benefit of individuals, families or the society at large. Support given by *waqf* includes the provision of religious services, socio-economic relief to the poor and the needy, education, environmental protection, scientific advancement and many other developmental purposes. The beauty of the institution of *waqf* is that it is one of the institutions of wealth re-distribution and as such it has the potential to make positive impact in the provision of access to proper healthcare services to the disadvantaged like women and children.

The state of a country's healthcare delivery system is often indicated by maternal and child mortality rates and other variables such as adequacy and affordability of health facilities as well as complementary funding from philanthropic institutions such as *waqf* to supplement government finances. Muslim history in many communities indicates different socioeconomic and welfare facilities, such as financing education, health, agriculture, environmental issues, empowerment and poverty alleviation programmes were undertaken by *waqf* institutions. However in Kano state, *waqf* activities seem to be restricted to serving "religious" or ritual purposes in form of *madrrasah* (religious schools), mosques, cemeteries and planting trees and water wells. There is slight focus on socio-economic and welfare activities by organizations in the provision of social amenities like health facilities, roads, housing and recreation.

With the apparent lack of attention to socio-economic *waqf* facilities in North-western Nigeria, it appears necessary to study the intention of donors towards establishing *waqf* dedicated to addressing social problems like maternal mortality and child-killing diseases in the region.

Consequently, this study undertaken in that regard is an empirical analysis of behavioural intention of donors towards donating *waqf* for financing MCH services in Kano metropolis. The study used TPB as its theoretical foundation in analyzing donors' *waqf* behaviour and also examined the factors affecting their behavioural intention towards *waqf* participation.

## 1.2 STATEMENT OF THE PROBLEM

Maternal and child mortality rate is an indicator of inherent lapses in a country's healthcare delivery system. The situation of maternal health in Nigeria is among the worst in Africa with variations in regions of the country. The 2013 MDGs report found that Nigeria has one of the highest rate of maternal and child mortality in the world. The maternal mortality rate is 350 per 100,000 live births, 61 deaths per 1000 live births of infant mortality and 94 deaths per 1000 live births of under five mortality. Additionally, the United States Agency for International Development report of 2015 shows that Nigeria contributes to about 10% of global maternal, infant and child deaths. Similarly, in a report by the Nigeria Demographic and Health Survey (2013), Kano state has an annual live birth of 575,000 births of which 101,000 die before their fifth birthday, meaning for every 1,000 under five live births, 185 will die before their fifth birthday amounting to one in every five children in Kano state. Yar'zever (2014) in his study found that the pattern of maternal mortality in Kano state is a serious problem if more immediate interventions are not given to poverty, inconsistent and ever changing health policies by different governments.

The United Nation's Children Fund (UNICEF) observe poor funding to the health sector as among the direct factors that triggers maternal and child mortality. Obansa and Orimisan (2013) observed challenges of the health sector to include inequitable and unsustainable healthcare

financing, decreased government spending on health, high user fees, inadequate access to healthcare, policy reversals and other inconsistencies.

The government expenditure on health in Nigeria records a further decline and which therefore shows a funding gap in health financing, and in turn affects maternal and child health. The budgetary allocation to the health sector are much lower than the required minimum health package of 15% targeted during the 2001 Abuja summit where African leaders at a special session of the OAU sets a target of increasing health sector funding to 15% of government budgets (OAU 2001). Improved government financing therefore is linked to better access to MCH. Despite this, the budgetary expenditure on health from 2015 to the proposed 2018 keeps decreasing from 5.78%, 4.13%, 4.14%, and 3.95%. Similarly, Kano state records low government investment in the health sector with 4.9bn in 2015, 13.7bn in 2016, 10bn in 2017 and 9bn in the proposed 2018 budget.

Also, access to proper healthcare is hindered by factors such as inadequacy and high cost of health facilities, poverty and insufficient funding from philanthropic institutions such as *waqf* to complement government finances and to cater for the financial gap. In Kano State many women (mothers) and children suffer from diseases and preventable accidents due to lack of access to adequate maternal and child healthcare (MCH). This arises apparently from insufficient health facilities in the state and the shortage of financial resources to establish new and larger health infrastructures. It is therefore essential to seek alternative and complementary sources of funding the provision of healthcare services specifically MCH, especially from members of the business community. By understanding individual business community member's donation behaviour, it

becomes possible to design intervention strategies to mobilize philanthropic resources from them in form of *waqf* (Islamic endowment) to address the inadequacy and to meet the resource gap in financing MCH services in the state. This is because *waqf* has played an important role in history and in many Muslim societies in terms of socio economic development which include financing education, health, agriculture, environmental issues, empowerment, poverty alleviation programmes, public goods, employment and so on. Yassar (2013) showed that the wealthy in Kano build boreholes, Mosques and Islamic schools, but they hardly pool their resources together to establish a *waqf* organization meant for social amenities like health facilities. However, no previous *waqf* study that focused on donors intention to finance MCH in Kano. There has been relatively little research done on *waqf* donating behaviour using TPB. This study attempts to fill in the existing gap by focusing on examining *waqf* donor's behavioural intention by looking at the proximal antecedents of attitude, subjective norm and perceived behavioural control on financing MCH services in Kano metropolis.

### 1.3 RESEARCH OBJECTIVES

The broad aim of the study is to examine donors behavioural intention towards *waqf* for financing maternal and child healthcare service in Kano metropolis. The specific objectives are:

- i. To determine the relationship between individual donor's attitude and behavioural intention to donate *waqf* for financing maternal and child healthcare services in Kano metropolis.
- ii. To determine the relationship between individual donor's subjective norm and behavioural intention to donate *waqf* for financing maternal and child healthcare services in Kano metropolis.

- iii. To determine the relationship between individual donor's perceived behavioural control and behavioural intention to donate *waqf* for financing maternal and child healthcare services in Kano metropolis.

#### 1.4 RESEARCH HYPOTHESES

The following hypotheses will guide the research:

- i.  $H_{01}$  there is no significant relationship between individual donor's attitude and behavioural intention to donate *waqf* for financing maternal and child healthcare services in Kano metropolis.
- ii.  $H_{02}$  there is no significant relationship between individual donor's subjective norm and behavioural intention to donate *waqf* for financing maternal and child healthcare services in Kano metropolis.
- iii.  $H_{03}$  there is no significant relationship between individual donor's perceived behavioural control and behavioural intention to donate *waqf* for financing maternal and child healthcare services in Kano metropolis.

#### 1.5 SIGNIFICANCE OF THE STUDY

This study intends to address the problem of lack of adequate resources for financing maternal and child health care services in a predominantly Muslim society such as Kano state. In particular, the study will serve as a guide for setting up a *waqf* to finance different socio economic problems especially health –related.

The study is expected to be of immense importance to policy makers, communities and researchers. As the research is expected to address key issues regarding the provision of maternal

and child health care service, policy makers, especially in the health sector of Kano state, will hopefully benefit from the findings of the research and incorporate same in planning and implementation of appropriate policies relating to maternal and child health care financing. Also the integration of *waqf* resources in this aspect could help in supporting and complementing healthcare financing of the government thereby reducing government expenditure on health and public debt.

To the community the research serves as a source of enlightenment and awareness on the different roles and diversity of *waqf* not only restricted to religious oriented but extended to socio economic areas. Therefore the wealthy will be enlightened and motivated to donate *waqf* for financing MCH. Also, philanthropic organisations, NGO's, local self help group, and families can adopt the idea of *waqf* to provide support and assistance. Also, the study will be of importance to Zakat/Hubsu commission in states in revising, planning and implementation of *waqf*.

The study adds to existing literature on *waqf* and body of knowledge thereby filling a knowledge gap through application of TPB on *waqf* giving in financing MCH services in Kano metropolis. By applying Ajzen's TPB in the study, the relationship between antecedent variable of attitude, subjective norm, and perceived behavioural control on behavioural intention was analysed which will translates into actual *waqf* donating behaviour. Finally, the research also serves as a reference material to researchers with interest in the field of *waqf* and for further research.

## 1.6 SCOPE AND LIMITATIONS OF THE STUDY

The study focused on *waqf* giving behavioural intention by individual donors expected to donate financial and non financial resources in financing maternal and child healthcare services in Kano

metropolis. The study employed the theory of planned behaviour by Ajzen to examine the relationship between antecedents of attitude, subjective norm and perceived behavioural control on behavioural intention. Specifically, the study covered individuals in the business community of *Kantin-Kwari*, *Sabon-Gari* and *Singer* markets in Kano metropolis. However, the study suffers from three main limitations. First, the sample representative is small with regard to the entire population of the three business communities used in the study. Secondly, using questionnaire with a likert scale and also closed ended questions may not have allowed the respondents to truly express their beliefs. Though open ended questions are more difficult to analyse and can be harder for respondents to fill in. And thirdly, actual measurement of the TPB constructs here is indirect because real observations of the behaviours are not feasible.

## 1.7 STRUCTURE OF THE STUDY

The study was structured into five (5) chapters, starting with this introduction chapter which introduces the research background, problem statement, and presents the main objective that the study aims to achieve. It also presents the significance, scope and limitations of the study. Chapter two is literature review. This covers the history of *waqf*, concept of *waqf*, its characteristics and classification and conceptual issues on maternal and child healthcare. It also presents empirical studies on *waqf* and theoretical framework based on theory of planned behaviour model. Chapter three constitutes the research methodology, covering the research design, population, sample size and sample technique, data collection instruments, and techniques of data analysis. Data analysis and results are presented in chapter four and findings are presented. Finally chapter five present a brief summary of the whole study, draw conclusion and recommendations based on findings of the study were offered.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter deals with review of related literature on *waqf*. The chapter discusses the history of *waqf*, concept of *waqf*, *waqf* classification and its characteristics. It also discuss maternal and child health issues and interventions in Nigeria. Also it presents empirical studies on *waqf* and the theory of planned behavior as the theoretical framework to understand donors behavioral intention towards *waqf* for financing maternal and child healthcare services in Kano metropolis.

#### 2.1 HISTORY OF *WAQF*

The history of the establishment of *awqaf* started right in the time of Prophet Muhammad (pbuh) when the very first mosque and Islamic centre was built by the Prophet in *Madina*, the city par excellence, in the first year of *Hijrah*. The prophetic mosque was built on a parcel of land belonging to two orphans. In spite of the Prophet's insistence to pay for the land, the orphans insisted that they would not accept the price from the Prophet but would take it from Allah in the next world (Doi 1984). Abu-Zahrah (2007) and Kahf (2003) reports that a significant number of scholars regard the Mosque of *Quba*, which the Prophet Muhammad (pbuh) erected upon his arrival in Madinah, as the first *waqf* in Islam.

The second *waqf* in Islamic history was the well of "*Rumah*", which was bought and designated by Uthman the third caliph, and made it a trust property for the charitable use of all and sundry in order to relieve Muslims of the difficulties imposed by Jews who banned Muslims to draw water from another well. However, the well is still in existence. Muslim Jurists have it that *waqf* was

unknown in pre Islamic times but was instituted through Prophet Muhammad (pbuh) authorization (Hassan, 2007). On the other hand, Shafi'i jurists strongly insist that *waqf* did not exist prior to the existence of Islam and it is therefore appropriate only to trace its origin back to the period of the Prophet Muhammad (pbuh) and his companions (Mahamood 2006). Prophet Muhammad (pbuh) established *awqaf* himself and advised his companions to establish them. As such many *awqaf* properties were established for religious as well as charitable reasons. It was also mentioned that seven orchards left to the Prophet (pbuh) by *Mukhayriq* upon his death in the battle of *Uhud* were assigned by him as *waqf*. The Prophet Muhammad (pbuh) used to spend their fruits on his household and for buying weapons for defence.

