

Enhancing Community Health Sustainability Through Use of Maqasid Al-Shariah Theory

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Abstract

Sustainable community health (SCH) is an example of a new healthcare concept formed from applying the *Maqasid al-Shariah* principle to hospital management and delivery services. Because the idea is novel, it needs comprehensive and ongoing investigation to be improved. However, there is a lack of research on the necessity of developing sustainable community health (SCH), particularly its organizational structure. Furthermore, there is a misconception about the order of components in *Maqasid al-Shariah*, particularly in a hospital setting. Furthermore, the use of medicines and treatment by conventional recommendations to carry out the treatment by the *Maqasid al shariah*. As such, this study focuses on the essential prerequisite for establishing a sustainable community health system based on *Maqasid al-Shariah*. This study discusses the use of *Maqasid al-Shariah* in administration and treatment. In this qualitative research approach, a literature search and interviews with specialists are conducted. The gathered data is examined using content analysis, emphasizing inductive and deductive reasoning. The research reveals that the Shariah Advisory Council and Shariah Critical Point are necessary for sustainable community health. In conclusion, by discussing the causes for each instance, this research adds to the creation of methods for determining the level of *Maasid al-Shariah* in-hospital care.

Keyword: Empowering; Sustainability; Community Health; Maqasid al Shariah; Hospital.

Introduction

Community health is mostly a basic need and a valuable gift in human existence (Yuliati et al., 2020). Community health empowerment substantially influences long-term social and economic development (Geiger, 2016; McClair et al., 2021). On the other hand, human life suffers and implodes due to health disturbance. Furthermore, it creates disruptions in regular operations. Covid-19, heart disease, hypertension, stroke, cancer, chronic respiratory illnesses, diabetes, arthritis, and asthma are chronic conditions that impair empowering community health (Reynold et al., 2018). Several variables influence the incidence of illnesses. Unhealthy diets, excessive calorie consumption, physical inactivity, and cigarette smoking are all concrete factors contributing to these diseases (WHO, 2018).

Humans need treatments to be healthy. A community health center is a facility where individuals may help diagnose, monitor, and treat illnesses (Ferrera et al., 2015; Golttert et al., 2021). The hospital offers specialists, diagnostic equipment, and medications (Naeenj and

Simbar, 2018). If people bring their health concerns to the hospital sooner, they are treated. The effectiveness and quality of hospital management are dependent on the organization's empowerment (Kane et al., 2016; Ballard et al., 2020). According to Mohsen (2018), administrative management, such as the appointment system, administration process, visiting hours, quality of services, doctor harassment, and a healthy atmosphere, are variables impacting patients' choices in a community health environment. It implies that people must be empowered to provide and deliver healthcare services.

A Shariah-compliant empowering the sustainable community is one in which the empowering sustainable healthcare services provided in the community follow Shariah principles or Islamic teachings (Ballard and Syme, 2016; Issel et al., 2021). The fundamental goal of Shariah-compliant enabling sustainable healthcare, such as hospitals, is to provide high-quality medical care, halal cuisine, religious and spiritual activities, and ethical and cultural components of medicine. This idea can be developed since it is in great demand among Muslim and non-Muslim populations (Rahman & Zailani, 2017; Kangovi et al., 2020). Moreover, it can be one of the most effective means of promoting a better knowledge of Islam among people (Islam, 2017). Therefore, more effort should be placed into learning the fundamental rules for developing Shariah-compliant for enabling sustainable health. For example, the *Maqasid al-Shariah* concept is a critical component to be implemented in hospital operations (Abdullah, 2018). Furthermore, the approach used in administering treatments to patients must adhere to the *Maqasid al-Shariah* (Haq and Wahab, 2019). Therefore, while Muslims undergo treatment, this practice is given better service.

The balance and integration of Islamic and medical techniques are critical in building Shariah-compliant, empowering, and sustainable community health (Mustafa, 2015; Kim et al., 2020). The concept is used in hospital settings to promote medical tourism and sustainable development goals (SDGs). Additionally, it can benefit visitors seeking medical care and services from outside the area. In this study, various issues must be identified. The first is a lack of study on the essential prerequisite for strengthening sustainable community health by implementing Shariah-compliant practices. Furthermore, there is a problem with the lack of explanation concerning the order of the components in *Maqasid al-Shariah* in the medical sector. Finally, there is a lack of a systematic technique for examining concerns related to *Maslahah* in the context of empowering sustainable community health.

Several studies have described the characteristics and qualities of empowered, sustainable community health based on Shariah compliance or Muslim friendliness (Kamaruzzaman, 2013; Zulkifly, 2014; Samsudin, 2015; Mohezar, 2015; Shariff & Rahman, 2016; Goltert et al., 2021). Furthermore, with the combination of the medical method and the *Maqasid al-Shariah* concept, Shariah-compliant empowered sustainable community health is managed and organized (Shariff & Rahman, 2016; Nepomnyashchiy et al., 2020). The *Maqasid al-Shariah* principle's uses must be understood in the context of nature. The aspects of the *Maqasid al-Shariah* need a clear description and explanation of the nature of empowering sustainable health that offers healthcare evaluation. Today's advancements in science and technology have had a significant impact on medicine and healthcare services. In examining the relevant rules (*hukm*) and fatwas, Islam as a complete religion must become closer to the circumstances and advancements (Rahman et al., 2018; Kim et al., 2020). As a result of their standing under Islamic law, Muslims begin to question the use of some treatments and services.