On the recommendation of the Prophet Muhammad (pbuh), a few *awqaf* were established by his companions. The well known of these are the ones established by Umar and Uthman (R.A). Umar (R.A) established a *waqf* with a land in *Khaybar*. He went to the Prophet (pbuh) and asked his guidance in order to make the most pious use of the land. The Prophet (pbuh) advised him to tie up the original property and devote the usufruct to human beings which is not to be sold, given as a gift or inherited. Umar therefore made it a *Sadaqah* to the poor and kinships, to liberate slaves, to provide for guests and the way farer, and some reasonable quantity to its custodian (Sahih Bukhari 2772;2764).

Also Abu Talha who had the greatest wealth of date-palms among *Ansar* of *Madina* gave his choicest piece of land known as *Bairuha* orchard opposite Prophet's mosque in *Madina* as charity hoping for its reward from Allah. He was motivated and gave it as *Sadaqah* when verse Q3:92 were revealed. Abu Talha came to the Prophet and said 'O Allah's Apostle Allah says, 'By no means shall you attain to righteousness until you spend (benevolently) out of what you love', and the most beloved of my wealth is *Bairuha*. I have given it as charity for Allah's sake.

The Prophet (pbuh) used to enter the garden and drink from its water (Sahih Bukhari 2769;2708). Jabir (R.A) was quoted saying ‘I do not know any *Muhajir* or *Ansar* wealthy enough who does not have an endowment’ (Ibn Qudamah 349).

History has also shown us that *awqaf* agricultural land was bequeathed to orphans to plough and benefit from the crops which will help in alleviating their poverty. It is also discovered that bequest grains were given to farmers who could not afford seeds with conditions of returning the grains after the harvest so that another group can benefit from them (Hassan 2007).

### **2.1.1 The Concept of Waqf**

*Al waqf* and *al hubs* are two Arabic words that are commonly used in literature to denote *waqf*. *Waqf* literally means detention. Sabit, Hamid and Ismail (2005) literally define *waqf* as to hold, confine, prohibit, detain, prevent, or restrain. In Islamic legal terminology, *waqf* means ‘tying up of the property in perpetuity’ so as to prevent it from becoming the property of a third person. The *waqf* property thus belongs to Allah, and no human being can alienate it for his own purpose (Doi 1984). *Waqf* is a movable/immovable property whose ownership belongs to Allah the Almighty while its yield (usufruct, benefit and produce) is devoted to the benefit of human beings. In other words, when a property is donated, its title no longer belongs to the donor. It cannot be sold, donated or inherited (Topbas 2009). In his view, Kahf (1998) sees *waqf* as an act of holding certain properties and preserving them for the confined benefit of certain philanthropic purposes that disallows any use or disposition of them outside the specific objectives. According to Islamic Relief (2009), good examples of what could be donated as *waqf* are hospitals and schools or land, and even money to build these infrastructures for the benefit of needy, orphans, wayfarers, and others in the society.

Meanwhile Hassan (2010) and Ismail (2011), explain that in the Islamic system, a *waqf* is a perpetual charity that means holding certain property (not used by the *donor*) and preserving it for the confined benefit of certain philanthropic purposes without consuming the property itself. According to Imam Muhammad Idris al-Shafi'i, Imam Malik and two disciplines of Imam Abu Hanifah, Abu Yusuf and Imam Muhammad (Sahibayn), *waqf* signifies the extinction of the appropriators ownership in the thing dedicated and the detention of the thing in the ownership of Allah in such a manner that its profit should be made use of the good of mankind from beginning to the end. The jurists say that to establish *waqf* is supererogatory (*mustahab*) but is not essential (Doi 1984).

However, Ahmad (1998) asserts that there is no equivalent word or expression in English to convey the Islamic concept and definition of *waqf* in the true sense of the term. Although, the term "*waqf*" does not appear in the *Qur'an*, Muslim Jurists deduced its legitimacy and its law from the *Qur'an* and the *Sunnah*. A number of verses scattered throughout the Quran signifies *waqf* on the theme of *Infaq fi sabil Allah*. It is commanded to us in the Quran to give from our most beloved belongings in order to earn the pleasure of Allah. Allah SWT says in the holy Qur'an:

*"By no means shall ye attain righteousness unless ye give (freely) of that which ye love; and whatever ye give, of a truth Allah knoweth it well". (Q3:92)*

This verse clearly indicates the importance of giving *waqf* charity from one's wealth.

The Prophet Muhammad (pbuh), re-emphasized benevolence dedication of one's wealth in anticipation of perpetual rewards in the hereafter. The Prophet (pbuh) was quoted saying:

“when the son of Adam dies, all his/her deeds are no more except for three things: the establishment of running/continuous charity (*Sadaqah*), beneficial knowledge that benefits others and a righteous child who prays for him/her” (Muslim).

According to Hoexter (2009) *waqf* has taken the form of an Islamic religious endowment institution for charitable giving and has been a significant practice in the religious, social, economic and political experience in the early days of Islam. It is continuous and sustainable (*jariyah*) due to the fact that the capital endowed is tied up to support the cause that the endower specified and allocated this *waqf* to serve in perpetuity. Historically, public endowments, have played a significant role in the provision of social goods (education, health), public goods (roads, bridges, and national security), commercial business, utilities (water and sanitation), religious services (building and maintenance of mosques and grave yards), helping the poor and the needy, creating employment, supporting agricultural and industrial sectors without inflicting any cost on the government (Sadeq, 2002; Cizaka 2000 & Kahf 2003).

Overtime, the creation of *waqf* did not only cover the building of mosques, houses, weapons, land and wells, but it expanded during the *Umayyad* and *Abbasid* times and covered almost all social services (Magda, 2008). Hundreds of *awqaf* dating from the *Umayyad* and *Abbasid* period of Islamic history have come down to us. In most of parts of the Muslim world, a number of schools, college, hospitals, orphanages, mosques buildings and scholarship funds are run through the help of the *waqf* properties (Doi 1984). Sabra (1998) divided *waqf* services into several categories to include medical care, education, housing, provision of food and water and burial for the dead. Through *waqf*, “privately accumulated capital was voluntarily endowed to finance all sorts of social, cultural, religious, and economic services alongside health and transportation, all of which were free of charge to everyone without discrimination” (Senkaya, 2012).

Also in health, construction of hospitals, health centres and their maintenance, purchase of medical equipment and drugs, salaries to physician and medical staff were entirely financed by *waqf* institutions throughout Islamic cities (Kahf, 1998). It has been argued that the entire health, education and welfare budget during the Ottoman, based in Istanbul, came from its charitable foundations (Cizakca, 2000). The ottomans that showed great care in following the footsteps of the messenger of Allah (pbuh) and his companions, fervently established charitable institutions and took them as their apex. Endowments during the Ottoman Empire emerged as a bonding institution through which wealth was circulated within the society. During the period, endowment reached a level that they not only served the needs of human beings, but also addressed the needs of animals even plants. Services and activities of the endowment established during the Ottoman Empire encompassed an extremely vast area. It includes buildings and maintaining mosques, dervish lodges, educational institution, libraries, wells, canals, soup kitchen, emancipating of slaves, orphans, debtors, widows, school children, funeral services, bath houses, hospitals etc. In addition to this, the ottomans established endowments in every conceivable field and transformed their civilization into an endowed one. In fact, endowments can be considered as the distinctive mark of the Ottoman Empire (Topbas 2009).

Sabra (1998) states that there are *waqf* established to benefit hospitals mostly established by rulers which constituted largest endowments made in medieval Cairo. Early hospitals built on endowment include Al-Adudi in Baghdad in the late 900's, Al-Nuri in Damascus in 1160 A.D founded by Nural-Din Ibn Zangui, Al-Mansuri in Cairo founded in 1285 A.D by King Al-Mansur Qalawun. Hospitals were founded by the highest authority of the land or by the rich philanthropists and were always non profit institutions. All hospitals were supported by religious endowments called *waqfs* (Atiyeh 1982).

Meanwhile Mannan (2006) explains that as early as 4<sup>th</sup> century hospital for children was built out of *waqf* funds in Istanbul. In Egypt by 1913, *waqf* institutions had more than 11 hospitals which treated over a million patients. Today, there are many *awaqf*-based hospitals throughout the Islamic world that were built and financed by *waqf*. For example, in Malaysia Kumpulan *Waqaf An-nur Berhad* (KWANB) have 12 *waqaf an-nur* clinics and a hospital, treating more than 660,907 patients. In addition, 120 kidney patients were treated at the hospital and four dialysis specialist centres. *Waqaf an-nur* hospital and the chain of clinics provide healthcare services at a nominal charge of RM 5 including medicines (Jcorp, 2010). Moreover, the Indus hospital in *Korangi* in Pakistan is a non profit entity traced back to the year 2005, and funded by the Islamic concept of *waqf*, *sadaqat* and sharing of excess wealth with the Ummah. It was an initiative by a group of dedicated doctors, philanthropists and businessmen who pledged support for the disadvantaged communities by establishing free hospital.

### **2.1.2 Characteristics of Waqf**

Once a property is endowed as *waqf*, it is subject to some restrictions (Mohsin, 2009), which contribute to its uniqueness, in comparison to other almsgiving in Islam.

Firstly, a *waqf* is irrevocable: Once a founder declares a property as a *waqf*, the ownership is transferred absolutely to Allah and his/her heir cannot change the status (Abu-zahrah, 2007). According to Mohsin, (as cited in Siraj 2012), the purpose of designing this restriction on a *waqf* property is to ensure the property continue to benefit the beneficiaries and the founder continue to obtain rewards from Allah even after his/her demise. It is understood that once the property is termed *waqf*, the terms cannot be changed to benefit any of the relatives or heirs of the *waqf* creator even after his demise.

Secondly, perpetuity is one of the most important characteristics of *waqf*. Once a property is bequeathed as *waqf*, it remains such forever for continuous benefit to its beneficiaries and continuous reward to the donor as long as the property continue to exist. This means that the dedication of a property must be for perpetuity.

Another third characteristic is inalienability of *waqf* which means that after a valid declaration is made, the subject matter of the *waqf* passes out of the ownership of the *waqif*. It cannot be alienated or transferred either by the *waqif* or neither the *mutawalli* nor do their heirs can take it by way of inheritance (Kahf 1998; Sabit & Hamid, n.d). However, all these characteristics are closely intertwined in the sense that for a *waqf* property to remain perpetual, irrevocability and inalienability must be in place because the aim of attaching these characteristics to *waqf* is to ensure the continuous benefit of the *waqf* property to the beneficiaries.

Sustainability of *Waqf*: According to Sabit (2008), *waqf* is a means of human sustainability which needs to be self reliant. To be independent and self reliant, the *waqf* institution needs to keep its assets income generating. However, sustainability is a composite of policy goals understood in terms of its indicators such as the socio economic equity and justice comprising education, employment, shelter, healthcare, safety and more for all now and then. Social and economic sustainability is the objective of *waqf*.

### **2.1.3 Classification of *Waqf***

The classification of *waqf* essentially relies on the purpose for which the *waqf* property is created, and the beneficiaries of the property endowed. Generally, *waqf* is classified into 2 types: *waqf khairy* (charitable *waqf*) and *waqf ahli* (family *waqf*). *Waqf khairy* is generally created for charitable purposes, covering social, religious, and economic services (Babacan, 2011). *Waqf*

*khairy* is also known as *waqf aam*, or general *waqf* which is created to cater for the needs of the public such as buildings, schools, hospitals, and so on. It involves a dedication of a property in perpetuity for unstipulated purposes, and with no restriction imposed on the usufruct of the property endowed and the income generated therein as well as the beneficiaries who shall enjoy the usufruct of the property endowed (Sait & Lim, 2005). On the other hand, *waqf khairy* with stipulated purposes of its creation and specified beneficiaries to enjoy the usufruct of *waqf* is classified as *waqf khas*. *Waqf ahli* or *waqf dhurri* (family *waqf*) is exclusively set up for the benefit of family members, (including the founder), freed slaves, and the like, and the usufruct of the *waqf* will then be diverted for charitable purposes without any restriction upon the extinction of the founder's descendants and named beneficiaries.

Another third classification of *waqf* also in some Muslim countries is *waqf mushtarak*, best described as quasi-public *waqf*. It was created to satisfy both the founder's family as well as charitable and public purposes. (Crecelius 1971; Deguilhem 2008; Mohsin 2009; Sait & Lim 2006). Additionally, a further sub division of *waqf* is *waqf istithmari* (investment *waqf*). It is a form of *waqf* whose assets are intended for investment (i.e generating income). The income generated from managing the *waqf* assets will be used in constructing and reconstructing *waqf* properties.

Moreover, eminent Islamic economist Kahf (2003) has shown three kinds of *waqf* as:

1. Religious *waqf* includes mosques and real estate confined for providing revenues to spend on mosques' maintenance and running expenses are in this category. Religious *waqf* in any society and for any religion adds to the social welfare of any community because it helps satisfy the

religious needs of people and reduces the direct cost of providing religious services for any future generation.

2. Philanthropic *waqf* aims at supporting the poor segment of the society and all activities that are of interest to people at large such as public utilities for the poor and needy, libraries, scientific research, education, health services, etc.

3. Posterity or family *waqf* started shortly after the death of the Prophet Muhammad (pbuh) during the regime of Umar (635-645), the second successor. In this case, the revenues of *waqf* must first be given to the children and descendants of the *waqf* founder and only the surplus, if any, should be given to the poor.

## 2.2 MATERNAL AND CHILD HEALTH

### 2.2.1 Concept of Maternal and Child Healthcare

Maternal and child health is an essential issue of development due to the fact that millions of women and children mostly in developing countries continue to experience several health related problems. According to World Health Organisation (1976), maternal and child health (MCH) services can be defined as “promoting, preventing, therapeutic or rehabilitation facility or care for the mother and child”. Maternal health is the health of women during pregnancy, childbirth, and the postpartum period. It encompasses the health care dimensions of family planning, preconception, prenatal, and postnatal care in order to reduce maternal morbidity and mortality (WHO, 2009).

MCH care is the health service provided to mothers (women in their child bearing age) and children. The targets for MCH are women in their reproductive age groups, that is, 15-49 years

of age, children, school age population and adolescents. Throughout the world, especially in the developing countries, there is an increasing concern and interest in MCH care. The commitment towards MCH care gains further strength after the world summit for children, 1991, which gave serious consideration and outlined major areas to be addressed in the provision of MCH care services.

Maternal and child mortality is one among the greatest development and health challenges facing the world. Furthermore, maternal and child mortality is not an uncommon event in several parts of the developing world. Mothers and children are at highest risk for disease and death. While motherhood is often a positive and fulfilling experience, for too many women, it is associated with ill-health and even death (Olatoye, 2009). WHO (2006), defines maternal death as the death of women while pregnant or within 42 days of termination of pregnancy irrespective of the duration and site of the pregnancy from any cause related to, or aggravated by the pregnancy or its management but not from accidental or incidental causes. Child mortality on the other hand, is the death of a child under five years, while infant mortality is the death of a child under one year.

However, MCH care is one of Nigeria's most critical development challenges. Strengthening the health sector and improving the overall health status of the population are among the most important development issues facing Nigeria. For the majority of women and children living in Nigeria, life-saving, high quality primary health care is unavailable, while Nigeria accounts for 2% of the world's population, it contributes to about 10% of global maternal, infant and child deaths (USAID NIG global health 2015).

Nigeria is among the countries of the world with the worst MCH profile. With a maternal mortality ratio of 560/100,000 live births and infant mortality rate of 69/1,000 live births, the country ranks 5<sup>th</sup> in the world next to only Angola, Central African Republic, Sierra Leone and Chad in the latest estimate of Institute for Medical Research (World Bank 2015). One of the key factors responsible for the slow progress in addressing the said issue could be attributed to the more bio medically-focused interventions with limited advocacy, communication and social mobilization to address the social dimensions affecting access and utilization of Reproductive Maternal Newborn and Child Health services. In a 2014 world health organisation report, Nigeria lost about 40000 women during childbirth in 2013, second only to India. Yet, Nigeria's drive to reduce that number has been hampered by several factors, among them are failure by authorities to pay health workers, provide quality work conditions, accommodation for staffers, basic amenities such as electricity and water.

Similarly, in a report by the Nigeria Demographic and Health Survey (2013), Kano state has an annual live birth of 575,000 births of which 101,000 die before their fifth birthday. Meaning for every 1,000 under five live births, 185 will die before their fifth birthday amounting to one in every five children in Kano state.

### **2.2.2 Causes of Maternal and Child Mortality**

The issue of maternal health actually begins with the conception of the girl child in the mother's womb. The health of the baby within the mother, the circumstances and events of her birth, her early infancy, childhood, adolescence, early adulthood, her experiences as regards nutrition, child care, education, physical, mental, intellectual and emotional development, all have vital and interdependent roles to play in what is termed maternal health (Saraki, 2008). United Nations

Children's Fund (UNICEF) observes that child and maternal mortality have many triggers, both direct and indirect. Poorly funded and culturally inappropriate health and nutrition services, food insecurity, inaccurate feeding practices and lack of hygiene are direct causes of mortality in both children and mothers. The indirect causes may be less obvious externally, but play just as large a role in mortality statistics. Female illiteracy adversely affects maternal and child survival rates and is also linked to early pregnancy. In many countries, especially where child marriage is prevalent, the lack of primary education and lack of access to healthcare contribute significantly to child and maternal mortality statistics. UNICEF (as cited in Saraki, 2008) also notes that discrimination and exclusion of access to health and nutrition services due to poverty, geographic and political marginalization are factors in mortality rates as well.

Yahaya (2004) observe that poor access to medical services compounded by socio-cultural, economic and demographic factors including behaviour of families and communities, social status, education, culture, income, health decision making power, age, access to health facilities and availability of health services played a vital role in causing maternal mortality. Oguntunde, Aina, Ibrahim, Umar, and Passano, (2010) assert that poor quality and coverage of maternal healthcare has long been identified as leading causes of high maternal mortality in developing countries, such as Nigeria. Most causes of maternal mortality are due to socio economic and cultural factors. Poverty prevents women especially in the northern part of Nigeria, Kano from getting proper and adequate antenatal, natal and post-natal care. Also, lack of sustainability of government policies on health hinders the effectiveness and true progress of the policies.

### **2.2.3 Interventions in Maternal and Child Health**

Improving the health of mothers, new-borns and children and reducing the number of preventable deaths are therefore identified as among the top priorities for collective actions. Nigeria's health sector is characterised by wide regional disparities in status, service delivery, and resource availability. In view of this situation, the government of Nigeria initiated several interventions towards improving MCH among which include the Midwives Service Scheme (MSS); the Subsidy Reinvestment and Empowerment Programme, Maternal and Child Health (SURE-P-MCH); and systematic Primary Health Care infrastructure upgrades through the Ward Health System.

Under the MSS, retired and newly qualified midwives provide services at Primary Health Care facilities in underserved communities around the country. The scheme, funded through MDG debt relief gains on a cost-sharing basis among the three tiers of government, has trained and deployed approximately 4,000 midwives and 1,000 community health extension workers (CHEWs) in 1,000 PHC facilities. This has improved access to skilled birth attendants in 375 LGAs across the country (NPHCDA, 2012).

The SURE-P-MCH programme, funded through savings derived from the partial removal of the petroleum subsidy, was intended to build and expand on the gains of the MSS. The programme aims to improve both demand and supply components of maternal and child health. As of January 2013, the programme had engaged 1,168 midwives and 2,188 community health extension workers in 500 PHC facilities. A total of 3,072 village health workers were also recruited and deployed. In addition, the programme is implementing a conditional cash transfer scheme as well as pursuing PHC facility upgrades and community engagement.

The Ward Health System (WHS) was initiated in 2000 to improve equitable access to essential health services. The system is premised on the synchronisation of PHC services across electoral wards with the construction of model PHC facilities in underserved areas. As of January 2012, the NPHCDA had built 1,156 PHC facilities across the country. This is in addition to 228 maternal health care centres and 10 health training institutions built by the MDG office (Federal Republic of Nigeria, 2010a; NPHCDA, 2012).

Furthermore, free maternal and child health care, funded by the government, and had been introduced in a number of States. Again, the policy is specifically seen as a means of reducing maternal, infant and under-five mortality. Free MCH benefits all pregnant women and young children, some of whom are poor and others who may have the ability to pay. Free MCH is clearly an important safety net, given that women and children are vulnerable both in relation to high maternal, infant and child mortality rates and in terms of limited access to household resources, which are generally controlled by men (Safety nets).

Free maternity services were first introduced in Kano state in the year 2001. The programme is one example set up with good political will, to achieve the Millennium Development Goal (MDG) No.5 by the year 2015. The maternity care services are free, from booking, through antenatal period, delivery (including caesarean) to the prenatal period, and covers routine investigations and drugs during admission for medical or surgical complication; early neonatal admission are also free. However, blood donation though not free (as the patients have to bring donor), the screening is done free of charge. However records from Hospitals Management Board revealed that the money for the free maternity is increased on annual basis but prices change rapidly and population is increasing daily. Therefore the free ANC materials finishes

before the regular three months release, often with 4-6 weeks deficit and the bigger hospitals like MMSH end up augmenting the programme from their local resources (Yakasai, *et'al*, 2012).

Moreover, in an attempt to curb down the rate of maternal and child mortality, the Kano state government has embarked upon the training of 1936 traditional birth attendants on effective maternal and health care services especially in remote areas where access to health facilities is limited. The state also to continue with the programme of free antenatal care services to women as stated in the 2016 budget presented by the state governor on 23<sup>rd</sup> Nov, 2015. Recently as reported the Kano state government has inaugurated 5 vaccine and medical commodities delivery trucks, diagnostic kits and anti malaria drugs worth the sum of N104million in an effort to strengthen the governments free maternal and child care initiative (Premium times November, 2015).