It should have a standard system for locating specific treatments and services, particularly for Muslim consumption. Furthermore, the *Maqasid al-Shariah* concept is appropriate since it is more relative and flexible in medical areas (Kasule, 2016; Haines et al., 2020; WHO, 2020). Finally, it is served as an example for other regional nations to offer high-quality services to Muslim demands. The study aims to achieve the following objectives:

1. To study the establishment of fundamental Shariah-compliant empowering sustainable community health.
2. To study the precedence of *Maqasid al-Shariah* elements in empowering community health.
3. To propose the model to identify the *Maqasid al-Shariah* and the types of empowering community health.

This assessment clearly illustrates what healthcare practitioners must do to construct a Shariah-compliant, community-empowering health system. This research explores how aspects in the *Maqasid al-Shariah* are prioritized in medical practice. Furthermore, since it presents a thorough approach to hospital treatments, this research enables healthcare practitioners to determine Islamic legislation aims. As a result, the healthcare practitioners are getting the basic skills in operating a Shariah-compliant organization by learning the essential requirements in building a Shariah-compliant hospital. Furthermore, it assists patients in making the best decision possible to acquire Shariah-compliant treatment.

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

This research is divided down into components. Section 1 provides an overview of the whole study. This part covers the research's background, issue statement, research aims, and study importance. Next, the researcher attempts to locate and evaluate the literature on empowering community health and essential sources of Shariah-compliant community health in section 2. The third part methodology and section fourth discusses the most critical aspects of the research technique. Finally, it covers data collecting and analysis, conclusion, limitations, and recommendation.

Literature Review

This research examines the current knowledge on community health empowerment. The discussion centers on the fundamentals of *Shariah*-compliant in community health, the community health scenario, and the associated term used to describe community health that adheres to *Shariah* principles. In addition, based on the results of earlier research, the section addresses the criteria and aspects for determining *Shariah* Compliant community health. Finally, the meaning of *Maqasid al-Shariah* is discussed after the section.

SDGs and Maqasid al-Shariah

The concept of a sustainable development model based on religious principles contrasts with the existing paradigm, emphasizing the separation of religious dogma and public policymaking. However, the sustainable development discourse has recognized that the three pillars of sustainable development need an ethical component to realize popular values (Khan, 2019).

As a result, *Maqasid al-Shariah*-driven Islamic financing would contribute to the achievement of the SDGs. Islamic financial institutions increasingly recognize the need to align their aims with the SDGs to defend and promote *Maqasid al-Shariah*. The Sustainable

Development Goals (SDGs) number 17 in all. The following part looks for similarities between the SDGs and Imam al-Ghazali's Shariah framework.

People, planet, prosperity, peace, and partnership are the five Ps that must be understood to comprehend the SDGs. These five Ps are considered components of the SDGs, and three of them—people, planet, and prosperity—are the pillars of SD (Zawawi and Othman, 2018; South et al., 2020). Because the 2030 Agenda is indivisible, nations should avoid cherry-picking objectives and carefully weigh the trade-offs between them. SDGs are very broad, intended to accomplish global objectives that have been agreed upon by the international community, and have no direct contradictions with Islamic principles. *Maqasid Shariah* is also highly methodical, attempting to address human welfare and well-being orderly and complete manner (Asmali et al., 2018; Kinuthia et al., 2020). The following paragraph attempts to translate the Sustainable Development Goals into *Maqasid al Shariah*.

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

Shariah Compliant Empowering Community Health

Shariah-compliant is a term used to describe an organization that follows Shariah. The concept of adhering to Islamic law is shariah compliance (Gwadabe and Rahman, 2020)). It implies that the organization is adhering to the rules and meeting its activities and decision-making requirements. The Shariah-compliant empowered community health provider organization that implements this idea is recognized. Shariah-compliant empowering community health as healthcare services provided in hospitals follow Shariah principles or Islamic teaching (Abdullah, 2018; Kinuthia et al., 2020).

It is possible to infer that the combination of the three phrases Shariah-compliant empowering community health refers to the idea of people seeking healthcare treatment and services from a healthcare practitioner who adheres to Islamic law standards (Haq and Wahab, 2019; Kangovi et al., 2020). The Shariah-compliant empowering community health program is more concerned with technical and policy problems than philosophical ones.