Also in a recent development, in 2015 the first lady expressed her concern about the plight of Nigerian mothers and their children. She intends to partner with the UN, UNFPA and development partners to develop a programme of support that would complement efforts at improving health, nutrition and population outcomes in Nigeria, and to raise attention and resources necessary to make a difference in maternal new born and child health outcomes in the country.

Also as part of intervention, the federal government of Nigeria has launches saving one million lives programme focus at improving maternal and child health through a result based partnership with state ministries of health. The programme is funded from a N140 billion credit that had been negotiated by the federal government with world bank, from which \$1.5 million was disbursed to states and the Federal Capital Territory as grants, sought to deliver high impact,

evidence-based and cost effective health interventions based on six pillars which are maternal, newborn and child health, childhood essential medicines and increasing treatment of important childhood diseases, improving child nutrition, immunization, malaria control and the elimination of mother to child transmission of HIV. The initiative is building on existing ongoing initiatives seeking to give a new lease of life to the National Strategic Health Development Plans through innovative financing mechanism (Premium Times 2016).

### 2.3 EMPIRICAL STUDIES ON *WAQF* AND SOCIO-ECONOMIC DEVELOPMENT

There are a number of studies on the role of *waqf*, its awareness and its potential contribution to socio-economic development of society. So also many studies have tried to examine *waqf* giving behaviour by applying TPB model.

Muhammad (2013) studied the socio-economic role of *waqf* in Kano by investigating *waqf* donors philanthropic motivations and related social psychological factors, in order to identify the barriers preventing donors from perceiving the establishment of socio-economic *awqaf* as equally religious, which are required to overcome many social problems retarding community wellbeing. His findings show that Muslims in Kano, Nigeria, have a lopsided opinion about the role of *waqf*. He therefore recommend that, in order to revive the declining institution of and restore a comprehensive view of *waqf* practice, it is necessary to investigate *waqf* donor motivations empirically. He however concluded that with the support of theories like the theory of planned behaviour (TPB) and social cognitive theory (SCT), reasons could be systematically identified for the unbalanced regard given to socio-economic role of *waqf* in Kano so that effective strategies likely to re-align public perception with the holistic view of *waqf* can be designed for the overall good of Muslim communities.

Similarly, Muhammad (2013) studied the revitalizing *waqf* in Northern Nigeria an agenda for poverty reduction. He believed that the reformation and reinstating of *waqf* in Northern Nigeria is necessary in order to arrest the state of rising poverty and social decadence in the region. He further recommends need for a sector focused *waqf* such as *waqf* for education, *waqf* for healthcare, *waqf* for empowerment, etc. In a similar fashion, Muhammad (2010) conducted a study in Kano, Nigeria with the aim to raising awareness on the role of Islamic endowments (*awqaf*) as viable mechanisms for financing poverty alleviation programmes and the value of the third sector in promoting public welfare. The findings from the study reveal that lack of awareness about endowments is a barrier to harnessing their potentials in redressing socio-economic inequities and enhancing the quality of life of the poor in Kano. This study however is similar to previous study by Muhammad (2013). He however identified the major problem associated to harnessing *waqf* resources in the state.

Muhammad's findings suggest that scholars, merchants and civil society organizations should be awakened to the need to cooperate in employing the institution of *awqaf*, reducing poverty through the provision of quality education, better health care and employment opportunities. He further emphasised on the need for government to be aware of the need to explore non-conventional methods in tackling poverty, recognise Islamic endowment as viable alternatives in financing community welfare programmes and provide all necessary policy support-legal/institutional/financial- for their smooth operation.

Meanwhile. Umar, Mustafa, Ogunbado and Norzaidi (2015) examine the perception of Muslim community in Uganda on *waqf* and its socio economic roles. Quantitative method was used for data collection and analysis where 400 questionnaires were distributed to Muslim community in

Uganda, and data was analysed using ANOVA and T test. They suggest that knowledge of *waqf* and its socio economic role are essential in reviving *waqf* institution which in turn will assist in improving the social welfare and livelihood of the poor, the needy and the Muslim community. Moreover, high level of awareness among Muslim community in Uganda on *waqf* and its socio-economic roles would provide platform for religious authority to encourage Muslims to donate their assets as *waqf* for socio-economic development. They gave an instance that, more schools and hospitals could be built and *waqf* institution would be able to provide microcredit finance for small-scale businesses. This in turn will create employment, reduce poverty and improve on the social welfare of the Muslim community. However, the findings also reveal that most of the respondents were not aware about creating *waqf* by donating movable assets such as livestock, jewellery, and shares etc. Yet, in today's modern world, it is difficult and expensive for the most prospective donors to donate, immovable assets such as properties. In that respect, contemporary scholars should encourage Muslims to donate *waqf* in the form of financial assets such as cash, shares, salary deduction and deposit in the bank as they are easier, cheaper and convenient to donate for socio- economic development.

Furthermore, Johari and Alias (2013) conducted a study on potential of *waqf* funds and instruments in contemporary economic system. The research is a literature review and descriptive analysis was used to get an overview of the instruments in enhancing the potentials of *waqf* funds in current practices. Seven instruments have been identified which include cash *waqf* and *waqf* shares, *waqf* in financing education, *waqf* in micro finance, *waqf* as social bank, *waqf* and *mudharabah* investment, *waqf* and *sukuk* investment, *waqf* in business growth and economic development. By identifying these instruments they concluded that *waqf* institutions have great

potential in enhancing socioeconomic development of the *ummah* especially if awareness creation is made among the Muslim society on *waqf* especially its position as an act of good deed enjoined by Islam.

Also in their study, Haneef, Muhammad, Pramanik, Mohammed, and Amin, (2013) proposed an alternative model, an Integrated *waqf* Islamic Microfinance (IWIM) model to overcome the challenges of conventional micro finance and for poverty reduction in Organisation of Islamic Cooperation (OIC) member countries. They view poverty as one of the major impediments of human progress and societal development. Qualitative method was used to develop the model and however, they suggest further studies to be conducted to test the model using quantitative techniques such as structural equation model (SEM).

Similarly, a “*waqf*-based model for financing a construction and management of *waqf* hospital and tower in Uganda” was proposed by Umar, Mustapha, and Larbani (2015). The study proposed three main sources of raising fund to finance construction of hospital and tower which are *Waqf* share, external donations and *Sukuk al- Ijarah*. The study suggests a viable *waqf* based model for financing a construction and management of *waqf* hospital and tower in Uganda. The overall aim of the model was to give the majority of the poor and the needy in Uganda affordable and better quality healthcare services.

In considering the importance of cash *waqf* in developing *waqf* institutions and enhancing the socio economic development of the *ummah*, Faiz (2014) analyses cash *waqf* participation among young intellectuals. His study aimed at examining the determinants of donor (*waqif*) intention to participate in giving cash *waqf* in the context of Muslim in Malaysia particularly amongst young intellectuals at the International Islamic University of Malaysia (IIUM). Employing a theory of

planned behaviour model as a baseline theory, a questionnaire was constructed to measure donor (*waqif*) giving intention behaviour. Importantly, Faiz's study validates the applicability of the theory of planned behaviour in a newly context of cash *waqf*, because the issue has been given poor attention by Scholars in the area. The study focused on finding whether attitude, subjective norm and perceived behavioural control are instrumental in determining cash *waqf* participation amongst intellectuals. Also religiosity was added as a variable besides attitude, subjective norm and perceived behavioural control, and is found to have a significant effect on behavioural intention.

Using survey design, Muhammad (2016) also investigated Correlates of *waqf* based philanthropy in the North West Zone, Nigeria. Accordingly, the study seeks to examine the social psychological factors that influence *waqf* based philanthropy. Guided by the theory of planned behaviour to examine the influence of variables of attitude, subjective norm, perceived behavioural control and religiosity on intention. He believes that the understanding of these psychological factors is particularly important in the face of competition for scarce donor funding. The hypotheses formulated for the study were tested and analyzed using Spearman's correlation coefficient. The findings from the study reveals that the variables have significant and positive correlation on intention to endow SEW.

Amin, Ramayah, Supinah, Abdul-Rahman, and Mohd-Aris, (2014) explore the factors influencing the acceptance of online *waqf* in Malaysia. Using survey to collect data from bank customers, their findings indicate that the variables of perceived usefulness, perceived ease of use, perceived religiosity, and amount of information positively correlates to online *waqf* acceptance.

Also, Mustapha and Umar (2015) study the relationship between intention and actual support towards the construction of modern *waqf*-based hospital in Uganda by adopting TPB to guide their objectives. The variables in their study are attitude, moral duties, perceived behavioural control and religious duties. Results from their study reveal that there is significant relationship between attitudes, moral duties and religious duties to influence the decision and support of Muslim community to provide actual financial and non financial support for the construction of modern *waqf* based hospital in Uganda.

Pitchay, Mydin and Saleem, (2015) using cluster sampling technique and stratified random sampling of 385 respondents to examine the factors influencing the behavioural intentions of Muslim employees to contribute to cash-*waqf* through salary deductions in Malaysia. They employed theory of reasoned action. The TRA were analysed by using structural equation modelling (SEM) considered as an extension of multivariate regression Model. Findings showed that attitude and subjective norm were significant determinants that influence behavioural intentions of Muslim employees to contribute to cash *waqf* through deductions from employment income.

### **2.3.1 Justification for the Research**

The literature reviewed indicates that several studies in Kano were restricted to investigating roles of *waqf* on socio economic development of societies and its awareness, which is a measure to harness its potentialities. Although most studies conducted on individual *waqf* behavioural intention have been conducted mainly outside the country. The conclusion from the literature review has found that there is little number of studies done on TPB in Kano context and this creates a gap. However, this study attempts to fill in the existing gap in literature by applying

TPB model to examine behavioural intention of donors towards *waqf* for financing MCH services in Kano metropolis.

## 2.4 THEORETICAL FRAMEWORK

### 2.4.1 Theory of Reasoned Action

The theory of reasoned action TRA developed by (Fishbein and Ajzen, 1975) is a popular theory in the field of socio-psychology that is much employed to examine people's behavioural intentions. The main variables measured in this theory are behavioural intentions that precede an actual behaviour or action. According to Fishbein and Ajzen (1975) and Ajzen and Fishbein (1980), factors that influence behaviour include subjective norms and attitudes, work through intention regarding whether an individual would execute an act or not. TRA essentially postulated that one's decision greatly depends on one's intention as to whether he/she should act or not. TRA suggest that attitude is the extent to which an individual has favourable or unfavourable evaluations to perform or not to perform a phenomenon and subjective norm is the person's perceptions of the social pressures to perform or not perform a phenomenon. TRA is widely used by many researchers and it has flexibility to be applied into different context as a theoretical model to study consumer behaviour with regard to underlying factors that influence one's intention to engage or not engage in a particular cause of action, such as purchasing new products or consumers acceptance to use a specific instruments in health, education and technology.

The theory of reasoned action is a model that has been expanded to theory of planned behaviour and theory of acceptance due to its limitations or incapability of considering other factors that could influence behavioural intention. However, the TRA have been expanded to TPB due to its

criticisms and limitations. Ajzen and Fishbein (1980) found attitudes are better predictors when measured at the same level of generality or specificity as the action. Beside attitudes, the researchers did not make reference to other factors frequently used by social scientists to explain behaviour. Personality characteristics (authoritarianism, introversion-extroversion, etc.), demographic variables (age, gender, etc.) and factors such as social status are excluded from the model (Knabe, 2012). While Ajzen and Fishbein (1980) recognized the importance of these factors, they considered them external variables. The model also does not account for perceived behavioural control. This deficiency led to Ajzen's updated extension to the model, called the Theory of Planned Behaviour.

#### **2.4.2 Theory of Planned Behaviour**

The TPB (Ajzen, 1991) is an expansion of theory of reasoned action (TRA) that was developed to fill the gap in the TRA (Fishbein & Ajzen, 1975; Ajzen & Fishbein, 1980). An extension of TRA, TPB is composed of attitude towards the behaviour, social factor called subjective norm and an added variable which is the degree of perceived behavioural control (PBC) (Ajzen, 1985, 1991 & 2002). Unlike the theory of reasoned action, which is only used for behaviours under a person's control, the theory of planned behaviour considers volitional control as a variable. By definition, volitional control means a person must have the resources, opportunity and support available to perform a specific behaviour (Ajzen, 1991).

The theory of planned behaviour postulates three conceptually independent determinants of intention. The first is the attitude toward the behaviour and refers to the degree to which a person has a favourable or unfavourable evaluation or appraisal of the behaviour in question. The second predictor is a social factor termed subjective norm which refers to the perceived social

pressure to perform or not to perform the behaviour. The third antecedent of intention is the degree of perceived behavioural control which refers to the perceived ease or difficulty of performing the behaviour, and it is assumed to reflect past experience as well as anticipated impediments and obstacles (Ajzen 1991). The theory of planned behaviour model assumes that salient beliefs are the antecedents to AA, SN and PBC. In Ajzen's model, behavioural beliefs lead to the AA, normative beliefs lead to SN, and control beliefs lead to PBC (Knabe, 2012). The TPB has been one of the most widely used and influential models in the study of the attitude-behaviour relationship (Davies et al. 2002). According to Ravis, Sheeran, and Armitage (2009) TPB is, perhaps, the most influential theory for the prediction of pro-social behaviours.

#### **2.4.3 Application of TPB in Relation to *Waqf* Giving**

The theory of planned behaviour has been widely applied in various fields and *waqf* studies to examine behavioural intention. Hasbullah, Khairi and Aziz (2015) by applying TPB, studied the intention to contribute in corporate *waqf*. It has been understood that corporate *waqf* is the application of *waqf* in the context of modern business and corporate activities. His study was the first to prove the validity of the TPB in the area of corporate *waqf* to explore the factors influencing Muslims intention to contribute in corporate *waqf*. Data for the study was collected through questionnaire from 148 respondents by adopting simple random sampling method. By using likert scale, items were adapted from previous studies. Regression analysis was used to test the hypotheses proposed. And the result revealed that attitude, and subjective norm are significantly related to peoples intention and perceived behavioural control is not significantly related to people's intention to contribute in corporate *waqf* in Malaysia.

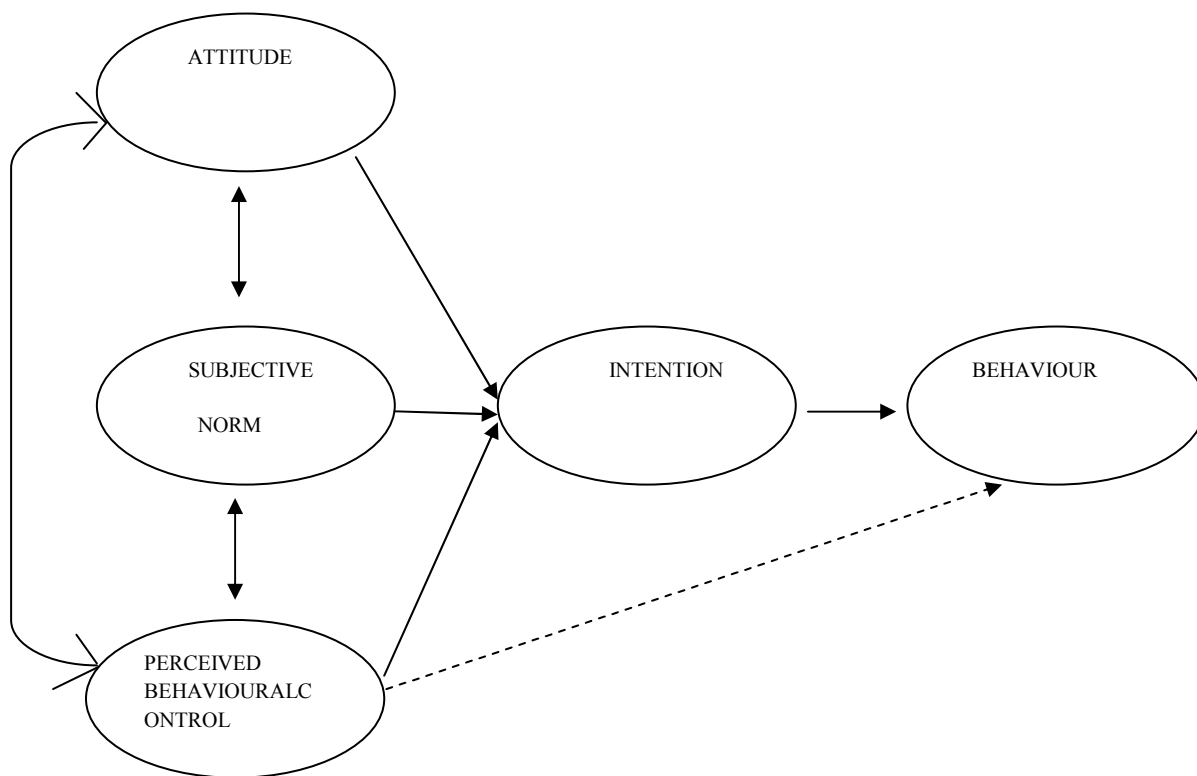
Mustapha and Umar (2015) also applied TPB to identify factors that motivates intention towards *waqf* giving that is, towards construction of modern *waqf*-based hospital in Uganda. Pitchay *et al* (2015) also studied the factors influencing the behavioural intentions of Muslim employees to contribute to cash *waqf* through salary deductions. Awang *et al* (2015) explores the patterns and antecedents of charitable giving among Muslim community in Malaysia. They believed that charitable giving should be the common practice among the people in Malaysia as it deeply rooted in the religion of Islam. In relation to that, charitable giving from individuals should be given greater emphasis since it has the ability to improve the welfare of the society. TPB was employed to predict the level of intention, which is the central factor that serves as the point that captures and mediates other influencing factors that determine the strength of willingness to perform the behaviour. Simple random sampling was conducted by distributing 300 questionnaires that targeted Muslim workers in Selangor, Malaysia. Regression analysis was conducted and it was found that only two variables, attitude and perceived behavioural control significantly influence intention. Also theory of planned behaviour (Ajzen 1991, 2002) was applied by Muhammad (2016) to understand the correlates of *waqf* based philanthropist's intention to endow socio-economic *awqaf* in the North West Zone, Nigeria. Religiosity was added as another variable to theory of planned behaviour components. This is because his study involves investigation into the nature of religiously-based philanthropic behaviour, and the purpose is to examine charitable giving intentions which are influenced by salient (religious) beliefs.

However, Faiz (2014) analyse cash *waqf* participation among young intellectuals in Malaysia. The study validates the applicability of theory of planned behaviour on cash *waqf* giving, and

also examines the effect of religiosity besides attitude, subjective norm and perceived behavioural control on the behavioural intention. Basary (2014) also explores factors that influence the acceptance of *waqf* institution establishment.

Numerous studies have been done using TPB and the present study also employs the TPB to empirically examine donor's behavioural intention towards *waqf* for financing maternal and child healthcare service in Kano metropolis.

Figure 1: Theoretical Model for the Study



Source: Ajzen, I. (1991). The Theory of Planned Behaviour. *Organizational Behaviour and Human Decision Processes*

## 2.5 FACTORS AFFECTING *WAQF* GIVING BEHAVIOUR

### 2.5.1 Attitude

According to Ajzen, (1991) defines attitude as the degree to which a person has a favourable or unfavourable evaluation or appraisal of the behaviour in question. Attitude towards the behaviour reflects the individual's global positive or negative evaluations of performing a particular behaviour. In general, the more favourable the attitude towards the behaviour, the stronger should be the individual's intention to perform it. (Armitage and Conner 2001). Husna (2009) and Sapongi, Ahmad, and Mohammad, (2011) in their study show that attitude and behavioural control had significant effect on intention. In this study for instance the belief that *waqf* can serve as an additional mechanism to support government financing of maternal and child healthcare service in Kano metropolis can be used to predict outcome or attitude positive or negative. Attitude is expected to have a significant influence on donors' behavioural intention.

### 2.5.2 Subjective Norm

Subjective norm refers to the perceived social pressure to perform or not to perform the behaviour (Ajzen 1991). Subjective norm is considered to be a function of salient normative beliefs. While subjective norm relates to perceptions of general social pressure, the underlying normative beliefs are concerned with the likelihood that specific individuals or groups (referents) with whom the individual is motivated to comply will approve or disapprove of the behaviour. Studies like Abduh *et'al* (2011); Amin *et'al* (2010); Abidin *et'al* (2009); Bidin and Idris, (2007); Omar, (2007); suggested that subjective norm significantly influences an individual's intention. Subjective norm is expected to have a significant relationship on donor's behavioural intention towards *waqf* for financing maternal and child healthcare service in Kano metropolis.

### **2.5.3 Perceived Behavioural Control**

Perceived behavioural control refers to people's perception of the ease or difficulty of performing the behaviour of interest. (Ajzen, 1991). According to Ajzen (1991), as cited in Armitage and Conner 2001, control beliefs are the antecedents of PBC, and are concerned with the perceived power of specific factors to facilitate or inhibit performance of the behaviour. Ajzen also states that perceived behavioural control, together with behavioural intention can be used directly to predict behavioural achievement. In this statement he held two rationales that is the intention being constant and perceived behavioural control as a substitute for a measure of actual control. The proposition here holds that perceived behavioural control is expected to have a significant relationship on donors behavioural intention towards *waqf* for financing maternal and child healthcare service.

### **2.5.4 Intention**

According to Fishbein and Ajzen (1975), intention is a person's subjective probability dimension that connects that particular person to a particular behaviour. By Ajzen (1991), a central factor in the theory of planned behaviour is the individual's intention to perform a given behaviour. Intentions are assumed to capture the motivational factors that influence behaviour. They are indications of how hard people are willing to try, of how much of an effort they are planning to exert, in order to perform the behaviour. According to Ajzen (as cited in Faiz 2014) human intention is guided by three types of antecedents; behavioural beliefs, normative beliefs and control beliefs. Behavioural beliefs produce a favourable or unfavourable attitude towards behaviour, normative belief results in perceived social pressure also known as subjective norm,

while control beliefs give rise to perceived control behaviour. Therefore, combining the attitude, subjective norm and perception of behavioural control (perceived behavioural control) towards behaviour would lead to the behavioural intention.

The relative importance of attitude, subjective norm, and perceived behavioural control in the prediction of intention is expected to vary across behaviours and situations. Thus, in some applications it may be found that only attitudes have a significant impact on intentions, in others attitudes and perceived behavioural control are sufficient to account for intentions, and in still others that all three predictors make independent contributions. Attitude, subjective norm and perceived behavioural control are expected to translate into positive behavioural intention of a donor towards *waqf* for financing maternal and child healthcare service in Kano metropolis.