Basic Sources in Shariah Compliant Community Health

The sources of reference in creating a Shariah-compliant community health system are the complete Shariah compliance covered sources, either primary or secondary sources of Islamic law, Islamic legal maxims, norms, model, and necessity (Shariff & Rahman, 2016; Bhaskar and Arun, 2020). The sources are divided into two categories: primary and secondary. The Quran, Sunnah, Ijma", and Qiys are among the primary sources Muslims use to achieve Islamic law goals. Furthermore, when the problems addressed are either unclearly expressed or not covered in the primary texts, Muslims turn to various sources to develop and build judgments. In defining empowering community health procedures and processes in the SDGs,

secondary sources may also supplement primary ones (Yuliati et al., 2020). They are juristic preference (*Istisn*), public interest considerations (*Malik mursalah*), custom (*Uruf*), continuity assumption (*Istib*), and undermining the means (*Sad al-dhari*).

A portion of the Quran is the primary source for establishing a *Shari'ah*-compliant, community-empowering health system. It implies that eating halal food, paying attention to cleanliness, and being frugal while consuming sources are Muslims' rules. The basic principles guide developers and researchers in establishing the *Quran* as a basis for organizational growth. Because it is the second source of Islamic law, the *Sunnah* plays an essential part in the Islamic governing process (Ajisegiri et al., 2020). Because of its careful and comprehensive procedure, *Sunnah* is a reliable source. *Sunnah* concerning healthcare. Medical practitioners may use this tradition as a basic guideline for creating treatments in the health sector. *Sunnah* is also the primary source for introducing *Shariah*-compliant hospitals.

The third source of Islamic law is the *Ijma* (Geiger, 2016; Casey et al., 2020). *Ijma shariah* may also be done when a scholar expresses their viewpoint on a topic and has it endorsed and agreed upon by other academics. Muslims do not need to reject *Ijma Shariah* since it is included in Islamic law (Kane et al., 2016; Goldfield et al., 2020). Non-halal medical use as long as halal alternative medications are not accessible is an example of *ijma* linked to medical activities. It may be seen in gelatin in medications and the injection of highly pure insulin (JAKIM, 2015; Issel et al., 2021). In Islamic law, *Qiyas* is one of the essential sources. In its literal sense, *qiyas* refers to an analogy that compares one item to another (Naeeni and Simbar, 2018; Nepomnyashchiy et al., 2020). Therefore, the Quran, *Sunnah*, and *ijma*" support accepting the *qiyas* as a source (Abdullah, 2018).

Secondary sources such as *al-istisn*, *malih mursalah*, *uruf*, *istib*, and *sad al-dhari* are used in addition to primary sources to determine the principles in *Shari'ah*-compliant community health. Islamic law, *istisan* (equity) means to deem anything desirable (Naeeni and Simbar, 2018). The Quran and *Sunnah* are used to create *istisan*. The permission of seeing at people's private parts while getting treatment is an example of *istisan* in sustainable health procedures and practice (Ismail et al., 2016; Ajisegiri et al., 2020). The basic rule is that looking at private areas is illegal, although it is permitted to avoid damage. Because it offers the essential tools to promote flexibility and development of Islamic law, it is significant in structuring processes in the healthcare sector (Kane et al., 2016; Ballard et al., 2020).

In *maqasid al-Shari'ah*, *malih mursalah* (public interest) considers obtaining profit and avoiding or averting damage, and it supports the preservation of five fundamental components (al-Ghazali, 1997). Indeed, it adheres to the concept of *maqasid al-Shariah*, which is to gain benefit (*malaah*) while avoiding damage (*mafsadah*). The development of an empowered, sustainable community health center and services for the community falls under the *maalh mursalah*, which means "life protection."

***Maqasid al-Shariah* (The Higher Objective of Islamic Law)**

Shariah is an Arabic term meaning "law" or "code of law." *Maqasid al-Shariah* is based on individual and communal advantages, and its rules are intended to preserve these benefits while also facilitating the development and perfection of human existence on Earth (Kamali, 1999; Bhaskar and Arun, 2020). *Maqasid al-Shariah*, according to Al-Zuhaili (2006), is the Lawgiver's goals and intelligent purpose enshrined in each *Shariah* judgment. Its focus is on the essentials of individual existence in general (Rahman, 2016; Casey et al., 2020). However, because the origins are from the Quran and *Sunnah*, the principles are intended to be followed in all elements of human existence (al-Zuhaili, 2006; Haines et al., 2020).

Previous academics have described the components of Maqasid al-Shariah. The elements of *Maqasid al-Shariah* are as follows: if *al-Din* (protection of belief & religion), if *al-Nafs* (protection of soul & body), if *al-Aql* (protection of intellect), if *al-Nasl* (protection of progeny & offspring), and if *al-Mal* (protection of resources), as introduced by previous scholars such as Imam Al-Ghazali. The five fundamental principles are founded on reading the Quran and Sunnah, which are the primary sources of Islamic law. The aim and goals of this concept are to facilitate (*maslaha*) and protect humanity's advantages.

Medical treatments have positive and bad outcomes, with positive and negative side effects (Kasule, 2016; Casey et al., 2020). This method should strike a balance between the advantages and disadvantages. Patients need medical intervention in order to reclaim their quality of life. Unfortunately, no medical intervention provides complete advantages to people (Kasule, 2016; Goldfield et al., 2020). In the lack of advantages, medical treatments are useless. When artificial life support merely provides the quantity of life (a more extended lifetime) but not the quality or utility of human life, it is unnecessary. As a result, medical interventions are deemed useless and a waste of money.