### **2.5.5 Intention from Islamic Perspective**

Intentions are assumed to capture the motivational factors that influence behaviour. They are indications of how hard people are willing to try, of how much of an effort they are planning to exert, in order to perform the behaviour. As a general rule, the stronger the intention to engage in behaviour, the more likely the performance. The acts of intention and its translation into action have been strongly emphasized in Islamic heritage. The holy prophet (pbuh) mentioned in a *hadith* pertaining to intention and action.

*'Verily actions are by intentions, and for every person is what he intended. So the one whose hijrah was to Allah and his messenger then his hijrah was to Allah and his messenger, and the one whose hijrah was for the world to gain from it, or a woman to marry her, then his hijrah was to what he made hijrah for'* (Bukhari and Muslim).

The *hadith* mentions that every action or behaviour is determined by the individual's intention. Intention is the basic criteria in every act including worship and it is the first obligatory act in prayer. Ajzen and Fishben (1985) theories about intention support what had been said by the prophet (pbuh) several centuries ago. Besides that, intention is an important element to influence one's action. If it does not exist, nothing shall take place. In the TPB, the main focus is behavioural intention as a precursor to the actual behaviour (Osman, 2014). According to Osman (2014) also, the factors that influence one's behaviour, such as attitude, subjective norms and perceived behavioural control, where it works through intention to affect whether one would actually act on the intention or not.

#### **2.5.6 Behaviour**

The behaviour of interest is defined in terms of its Target, Action, Context and Time elements (Ajzen 2006). The principle of compatibility has to be observed which requires that all other constructs of (A), (SN), (PBC) and (I) be defined in terms of exactly the same elements i.e. compatible with behaviour in question. The targeted behaviour in the study is the actual *waqf* donation by donors in life time to finance MCH services in Kano metropolis.

## CHAPTER THREE

### RESEARCH METHODOLOGY

#### **Introduction**

This chapter describes the research design and methodology used to collect and analyze the data in the study. The method used to select the sample, collect data and the statistical procedures used to analyze the study data are discussed in this chapter.

#### 3.1 RESEARCH DESIGN

The research design adopted for this study is cross-sectional survey research design. The research design is appropriate because it serves as a valuable tool for assessing opinions and trends. The research is quantitative in nature.

#### 3.2 POPULATION AND SAMPLE

##### **3.2.1 Population**

The population of the study comprises of individuals in the business community in three markets of *Kantin- Kwari*, *Sabon-Gari*, and *Singer* market. According to statistics available at the offices of markets association the estimate of *Kantin-Kwari* traders is 175,000, *Sabon-Gari* traders is 85,813 and *Singer* traders is 20,000. The table below provides the summary of the research population which serves as sample frame to this study.

Table 3.1. Composition of Population by Markets

S/N	MARKETS	POPULATION
1	Kantin-Kwari	175,000
2	Sabon-Gari	85,813
3	Singer	20,000
	<b>TOTAL</b>	<b>280,813</b>

Source: Market association (pop. estimate) 2017

The individual marketers in the business community are seen as the body of individuals who manages businesses, that is the businessmen and those involved in the upper level of business. The choice of individuals in the business community as targeted respondents was because of the expectation that they are the potential donors due to the fact that they are high net worth individuals who can allocate donations of different types financial and non financial resources. They also engage in some form of philanthropic activities and voluntarism. In addition, they usually provide large frequent donations for publicity or as a corporate social responsibility.

### **3.2.2 Sample Size**

A sample size of 384 respondents was selected in this study based on the formula developed by Cochran (1963). The formula shows a representative sample for large populations. Sample size can be determined using various methods. As suggested by Israel (1992), sample size can be determined based on census for small populations, imitating a sample size of similar studies, using published table and applying formulas to calculate a sample size.

By Cochran formula,  $n_o = \frac{Z^2 pq}{e^2}$

Where  $n_o$  is the sample size,

$Z^2$ = the abscissa of the normal curve that cuts off an area  $\alpha$  at the tails.  $Z$  at 95% confidence level (1.96),

$p$ = the estimated proportion of an attribute that is present in the population (0.5),

$q=1-p(0.5)$

and  $e=0.05$  precision level/acceptable sampling error

The respondents comprises (238) from *Kantin-Kwari* market, (119) from *Sabon-Gari* market and (27) from *Singer* market determined proportionately as shown in Table 3.2.

Table 3.2. Sample Size Determination

S/N	MARKETS	TOTAL POPULATION	% OF TOTAL	SAMPLE SIZE
1	Kanti Kwari	175,000	62	238
2	Sabon-Gari	85,813	31	119
3	Singer	20,000	7	27
	<b>TOTAL</b>	<b>280,813</b>	<b>100</b>	<b>384</b>

Source: Computation of sample from population figures

### 3.2.3 Sampling Technique

The sampling technique employed was simple random sampling, to get the number of respondents that are relevant for this study. The sample was divided proportionally according to the population of the three (3) markets from which a sample size of three hundred and eighty four (384) was randomly selected. In this case 238 respondents were drawn from *Kantin-Kwari*, 119 from *Sabon-Gari* and 27 from *Singer* market.

### 3.3 DATA COLLECTION INSTRUMENT

Data used was collected through questionnaire (self administered questionnaire) which is widely used to obtain information. The choice of questionnaire arises because it is easier to get across to the potential respondents or sample. It is effective, cheap, and permits wider coverage. Furthermore, the choice of questionnaire as the data collection instrument is based on the compatibility of the instrument with the TPB model as numerous applications have shown. The structured questionnaire consist of closed ended multiple choice-questions. The questionnaire was structured into two sections. The demographic information section and section of items of intention, attitude, subjective norm and perceived behavioural control measured on an ordinal scale of measurement by using a five point likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Given that items in the questionnaire are targeted to measuring the respondents' intention by attitudes, subjective norm and perceived behavioural control, hence, Likert-type scale is considered more appropriate and reliable (Alreck and Settle, 1995; Miller, 1991 as cited in Maiyaki and Mokhtar 2011).

### 3.4 PILOT STUDY

A pilot study of the questionnaire was conducted to test the reliability of the instrument. The purpose of a pilot study as stated by (De Vaus 2002) is to test the reliability and validity of questions before conducting a study. As such 30 questionnaires were used for the pilot test. As suggested by Malhotra (2008) that sample size for pre-test is normally small, ranging from 15-30 respondents.

### **3.4.1 Validity and Reliability of Instrument**

The instrument was validated by content/face validity. Experts were consulted to validate the instrument. Content validity is therefore, the absolute minimum requirement for the researcher to establish (Bryman and Cramer, 2011). The study also measures reliability of responses on the basis of internal consistency with the use of Cronbach's Alpha.

## **3.5 DATA ANALYSIS TECHNIQUES**

Data collected was analysed using descriptive statistics to present demographic information of the respondents, and to summarise the data. However, ordered logistic regression analysis was used to test hypotheses in the study by the use of Stata software package (version 14). The ordered logit model/proportional odds model is an ordinal regression model for ordinal dependent variable. However considering the dependent variable which is intention and is measured as an ordinal variable on a five point scale, according to (Min, 2013) the appropriate statistical model for handling the ordinal outcome is an ordered logit or probit model. Accordingly, the ordered logit model is considered to be the most appropriate methods for analyzing ordinal outcome variables (Long & Freese, 2014).

### **3.5.1 Model Specification**

The ordered logit model involves the dependent variables  $Y$ , the independent variable  $X$ , and the unknown parameters  $\beta$ . The model relates  $Y$  to a function of  $X$  and  $\beta$ . Logit models estimate the probability of dependent variable  $Y=1$ .

The model is specified as:

$Pr(Y=1/X_1, X_2, \dots, X_k) = F(\beta_0 + \beta_1 X_1 + \beta_2 X_2 + \dots + \beta_k X_k) \dots$  where,

$Y$  is the observed ordinal variable/dependent variable,

$\beta$  is the parameter estimate

X represents the independent variables.

Therefore, the model was used to find the probability of donor intention towards *waqf* to the independent variables (attitude, subjective norm and perceived behavioural control).

For behavioural intention:

Where P(BI)=probability of intention towards *waqf*

$$\text{Pr}(\text{BI}) = F(\beta_{\text{ATT}} + \beta_{\text{SN}} + \beta_{\text{PBC}})$$

Where,

BI=behavioural intention

ATT= attitude

SN = subjective norm

PBC = perceived behavioural control

### 3.6 MEASUREMENT OF VARIABLES

#### **Behavioural intention as Dependent Variable**

Behavioural intention by Fishbein and Ajzen (1975) is a person's subjective probability dimension that connects that particular person to a particular behaviour.

The behavioural intention variable (BI) was measured using five items adapted from the scale of Ajzen's (2006), Yung (2009) and Alhidari (2013) and Muhammad (2016). Responses were assessed using five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). In this study, behavioural intention is a person's intent to donate *waqf* in financing MCH service in Kano state.

## **Independent Variables**

Attitude According to Ajzen, (1991) is the degree to which a person has a favourable or unfavourable evaluation or appraisal of the behaviour in question.

Subjective norm refers to the perceived social pressure to perform or not to perform the behaviour (Ajzen 1991).

Perceived behavioural control refers to people's perception of the ease or difficulty of performing the behaviour of interest (Ajzen, 1991).

The independent variables of attitude (A), subjective norm (SN), and perceived behavioural control (PBC) was measured through combination of items gathered from previous studies. Items were assessed on a five point likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). Attitude toward a behaviour, subjective norm and perception of behavioural control leads to formation of behavioural intention (Ajzen, 2006). Items of attitude were gathered from the studies of Faiz (2014), Alhidari (2013), and Yung (2009). Items of subjective norm were adapted from studies of Ajzen (2006), Francis *et'al*, (2004) and Amin and Ramayah (2010). Items of perceived behavioural control were adapted from studies of Faiz (2014), Francis *et'al* (2004) and Muhammad (2016).

## CHAPTER FOUR

### RESULTS AND DISCUSSIONS

#### Introduction

This chapter presents the results of analysis of the data of the study. The results obtained are therefore discussed in the chapter. It also presents the test of hypotheses of the study. In all, 332 questionnaires were analysed out of 384 that were administered.

#### 4.1. DEMOGRAPHIC PROFILE OF RESPONDENTS

Table 4.1 Demographic profile of respondents

<b>Demographic variables</b>	<b>Category</b>	<b>Frequency</b>	<b>Percentage%</b>
Business communities	Kantin-Kwari	205	62
	Sabon-Gari	101	30
	Singer	26	8
Gender	Male	291	87.7
	Female	41	12.3
Marital status	Single	69	20.8
	Married	263	79.2
Age	18-29	1	3
	30-39	121	36.4

40-49	123	37
50-59	54	16.3
60-above	33	9.9

Source: Field survey 2017

Table 4.1 presents the demographic characteristics of the 332 respondents. Out of 384 questionnaires distributed, 52 questionnaires were not retrieved. The 332 participants represent a response rate of 86%. The majority of participants were from *Kantin-Kwari* with a rate of 62% while those from *Sabon-Gari* market account for 30% and *Singer* 8%. It can be seen that 291 representing 87.7% of the respondents were male and 41 respondents representing 12.3% were female. This shows that a greater percentage of the business community were male with small female representatives. Respondents between age 18-29years are 3%, 30-39years are 36.4%, those between 40-49years are 37%, 50-59years are 16.3% and 60-above are 9.9%. This shows that the majority of the respondents were between the ages of 40-49 years. Respondents who were single are 69 i.e, 20.8% and married were 263 i.e, 79.2%.

#### 4.2 RESULT OF RELIABILITY TEST

Cronbach Alpha test was conducted to measure reliability of the instrument and coefficients for each individual item.

Table 4.2 Result of reliability test

VARIABLES	NO. OF ITEMS	ALPHA VALUE	STATUS
Intention	6	0.875	Valid
Attitude	5	0.665	Valid
Subjective norm	5	0.810	Valid

Perceived behavioural control	5	0.664	Valid
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Source: Field survey 2017

Each item in the scale exceeds 0.5. As suggested by Hair *et al* (2010), a score of over 0.6 is acceptable. For intention, the Alpha value is 0.875, Attitude 0.665, Subjective norm, 0.810 and Perceived behavioural control 0.664. This indicates an acceptable reliability and the scale are considered reliable with the sample, i.e they are internally consistent as indicated in Table 4.2.

### 4.3 RESULT OF ORDERED LOGISTIC REGRESSION

By using stata 14, the result of the ordered logit and ordered probit models designed to test the influence of the independent variables on the dependent variable are presented in Table 4.3.

#### Dependent variable

#### Intention

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Variables	ologit	marginal effect	probability	oprobit	marginal effect	probability
<b>Attitude</b>	1.7698	-.0109	-.0046	.949	-.0119	-.0047
	[0.000]*			[0.000]*		
	(.4149)			(.215)		
<b>Subjective</b>	.1536	-.00094	-.00040	.01885	-.000236	-.000093
<b>Norm</b>	[0.626]			[0.915]		
	(.315)			(.177)		
<b>Perceived</b>	.5215	-.00322	-.00136	.279	-.0035	-.00138
<b>Behavioural</b>	[0.031]*			[0.041]*		
<b>Control</b>	(.2418)			(.1366)		

<b>Pseudo R<sup>2</sup></b>	0.0986	0.0961
<b>Chi<sup>2</sup></b>	43.33	42.26
<b>Prob. Chi<sup>2</sup></b>	0.0000	0.0000
<b>No. of obs.</b>	332	332

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[.] indicates p-value, (.) indicates SE. \*p<0.05(significant).

#### 4.4 TEST OF HYPOTHESES

The hypotheses tested were as follows:

H<sub>01</sub>: There is no significant relationship between donors attitude and behavioural intention to donate *waqf* for financing maternal and child healthcare service

H<sub>02</sub>: There is no significant relationship between donors subjective norm and behavioural intention to donate *waqf* for financing maternal and child healthcare service

H<sub>03</sub>: There is no significant relationship between donors perceived behavioural control and behavioural intention to donate *waqf* for financing maternal and child healthcare service.

Ordered logit was conducted to test the relationship between attitude, subjective norm and perceived behavioural control towards behavioural intention on *waqf*. The hypothesis H<sub>01</sub>, H<sub>02</sub>, and H<sub>03</sub> were tested using ologit and oprobit, with intention as the dependent variable and attitude, subjective norm, and perceived behavioural control as independent variables.

H<sub>01</sub>: The result of the ologit shows that the p value of attitude is significant at 0.000 where p<0.05 with a likelihood ratio chi<sup>2</sup> of 43.13. This means that H<sub>01</sub> was not supported by the data.

Attitude is statistically significant and has influence on behavioural intention to donate *waqf*.

H0<sub>2</sub>: Subjective norm has a p value of 0.626 with  $p > 0.05$  indicating an insignificant relationship. This means that H0<sub>2</sub> was supported by the data and hence, the acceptance of the hypotheses and the rejection of the alternative hypotheses meaning that subjective norm do not influence donors behavioural intention towards *waqf* for financing maternal and child health care service in Kano metropolis.

H0<sub>3</sub>: Perceived behavioural control has a p value of 0.031 indicating a significant relationship with  $p < 0.05$ . This means that H0<sub>3</sub> was not supported by the data and hence, the rejection of the hypotheses and the acceptance of the alternative hypotheses meaning that perceived behavioural control influence donors behavioural intention towards *waqf* for financing maternal and child health care service in Kano metropolis.

The result of ologit shows similar outcome with the probit output with attitude variable significant at  $p < 0.05$  and subjective norm insignificant at  $p > 0.05$ , while perceived behavioural control is significant at  $p < 0.05$ .

The following are the summary coined from the findings of the study:

- I. The strongest factor that influences intention among other factors of the theory of planned behavior constructs is attitude. This shows that the more favourable the donors attitude the greater likelihood of the donors to engage in making donations.
- II. However, the influence of subjective norm on intention was found to be insignificant when compared to other factors. This shows that one's intention is highly dependent on one's self and not on ones support from others around.
- III. Also, perceived behavioural control was found to be significant on intention and is the second factor influencing intention.

#### **4.4.1 Discussion of findings**

The results of this study showed that attitude is a significant factor in influencing intention. This means that donors attitude significantly influences their intention to donate *waqf* for financing MCH services in Kano metropolis. The finding however supports that of Anwar *et al* (2015), Muhammad (2016), Amin and Ramayah (2010), Alhidari (2014), Huda *et al* (2010), Amin (2016) and Faiz (2014) of which their studies investigated the relationship between TPB constructs on intention, and found attitude significantly influencing intention. This shows that attitude has the greatest impact on the intention to donate *waqf*. This is similar to the study by Hasbullah *et al* (2015) where attitude strongly influence intention. The role of the attitude in influencing people's intention has been supported by the research conducted by Sommer (2011) and Fen and Sabaruddin (2008), as cited in Hasbullah which mentioned that the intentions more strongly based on attitudes ("more desirability based") offer better prediction of behaviour.

However, the strong influence of attitude on behavioural intention may be an indication that individual in the business community have higher intention to donate because they have more favourable attitude to the behaviour. Also they perceived donating *waqf* as equally important, beneficial and rewarding. Also they may feel that community services such as MCH are something of priority to them. This is because an individual's appreciation of certain behaviour and its perceived benefits are the details that increase the favourable attitude towards intention. Similarly, with favourable attitude, the more likely *waqf* for financing MCH will be practiced by individuals in the business community.

However, in this study, subjective norm do not significantly influence intention to donate *waqf*. This is however supported by the findings of Huda *et al* (2012). The result of subjective norm of

this study is contrary to the findings of Awang *et'al* (2017), Muhammad (2016), Chih Yung tsai (2010), Mutuli and walingo (2014). This can indicates that the influence and opinion of people such as family and friends or social pressure does not matter to the individual donor in the business community. The influence of subjective norm was found to be weak than the influence of attitude on behavioural intention

Perceived behavioural control in the study was found to be significant in influencing intention. This result is in line with that of Knabbe (2012), Faiz (2014), and Muhammad (2016). This however may be an indicator that the individual in the business community have the confidence and financial resources to donate *waqf*. When an individual have a higher sense of self efficacy regarding a particular behaviour, will react more positively. Also the individuals concern for the wellbeing of their community can strengthen them to donate. Therefore, individuals in the business community believe that donating *waqf* for financing MCH is within their control.

Though there are certain issues arising in *waqf* practices which in this case scared people from donating their resources as *waqf*. Fraud or corrupt tendency, breach of trust, mis-management /financial discipline and immorality issues tend to serve as threats to donors' intention and giving practices. This therefore brings in the issue of *takaful* in order to safeguard and ensure that people's resources of *waqf* are insured. *Takaful*, is seen as *ta'awun* (mutual assistance) and *tabarru'u* (donation). It is from the word "*Kafala*" which means to guarantee, guard and protect that is "guaranteeing each other. Moreover, the link between *waqf* and *takaful* here is significant because the general aims of *waqf* include assisting the needy, helping the oppressed, improving the lives of the downtrodden, regulation of the economy, raising the standard of living of the people, dissemination of sciences and knowledge, constructing and administering mosques, libraries, schools, clinics, hospitals, welfare centres, etc. In addition, *waqf* elevates the thinking

and purifies the conscience of human beings of selfishness and love of the world. It also cultivates the spirit of helping one another in the society, and joining in mutual care and love. Therefore, for collectors and donors of *waqf*, individuals or organizations, the biggest challenge is to attract Muslims to contribute, to maximize the collection and to manage it in the best possible way.

Finally, the chapter presents the analyses as well as the results that are found from the survey data of the research. Descriptive data analyses, test of reliability of the data by measuring its internal consistency, as well as inferential statistics are all conducted to test the stated hypotheses. Among the TPB variables, attitude and perceived behavioural control were found to be significant in influencing intention, while subjective norm was found to be insignificant in influencing intention to donate *waqf* for financing MCH in Kano metropolis.

## CHAPTER FIVE

### SUMMARY, CONCLUSION AND RECOMMENDATIONS

#### **Introduction**

This chapter offers the summary of the objective behind the study, conclusion and recommendations based on findings of the study. It also provides suggestions for further research.

#### 5.1. SUMMARY

Chapter one focused on the aim of the study which is to examine the behavioural intention of donors towards *waqf* for financing MCH service in Kano metropolis. Given the challenging issues surrounding maternal and child healthcare service, especially the issue of financing and the beauty of *waqf* institution in financing many services which were seen in different empirical literatures presented. *Waqf* has become one cornerstone of the Islamic civilization in history, in supporting the development of many facilities such as education, science, health care facilities, poverty and unemployment and various programs for the welfare of the society/need. The chapter also includes research objectives, hypotheses formulation, scope and significance of the study.

In chapter two, historical background of *waqf* was presented. Various literatures were reviewed that provides insight on *waqf*, characteristics and *waqf* classification was discussed to provide clear understanding of the concept. The theoretical model was based on TPB. With intention, attitude, subjective norm and perceived behavioural control identified as the component of theory of planned behaviour. The empirical literature reviewed in the study, reveals various roles of *waqf* and its potentials. It also discussed various applications of TPB on *waqf*. The literature reviewed indicates that several studies have investigated the individual's *waqf* behaviour, which is a significant area of research. This however provides justification for the research to examine TPB on individual's *waqf* intention in Kano context.

Chapter three explains the methodology of the study. The research is quantitative in nature. Questionnaires were developed that captured the demographic profile of respondents and items measuring all the variables for testing the hypotheses of the study. However, 384 samples were drawn out of which 332 responses from individuals of the business communities were retrieved. Both descriptive and inferential techniques were employed in the analysis.

Chapter four interprets the data analysis of the study. Descriptive statistic was used to analyze the variables of the study while ordered logit was used to test the impact of the independent variables to dependent variable of the three hypotheses developed in the study. Result from the ordered logit showed that out of the three hypotheses developed for the study, two hypotheses were rejected that is,  $H_{01}$  and  $H_{03}$  and alternative hypotheses were accepted and concluded that attitude and perceived behavioural control were significant in influencing intention.  $H_{02}$  was

insignificant in the findings, which indicated that donor subjective norm do not significantly influence intention toward donating *waqf*.