The merger of *Shariah* and medicine may occur in the preventive and preservation mode (Kasule, 2016; Goltert et al., 2021). The *Shariah* rule includes food hygiene, personal cleanliness, and environmental hygiene, which leads to illness prevention and dissemination (Kasule, 2016; Haines et al., 2020). Furthermore, metabolic syndromes such as hypertension, coronary artery disease, and diabetes may be avoided by sharing information and educating about hunger management.

Intellect is a person's distinguishing feature, and it should be developed through time to increase both the individual's and society's knowledge (Chapra, 2008). According to Islam, Muslims must safeguard their intellect (Kangovi et al., 2020). Therefore, mental disease are treated medically, and human intelligence are restored. Furthermore, people are not live the lives of animals since humans, and a healthy mind and intelligence distinguish other creatures. A person's mental function should be managed since it may quickly lead to problems. Stress, neuroses, and psychoses are mental health issues that need therapy to restore intellectual function (Kasule, 2016; Issel et al., 2021). The same may be said about drug and alcohol addiction. Alcohol is addressed explicitly in the Quran as being prohibited because it interferes with human brain processes and intelligence.

Preserving the lineage entails selecting the children in terms of purity and cleanliness, as God has done. As a result, in Muslim culture, Islam encourages marriage and forbids infidelity (Issel et al., 2021). In addition, medical experts offer maternal health care, infertility therapy, and obstetric care, among other therapies, to maintain the community's reproduction (Kasule, 2016; Kangovi et al., 2020).

One of the essential aspects of human existence is resources or property. As a result, Islam includes wealth in Islamic law to correctly manage their resources and avoid misusing them (Islam, 2017; Kim et al., 2020). Human and material resources conservation are two elements of resource conservation in the medical profession (Kasule, 2016; Kinuthia et al., 2020). The hospital's personnel offer their entire dedication to the industry and create a healthy and productive environment by taking effective medications and living healthy lives. It adds to the economic resources of the community. Medical treatment facilities should not be squandered, and medical practitioners should look after them. Furthermore, it follows Islamic doctrine, which encourages resource conservation and wasteful behavior avoidance.

Features and Characteristics of *Shariah*-compliant Empowering Community Health

Despite its arrival and growth, there are no comprehensive criteria for this idea or acknowledged *Shariah*-compliant standards for community health empowerment. However,

several industry participants have expressed their views on creating Shariah-compliant community health requirements. Therefore, this section attempts to bring together various sources to examine the features and structure of creating Shariah-compliant community health.

According to Haq and Wahab (2019), the *Shariah* supervisory committee (SSC) in the hospital's organizational structure is an essential criterion in establishing Shariah compliance in community health. It is provided continuous monitoring, clarification, and evaluation to ensure that the community health system operates by Islamic law.

On the other hand, the following elements are the best criterion for demonstrating that this specific community health complies with Shariah principles. Architectural design, financial stability, advanced technology, and high-quality equipment are the requirements. The services provided are accessible to everyone, regardless of faith or creed, and include providing healthy, up-to-date scientific medical treatment and holistic patient care, including physical, mental, emotional, and spiritual well-being. Among the requirements that the community health needs to recognize Shariah-compliant empowered sustainable community health are social demands and services and processes that do not violate Shariah principles (Kasule, 2016; McClair et al., 2021).

Furthermore, the requirements for establishing Shariah-compliant sustainable community health are specific components such as food and medicines, facilities, finances, human resources, services and treatment, and management. In addition, there are several indicators that a specific healthcare service is Shariah-compliant (Ballard and Syme, 2016; Nepomnyaschiy et al., 2020). On the other hand, Shariff and Rahman (2016) have their criteria to define Shariah-compliant, long-term community health. Understanding the basic principles of *Shariah*, the principles of halal and haram, the principles of *maslaha*, implementing the concept of quality in Islam, and establishing Islamic core values within the organization that runs the sustainable community health are the essential characteristics and components that reflect a Shariah-compliant empowering.

These factors and criteria are necessary for determining if a particular empowering community health program is Shariah-compliant. It encompasses both excellent infrastructure and facility management as well as spiritual requirements. In addition, the enabling organization must include Shariah principles into its standard operating procedure (SOP) to maintain a high-quality, long-term community health management approach. Finally, various variables influence people's preferences for these two kinds of hospitals. For example, administration, such as appointment systems, administrative procedures, visiting hours, quality of services, doctor harassment, and a healthy atmosphere, affect patient choice in private and government hospitals (Mohsen, 2018).

The provincial government oversees the rules and regulations at government hospitals (Yuliati et al., 2020). Malaysia's minister of health employs and dispatches physicians, nurses, pharmacists, dentists, and other associated healthcare professionals to various medical facilities (Rahman, 2020). Furthermore, government hospitals are faced with an excessive quantity of patients to treat daily. It is based on a study that states that in 2016, six million more outpatients were admitted to government clinics (Zawawi and Othman, 2018). As a result, government hospitals could only afford to offer patients the same level of care as private hospitals. Furthermore, the research found that patients were dissatisfied with the level of assurance provided by government institutions; interpersonal skills continue to be a significant issue in government hospitals.

Furthermore, most private hospitals have reduced wait times for medical care, are well-maintained, have a clean atmosphere, pleasant and elegant amenities, room service, and various food and medication options, to name a few benefits (Yusuf, 2006; South et al., 2020). Furthermore, since there are more private wards, guests may enjoy longer visiting hours and

excellent solitude. On the other hand, private hospitals are expensive in-service fees since they provide higher quality services and superior patient and customer care (Fabnoun & Chaker, 2003; Nepomnyashchiy et al., 2020). With the promise of more excellent pay and lighter workloads in the private sector, retaining government sector experts has become a problem (Pocock & Phua, 2011; Kinuthia et al., 2020).

The Malaysian government has announced plans to cooperate with the commercial healthcare industry in sharing experts and facilities in government hospitals via the Minister of Health (Ahmad, 2019). When experts are shared, this cooperation is overcome numerous logistical difficulties, allowing for more significant work in the hospital. In addition, the cooperation mechanism ensures greater productivity and efficiency, as hospitals may combine their efforts to provide high-quality, safe, and cost-effective social insurance for patients (Quek, 2009; Kangovi et al., 2020).

Private hospitals are actively implementing Shariah-compliant hospitals. Today, An-Nur Specialist Hospital is a private hospital in Malaysia that has received a Shariah compliance certificate (Shariff & Rahman, 2016; Julia & Kassim, 2019). Malaysia wants more healthcare professionals from both the commercial and public sectors to offer Shariah-compliant services. The idea and terminology utilized in this research are described in this paper. In the comprehensive literature study, definitions of Muslim medical tourism, ibadah friendly hospital, Islamic hospital, Shariah-compliant hospital, and the words *qawid al-fiqhiyyah*, and *maqasid al-Shariah* are given. As this study offers important information in addressing the research goals, the literature on the sequence of maqasid al-Shariah and its development based on requirements is examined. Primary sources for building a Shariah-compliant hospital and other relevant criteria are also addressed in depth. Finally, the quantitative statistics and thorough information on the variables affecting people's decisions to choose the empowering sustainable community health provide a clear picture of the Shariah compliance hospital's requirements by World Health Organization (2019; 2020).

In terms of standard operating procedures (SOP) and customer service delivery, Maqasid al-Shariah may be implemented at the management level. The appropriate methods and procedures should be followed to create Shariah-compliant hospitals. The principles of *Maqasid al-Shariah* are guarantee that individuals behave by the revelation, guiding them to Allah S.W.T.'s compassion and favour. This hypothesis has similarities to reasoned action, efficiency theory, supply lend theory, credit rationing theory, and Ibn Khaldun theory. Here, they are used to Ibn Khaldun theory.

Research Methodology

These data are found in various formats, including typed, structured, and written. As a result, primary data were gathered to round out the data to answer the study questions. In order to collect data from the sources for this study, two techniques are used. First, the researcher used 5 experts a semi-structured interview in this study and second library study. The questions are changed, added, or removed throughout the interview process, depending on the requirements of a specific topic (Piaw, 2012). Furthermore, the researcher gives the informants the questions, indicating that they were aware of the interviewer's questions.

This study is used a content analysis approach, an inductive method, and a deductive strategy to examine the data. This study selected and processed data from library research and interviews to create information. The material was then communicated and developed about the study's focus: "Establishing Shariah-compliant community health based on the maqasid al-Shariah principles." As a result, this technique appropriately defines the primary requirements for enabling Shariah-compliant sustainable community health. This study

attempted to explain the established topic (theory). It entails establishing a connection between *masala* and *qawid al-fiqhiyyah* principles to foster community health. *Daruriyyt, hajiyyat, and tahsiniyyat*, as well as *qawid al-fiqhiyyah*, can be used to cure patients. Additionally, Islamic principles lend themselves to understanding the idea. *Taqwa, akhlak, and itqan* are Islamic principles used for community health sustainability.

Once the details were found, the researcher sought to build a thorough guideline known as empowered, sustainable community health in running the idea. Medicines, staff attire, and treatment delivery are all part of empowering sustainable community health. In general, this specific model of sustainable community health is based on the *maqasid al-shariah*, which has been explored about the legal status of sustainable community health. This study focused on the implications of primary data and evaluating expert opinions on the basic need in building Shariah-compliant empowered sustaining community health and the priority of components of *Maqasid al-Shariah* from a medical standpoint. In addition, data about the hospital's structural structure, management, departments, and administration are collected as part of the study.

Discussion and Findings

The process to Establish Shariah-compliant Hospital

A complete procedure is required to ensure sustainable community health based on *Masid al-Shariah* compliance. Therefore, the researcher sought to compliantly build up the process of establishing a *Maqasid al-Shariah* in this study. There are three essential aspects to this technique. First, the research is focused on community health in Shariah empowering. Second, Islamic aspects are included in community health. Third, shariah-compliant hospitals and *Maqasid al-Shariah* establish the outcome of Shariah-compliant sustainable community health.