Finally, this chapter makes summary and concludes the research. Give recommendations and suggestion for future research.

## 5.2. CONCLUSION

Given the importance of MCH services, the primary objective of the study is to examine the behavioural intention of donors towards *waqf* for financing maternal and child health care services in Kano metropolis. In addition it also investigated the relationship between behavioural intention and attitude, subjective norm, and perceived behavioural control. The results obtained related to three hypotheses developed. First, attitude has a significant relationship on behavioural intention. Second, subjective norm have an insignificant relationship on behavioural intention. The finding about subjective norm implies that social pressure plays an insignificant role in predicting intention. Third, perceived behavioural control has a significant relationship on behavioural intention.

According to this study, attitude and perceived behavioural control have significant relationship with behavioural intention. Attitude was found to be the most important factor in predicting *waqf* donating intention of individuals in the business community. The individuals concern of MCH and their appreciation of the benefits and reward concerning donating *waqf* lead to increase in their favourable attitude. By emphasizing on the advantages of *waqf* to the individuals and its profitable reward in life and hereafter, favourable attitudes will further be developed, and

similarly with the favourable attitude, the more likely *waqf* donation in financing MCH will be practiced. Thus, attitude remains a significant construct for *waqf* donating intention across the study sample. This therefore emphasizes the importance of motivation, encouragement, and awareness creation in promoting efforts particularly for donating *waqf* in financing MCH in order to reduce the challenges encountered by women and children in Kano metropolis. PBC also is an antecedent of *waqf* donating intention in financing MCH. This shows that the individual donors in the business community are more confident in their ability to practice the behaviour. This implies that encouragement and boosting the individual's motivation can help to uphold their confidence towards the practice of the behaviour in question and this can help conquer challenges surrounding MCH in Kano metropolis. It is therefore concluded that the TPB constructs serve as predictors to *waqf* donating intention for financing MCH in Kano metropolis.

### 5.3. RECOMMENDATIONS

The following recommendations were made in line with the research findings:

- I. With respect to attitude, the business community/individuals should be highlighted on the positive benefits associated with *waqf* and charitable act in order to serve the needy and community at large. Foundation should be laid for charitable acts and practice to inculcate *waqf* behaviour from childhood. This can be done through family *waqf* initiation and philanthropic *waqf* for beneficiaries
- II. Creation of awareness, sensitization programs through workshops, radio programs and other communication strategies will help to educate the public on *waqf* and its potentials.

- III. Islamic scholars, advocates who serve as role models in the society should motivate and encourage on the benefit and reward for doing good. This can be seen in the insignificant role of subjective norm in the study.
- IV. Foundations such as *Khairat* Islamic Trust and *Sa'adiyya Waqf* Foundation should provide pamphlets; kits; and develop models worthy of emulating that can guide and create awareness of *waqf*. Such models were been developed/proposed by different authors and used in different areas e.g the IWIM model, corporate *waqf* model, *waqf* model for building of hospital and towers in Uganda, etc.

#### 5.4 SUGGESTION FOR FURTHER RESEARCH

Although this study makes contribution to the literature, however it is suggested for future research to include other business communities and other sectors in Kano. Secondly, the result and conclusions from the study was sourced from the three explanatory factors of attitude, subjective norm, and perceived behavioural control whilst other factors that can affect intention were not included. These factors can include religiosity, trust, moral responsibility, altruism, literacy etc. Furthermore, other statistical methods could be employed to examine the hypotheses based on the theoretical model.

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## APPENDIX I

### DESCRIPTIVE SUMMARY OF SCALES

Descriptive summary of intention scale

Items		Response scale %						
Intention		1	2	3	4	5	Mean	S.D
	INT1	1.8	4.2	18.4	29.2	46.4	4.14	.981
	INT2	0.3	5.7	5.7	58.4	29.8	4.12	.774
	INT3	0.3	2.1	7.8	47.3	42.5	4.30	.727
	INT4	1.2	0.9	6.9	54.2	36.7	4.24	.724
	INT5	0.3	0.9	9.9	27.1	61.7	4.50	.740
	INT6	0.3	0.9	6.6	35.2	56.9	4.48	.690

Source: Field survey 2017

Descriptive summary of attitude scale

Items		Response scale %						
ATT		1	2	3	4	5	Mean	S.D
	ATT1	3.9	0.3	3.6	37.0	54.8	4.54	2.90

	ATT2	0.9	4.2	6.9	31.3	56.6	4.40	.86
	ATT3	-	-	10.5	49.4	40.1	4.30	.65
	ATT4	-	11.1	9.9	39.8	39.2	4.07	.97
	ATT5	0.9	0.9	3.0	58.1	36.7	4.44	2.8

Source: Field survey 2017

#### Descriptive summary of subjective norm scale

Items		Response scale %						
SB.NM		1	2	3	4	5	Mean	S.D
	SN1	1.5	2.7	20.2	42.5	33.1	4.03	.88
	SN2	0.9	2.7	6.6	48.5	41.3	4.27	.78
	SN3	-	-	11.1	53.9	34.9	4.24	.64
	SN4	0.9	3.6	12.3	51.5	31.6	4.10	.81
	SN5	-	1.8	7.5	48.8	41.9	4.32	.69

Source: Field survey 2017

#### Descriptive summary of perceived behavioural control scale

Items		Response scale %						
PBC		1	2	3	4	5	Mean	S.D
	PBC1	2.1	1.2	12.0	44.3	40.4	4.20	.85
	PBC2	4.2	10.5	14.5	37.0	33.7	3.90	1.13
	PBC3	1.2	4.8	23.8	38.3	31.9	3.95	.93
	PBC4	1.2	4.2	9.9	41.3	43.4	4.21	.88
	PBC5	2.4	1.2	3.6	36.1	56.6	4.43	.83

Source: Field survey 2017

. summ Int Att Sn Pbc

Variable | Obs Mean Std. Dev. Min Max

---

Int	332	1.938795	.2461837	0	2
Att	332	4.287349	.5005944	3	5
Sn	332	4.186747	.5805032	2.6	5
Pbc	332	4.129518	.6827851	1	5

## APPENDIX II

### ORDINAL LOGISTIC REGRESSION STATA COMPUTATION

. ologit Int Att Sn Pbc

Iteration 0: log likelihood = -219.81249

Iteration 1: log likelihood = -201.16089

Iteration 2: log likelihood = -198.16349

Iteration 3: log likelihood = -198.14821

Iteration 4: log likelihood = -198.14821

Ordered logistic regression	Number of obs	=	332
	LR chi2(3)	=	43.33
	Prob > chi2	=	0.0000
Log likelihood = -198.14821	Pseudo R2	=	0.0986

---

Int	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]
-----	-------	-----------	---	------	----------------------

```

-----+-----
Att | 1.76983 .4149054 4.27 0.000 .9566304 2.58303
Sn | .1536668 .315021 0.49 0.626 -.463763 .7710965
Pbc | .5215076 .2418874 2.16 0.031 .047417 .9955982

```

```

-----+-----
/cut1 | 5.310055 1.771642 1.837701 8.78241
/cut2 | 5.537838 1.757354 2.093487 8.982189
/cut3 | 6.045927 1.743824 2.628095 9.463759
/cut4 | 6.297629 1.743682 2.880076 9.715183
/cut5 | 6.403774 1.743513 2.986551 9.820998
/cut6 | 6.821178 1.742887 3.405183 10.23717
/cut7 | 7.249823 1.748193 3.823427 10.67622
/cut8 | 7.582172 1.755363 4.141723 11.02262
/cut9 | 8.141988 1.768187 4.676405 11.60757

```

```
-----
. mfx
```

Marginal effects after ologit

y = Pr(Int==0) (predict)

= .00621371

```

-----
variable | dy/dx Std. Err. z P>|z| [ 95% C.I. ] X
-----+-----
Att | -.0109289 .00569 -1.92 0.055 -.022082 .000224 4.28735
Sn | -.0009489 .00198 -0.48 0.632 -.004837 .002939 4.18675
Pbc | -.0032204 .00221 -1.46 0.145 -.007552 .001111 4.12952

```

. margins, dydx(\*)pr(out(1))

Average marginal effects                      Number of obs    =    332

Model VCE    : OIM

Expression    : Pr(Int==1), predict(out(1))

dy/dx w.r.t. : Att Sn Pbc

---

	Delta-method					
	dy/dx	Std. Err.	z	P> z	[95% Conf. Interval]	
Att	-.0046355	.0046957	-0.99	0.324	-.0138389	.0045679
Sn	-.0004025	.0009076	-0.44	0.657	-.0021813	.0013764
Pbc	-.0013659	.001497	-0.91	0.362	-.0042999	.0015681

---

oprobit Int Att Sn Pbc

Iteration 0: log likelihood = -219.81249

Iteration 1: log likelihood = -199.37698

Iteration 2: log likelihood = -198.68318

Iteration 3: log likelihood = -198.6809

Iteration 4: log likelihood = -198.6809

Ordered probit regression                      Number of obs    =    332

LR chi2(3)                      =    42.26

Prob > chi2                     =    0.0000

Log likelihood = -198.6809                      Pseudo R2        =    0.0961

---

Int	Coef.	Std. Err.	z	P> z	[95% Conf. Interval]	
-----	-------	-----------	---	------	----------------------	--

```

-----+-----
Att | .9492033 .2153241 4.41 0.000 .5271758 1.371231
Sn | .0188592 .1771812 0.11 0.915 -.3284095 .3661279
Pbc | .2791923 .1366449 2.04 0.041 .0113732 .5470114

```

```

-----+-----
/cut1 | 2.671385 .9367584 .8353725 4.507398
/cut2 | 2.760029 .9328295 .9317168 4.588341
/cut3 | 2.980866 .9295241 1.159033 4.8027
/cut4 | 3.096231 .9299866 1.273491 4.918971
/cut5 | 3.144518 .9300592 1.321636 4.967401
/cut6 | 3.340732 .930262 1.517452 5.164013
/cut7 | 3.555411 .9328851 1.72699 5.383832
/cut8 | 3.73109 .9365743 1.895438 5.566742
/cut9 | 4.033307 .9419033 2.18721 5.879403

```

```
-----+-----
.mfx
```

Marginal effects after oprobit

```

y = Pr(Int==0) (predict)
= .00426837

```

```

-----+-----
variable | dy/dx Std. Err. z P>|z| [ 95% C.I. ] X
-----+-----
Att | -.011918 .00661 -1.80 0.071 -.024874 .001037 4.28735
Sn | -.0002368 .00223 -0.11 0.915 -.004608 .004134 4.18675
Pbc | -.0035055 .00259 -1.35 0.176 -.00858 .001569 4.12952

```

```
. margins, dydx(*)pr(out(1))
```

```
Average marginal effects      Number of obs   =    332
```

```
Model VCE   : OIM
```

```
Expression  : Pr(Int==1), predict(out(1))
```

```
dy/dx w.r.t. : Att Sn Pbc
```

---

	Delta-method					
	dy/dx	Std. Err.	z	P> z	[95% Conf. Interval]	
Att	-.0047139	.0047489	-0.99	0.321	-.0140215	.0045937
Sn	-.0000937	.0008828	-0.11	0.916	-.001824	.0016367
Pbc	-.0013865	.0015332	-0.90	0.366	-.0043915	.0016185

---