This process is carried out by adopting two Islamic elements: Basic Sources of Shariah, Quran, Sunnah, and *Maqasid al-Shariah* principle. Adopting these elements brings to the establishment of Shariah-compliant sustainable community health. However, it is important to note that adopting the Islamic principle at the sustainable community health does not change the main role and function of health care providers in the community. Instead, the Islamic principle acts as the tool to control and guide the operation and management the sustainable community health according to Shariah's teaching.

Shariah-Compliant Sustainable Community Health

The company must be structured and organized properly to guarantee that the Islamic values are implemented effectively. The organizational structure is broadly divided into two phases: management and operations (Haq & Wahab, 2019). Management is primarily concerned with the organization's policies and decision-making processes. This management role is responsible for creating strategy and executing policy in companies. Annually, the performance and efficacy of the strategies and policies are evaluated to provide further measures for improvement (Khan, 2019). The operational level of an organization's structure is the second phase. Staff at the operational level are responsible for implementing the organization's policies and plans. The senior management and the board monitor the programs and initiatives, including policies and strategies for sustainable community health.

Fiqh Mumalah Community Health

Mumalah Fiqh (Islamic Jurisprudence on Business and Financial Activities). Muslims who wish to conduct a transaction or buy must verify that the requirements are followed. The conditions for the items are that they are clean or pure, that they are owned or powered by the seller, that the seller understands his goods and their pricing, and that the seller supervises the goods.

It is permissible to keep the medication transaction from the suppliers as long as the requirements of the *Shariah* transaction are met in the process. In a transaction between a trader and a buyer, the criteria are straightforward: a rational mind, the ability to pick any items, and the supply and the client are from different parties (Asmalia et al., 2018).

The drugs discovered must be returned to the pharmacy department to minimize waste. Additionally, this process is prevented individuals from abusing the medications since they are restricted substances. Additionally, when the patient returns to collect the medication, the hospital must replace the patient's medication previously purchased since the hospital serves as a trustee (Amnah). Finally, community health might serve as a reference document for hospital workers. This guidebook was written to fit the hospital's scenarios and atmospheres. There is someone in charge of maintaining and enforcing this community health handbook to guarantee that any concerns that emerge in the hospital are handled properly. In addition, community health items may be introduced in response to new hospital challenges.

Maqasid Al-Shariah's Priority in Medical Practice

According to the material gathered via interviews and library research, the order of the components in the *Maqasid al-Shariah* is not intentional. The jurist expert wanted to study the five aspects of the *Maqasid al-Shariah*. Religious issues include the protection of the soul. Additionally, it refers to life, intelligence, riches, and children. On this subject, there is no clear sequence. However, certain situations necessitate Muslims defending and prioritizing certain components. For example, the protection of life (*hifz al-Nafs*) is given importance in the practice of Islamic medicine owing to the purpose of the hospital itself as a location to maintain and cure patients' health. Therefore, among other aspects of the *Maqasid al-Shariah*, healthcare treatment and service facilities should emphasize life protection. However, the following factors must be considered while ranking the items in the *Maqasid al-Shariah*: reality and circumstance, bringing advantages (*Maslaha*) to Muslim culture, expert recommendations, and problem solutions.

These requirements must be satisfied and followed in every instance at the hospital to effectively resolve concerns and problems and comply with *Shariah* principles. Among the factors that must be considered while settling issues are reality. If the problem is founded on perceptions, it is not resolved holistically. Therefore, in *Maqasid al-Shariah*, genuine knowledge or understanding the reality is required to determine the precedence aspect of components. The second factor to examine is *Maslaha* to the *Ummah*. *Maslaha* refers to the critical aspects of society that need further attention, such as the five vital parts of the *Daruriyyat* level. According to al-Ghazali (1997), *Maslaha* entails safeguarding and securing the advantages of human life while also preventing damage. All of the things that are meant to be concerned with the welfare of humanity are included in the *Maslaha*, and anything that intrudes on the *Maslaha* is referred to as *Mafsadah*. Therefore, prioritizing the *Maqasid al-Shariah* components should consider the *Maslaha-mafsadah* concept. Thirdly, remedies to difficulties should be offered by medical specialists such as a physician, pharmacists, or nurses. If a solution satisfies all characteristics of reality and *Maslaha* but is not advised by medical specialists, it is abandoned. This measurement demonstrates the important implications of specialist advice in resolving challenges.

As mentioned previously, the aspects of reality, contributing benefits (*Maslaha*) to Muslim life, are recommended by experts, and resolving problems provides a clear picture for medical practitioners and the public to prioritize and comprehend the elements *Maqasid al-Shariah*. In the preceding situation, it was said that consumption of porcine-based products is prohibited owing to practical consideration, namely the availability of a halal-based product with the same function and efficiency. In Islam, prohibition remains haram in everyday contexts and circumstances unless there are justifications (Allah) for the specific activity. Therefore, concentrating only on life safety at the expense of religious components violates *Shariah*. Furthermore, focusing only on the religion while ignoring the living part contradicts Islamic doctrine. Therefore, a Muslim should strike a balance between the components of *Maqasid al-Shariah* and their celebration in resolving concerns and challenges.

Shariah Compliant Hospital

The purpose of this research is to define the function of *Maqasid al-Shariah* in *Shariah*-compliant hospitals since it is critical to meeting Muslims' demands regarding the consumption of medication and obtaining *Shariah*-compliant treatment. The methodology aims to ascertain the status of care and services provided to patients in *Shariah*-compliant hospitals. It acts as a conduit for medical practitioners to get information on the status of a specific treatment. This technique is based on the *Maqasid al-Shariah* and *Maslahah* principles. These principles serve as a baseline for identifying each instance to accomplish the study's goals.

Generally, the approach for determining the status of treatment and services in a hospital consists of four flow phases. It starts with the identification stage, followed by the categorization stage, the justification stage, and the conclusion stage. The identification stage involves gathering and compiling information to prevent misunderstandings regarding the instances. Identification must consider the following factors: 1) reality, 2) *Maslaha*, 3) expert recommendation, and 4) problem resolution. These factors must be defined thoroughly to provide satisfactory outcomes after the procedure. A comprehensive conversation is dispelling any remaining worries.

Following that, the issue goes to the second stage of classification. At this step, the concerns or situations are divided into three categories of *maslahah in maqasid al-Shariah*, namely *darūriyyāt*, *hājiyyāt* and *taḥsiniyyāt* (Syatibi, 1997), as depicted in Figure 1.

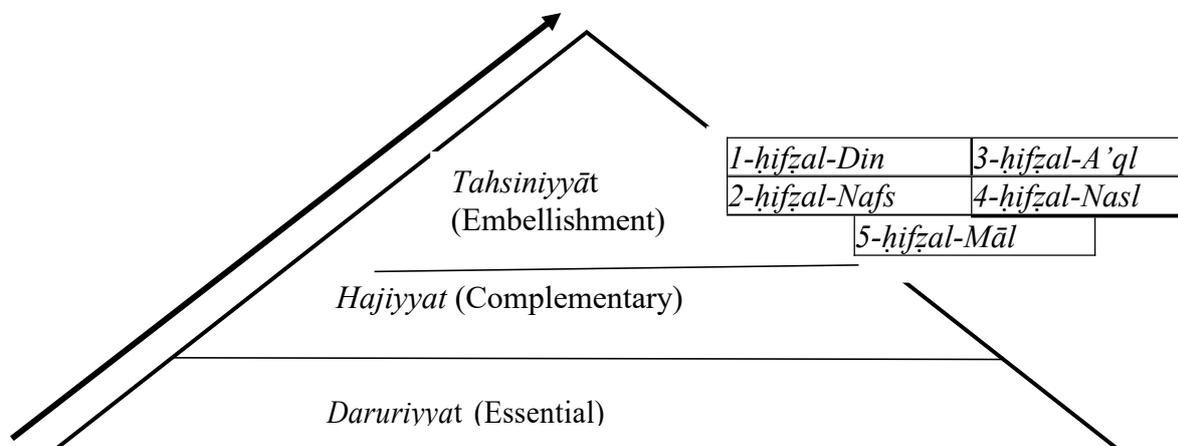


Figure 1: Pyramid of *Maṣlahah* in *Maqasid al-Shariah* (Al-Ghazali, 1997).

The pyramid level must participate in the hospital's treatment method. It illustrates the varying degrees of relevance and priority for each healthcare therapy (Abdullah, 2018). At the *darriyyat* stage, the issue must be stated using components such as *Hifz al-Dīn*, *Hifz al-Nafs*, *Hifz al-Aql*, *Hifz al-Nasl* and *Hifz al-Māl* (Al-Ghazali, 1997). In Figure 2, the *Daruriyyat* level refers to the critical parts that must be safeguarded (Sirat et al., 2016). It discusses the five components on which medical practitioners and patients must concentrate their efforts—protecting life (*Hifz an-Nafs*) is a critical component that must be included in the hospital since it serves as the hub for healthcare and treatment community (Samsudin et al., 2015; Casey et al., 2020). Each action that results in the death of a person or a crucial organ destroys a key ingredient in *Daruriyyat* (Qaradhawi, 2014). Organ transplantation, the ingestion of haram components in medication, and termination of pregnancy are all instances of concerns relating to *Hifz an-Nafs* at the *Daruriyyat* level in the hospital.

In *Malaah*, the second level is called *Hajiyyat*. It is complimentary or provides advantages related to unusually demanding actions but poses no harm to life or essential organs (Qaradhawi, 2014; Haines et al., 2020). *Hajiyyat* is the next step after *Daruriyyat*. This category of *Hajiyyat* is reserved for worship (*Ibadah*), customs (*Adat*), transactions (*Muamalat*), and crime (*Jinayat*). When the *Daruriyyat* and *Hajiyyat* levels conflict, *Daruriyyat* should be regarded first, since ignoring the *Daruriyyat* level would annihilate human life (Sirat et al., 2016; Haines et al., 2020). *Tahsiniyyat* is intended to complement and beautify human existence (Samsudin et al., 2015; Kinuthia et al., 2020). Due to the lack of this category of *Maslahah*, human life is not collapsing and are not tormented (Qaradhawi, 2014). *Tahsiniyyat* is the third stage of *Maslahah*, after the *Daruriyyat* and *Hajiyyat* levels. It falls under the categories of worship (*Ibadah*), custom (*Adat*), transaction (*Muamalat*), and offence (*jinayat*) (Hasliza et al., 2016; Kim et al., 2020). The *Tahsiniyyat* level of *Maslahah* includes the maintenance of Islamic etiquette in terms of cleanliness, moderation, and abstaining from excess.

After completing the Classification stage, the cases go to the third stage, Justification. At this point, the instances are rationalized and examined to ascertain each issue's root cause (Allah). The matter is then be concluded (*Tahqiq*) depending on the reasoning presented in the preceding step. The outcome of the treatment is revealed after the problem is resolved. It outlines the five Islamic principles, namely *Wājib*, *Mandūb*, *Mubāh*, *Makrūh* or *Ḥarām* (Sirat et al., 2016; Goltert et al., 2021). The hospital staff may be persuaded that their actions comply with Islamic law. Therefore, *Shariah* Compliant Hospitals should use *Shariah*-compliant practices while providing care to patients. The findings mentioned in this part led to identifying a *Shariah*-compliant institution that empowers sustained community health. In addition, it outlines the key requirements and aspects that healthcare providers must meet for *Shariah*-compliant hospitals to be recognized.

The treatments in *Shariah*-compliant sustainable community health are determined by if *Hifz al-Nafs*. Therefore, *Hifz al-Nafs* is a critical component of the *Maqasid al-Shariah* that the hospital prioritizes as a healthcare provider in the community. Additionally, additional components such as *Hifz al-Din*, *Hifz al-Aql*, *Hifz al-Mal*, and *Hifz al-Nasib* must be cultivated and balanced to preserve and safeguard the elements. The current treatment approach in line with *Shariah* is unique in that it empowers sustained community health. The approach for determining *Shariah's* objective in treatment and services suggested in this study demands the healthcare practitioners' attention when applying it to their services. It addresses the issue and decision-making in each scenario in community health. It may be a useful tool for medical authorities to determine the Islamic regulations applicable to their patients' problems and serve as written evidence for future reference. The most recent product

of this department is the invention of integrating concepts to create a unique technique of *Maqasid al-Shariah (Maslahah)* for determining the state of treatment and medications in the hospital. The concept and material given are validated by an expert panel, ensuring applicable in the area.

Conclusion

It is connected to the Islamic regulations (Hukum) that must be decided according to the circumstance and scenario. This study focused the investigation on the hospital's administration and structural organization. Sustainable community health (SCH) plays a critical role in establishing the direction and sustainability of the *Shariah*-compliant hospital. SCH should help develop and implement Islamic policies and principles to construct a *Shariah*-compliant hospital. Additionally, the SCH discriminates between Islamic-compliant healthcare organizations and other healthcare providers. The *Shariah* Critical Point (SCP) must be established. Core processing areas such as nursing and critical care must implement a robust approach. This written record is intended to assist personnel and medical practitioners in carrying out their duties by *Shariah* requirements. In addition, the SCH confidence in the personnel through referencing the Quran, Sunnah, and *ijtihad* by scholars.

Additionally, the order of the components in *Maqasid al-Shariah* varies according to circumstance and location. Concentrating on the healthcare provider spectrum, preserving life and soul (*Hifz al-Nafs*) takes precedence over all other considerations owing to the previously stated cause. Simultaneously, a Medical Officer is necessary to strike a balance while prioritizing the aspects of *Maqasid al-Shariah* to safeguard and sustain it. Exclusion of aspects of *Maqasid al-Shariah* to accommodate other elements shall not occur and must be avoided. The Medical Officer and hospital staff's collaboration and assistance are required to develop *Shariah*-compliant sustainable community health. Although this concept is new to healthcare stakeholders, it is critical to provide personnel with information and expertise about *Shariah's* compliance to comprehend this concept fully.

Limitation of the Study

One of the challenges encountered by the researcher while performing this research was locating respondents who met the study's criteria. Due to the study's concentration on the healthcare and management professions, not everyone has the specialized knowledge and ability to reply to the questions. Therefore, participants should be chosen based on their qualities and the study questions. In-depth interviews should encompass characteristics of lived experience, important informants, and subject matter knowledge. The respondents chosen throughout the data gathering process determine the data's validity.

Recommendations for Future Research

Numerous recommendations for further research may be made based on the findings of this study. First, more in-depth studies on the *Shariah* Critical Point (SCP) should be conducted for other departments inside *Shariah*-compliant hospitals, including pharmacy, human resources, emergency, food preparation, and maternity. Second, follow-up research focusing on the requirements for each department should be done, as well as an examination of *Maqasid al-Shariah* as instruments in *Shariah*-compliant hospitals. Finally, further study on

small-scale healthcare organizations such as clinics and polyclinics is recommended in the future.

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