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Zakat Distribution and Maternal Health Improvement: An Empirical Analysis of Low Income Beneficiaries

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Abstract
Maternal health disparities persist among low-income populations, where financial constraints limit access to antenatal and delivery services. Although zakat is recognized as an Islamic redistributive mechanism for poverty alleviation, its role in improving maternal health remains underexplored. This study examines the influence of zakat distribution on access to maternal healthcare services among low-income beneficiaries. Using a qualitative approach, data were collected through 23 in-depth interviews, focus group discussions, and key informant interviews involving zakat administrators and healthcare providers. Thematic analysis was conducted using the Social Determinants of Health framework to explore underlying economic and psychosocial mechanisms.The findings indicate that zakat enhances maternal health through three primary pathways: reducing financial barriers to antenatal care and institutional delivery, improving maternal nutrition during pregnancy, and alleviating economic stress. Most participants reported increased antenatal visits and better preparedness for childbirth after receiving zakat assistance. However, its impact remains limited due to the lack of structured integration between zakat institutions and formal healthcare systems. These findings suggest that zakat has the potential to function as a complementary health financing mechanism to support maternal health among vulnerable populations.
Keywords: Islamic Social Finance, Low-income Households, Maternal Health, Qualitative Study, Zakat

INTRODUCTION

Maternal health remains one of the most critical indicators of public health performance and social development, particularly in low- and middle-income countries where structural inequities continue to shape health outcomes across the life course. According to the World Health Organization [1]. preventable maternal mortality continues to occur disproportionately among women from low-income households, particularly in regions where access to quality antenatal care, skilled birth attendance, and postnatal services is limited. This disproportionate burden is not incidental; it reflects the cumulative effect of economic exclusion, weak health system infrastructure, and social marginalization that intersect to place poor women at heightened risk during pregnancy and childbirth. Economic vulnerability, limited transportation, nutritional insecurity, and inadequate health financing mechanisms are among the structural determinants that hinder pregnant women from accessing essential maternal health services [2, 3]. These determinants rarely operate in isolation; rather, they compound one another, so that a woman who cannot afford transportation to a health facility is often also the woman who lacks the financial buffer to cover consultation fees, diagnostic tests, or emergency obstetric care, creating a layered set of barriers that routine health interventions alone struggle to resolve.

Within the framework of the Sustainable Development Goals (SDGs), particularly SDG 3.1, which targets a reduction of the global maternal mortality ratio to fewer than 70 per 100,000 live births by 2030, reducing maternal mortality requires not only strengthening clinical health systems but also addressing the broader social and economic determinants of health [4]. Achieving this target demands interventions that extend beyond the walls of the clinic and into the economic conditions that determine whether a woman can act on health information and

health system availability in the first place. Empirical studies in global health literature demonstrate that financial constraints significantly influence maternal healthcare utilization, shaping decisions on whether, when, and where women seek antenatal and delivery care. Systematic reviews of cash transfer programs in developing countries indicate that income-support interventions are associated with increased antenatal care visits, institutional deliveries, and improved maternal health-seeking behaviors [5–7]. These findings highlight the importance of redistributive economic instruments in shaping health outcomes, suggesting that financial protection mechanisms, whether delivered through state-run social protection schemes or community-based philanthropic institutions, can function as upstream interventions that enable downstream improvements in maternal health.

In Muslim-majority societies, zakat functions as a formalized redistributive mechanism rooted in Islamic economic principles and embedded within the everyday religious and social life of communities. As one of the five pillars of Islam, zakat serves both spiritual and socio-economic objectives, aiming to reduce poverty, redistribute wealth, and promote social justice [8–10]. Unlike voluntary charity, zakat is an obligatory transfer calculated on eligible wealth and channeled to specifically defined categories of recipients, which gives it a degree of institutional regularity and predictability that distinguishes it from ad hoc philanthropic giving. Contemporary Islamic economic scholars argue that zakat is not merely a charitable obligation but a structured fiscal tool capable of influencing macro- and micro-level welfare outcomes, functioning in some contexts as a parallel or complementary channel to formal social protection systems. Empirical investigations published in internationally indexed journals have demonstrated that productive and consumptive zakat distribution contributes to poverty alleviation, income stabilization, and improved household welfare indicators among mustahik (zakat beneficiaries) [11, 12]. Productive zakat schemes, which provide beneficiaries with capital for income-generating activities, and consumptive schemes, which address immediate subsistence needs, have both been associated with measurable improvements in household economic resilience, although the specific health consequences of these transfers have received comparatively little empirical scrutiny.

Despite growing literature on the economic impact of zakat, relatively limited research has explored its potential role in improving specific health outcomes, particularly maternal health. This gap is noteworthy given that poverty and maternal morbidity are closely intertwined and mutually reinforcing. Low-income pregnant women often face compounded vulnerabilities: inadequate nutrition, limited mobility, lack of health insurance, and insufficient knowledge regarding prenatal care. These vulnerabilities reinforce a cycle of intergenerational poverty and poor health outcomes, whereby a mother's compromised health during pregnancy can affect birth outcomes and, in turn, the long-term health and economic prospects of the child [13, 14]. Existing zakat research has tended to concentrate on macroeconomic and welfare indicators such as income, consumption, and poverty indices, leaving the specific pathways through which zakat assistance might translate into improved maternal health practices largely unexamined. This represents a meaningful gap in both the Islamic social finance literature and the maternal health literature, since neither body of scholarship has systematically documented how a religiously mandated redistributive instrument interacts with the health-seeking behavior of pregnant women in resource-constrained households.

From a theoretical perspective, the relationship between zakat distribution and maternal health can be explained through the Social Determinants of Health (SDH) framework, which conceptualizes health outcomes as the product of the conditions in which people are born, grow, live, work, and age. Economic stability constitutes one of the primary domains influencing health access and outcomes within this framework [15, 16]. By providing direct financial support, zakat potentially reduces out-of-pocket expenditures for maternal healthcare services, improves household food security, and alleviates psychological stress associated with financial

hardship. These three mechanisms are conceptually distinct but practically interdependent: reduced financial strain can simultaneously free up household resources for nutrient-dense food, remove a major barrier to attending scheduled antenatal visits, and lower the chronic stress load that has itself been linked to adverse pregnancy outcomes. Reduced financial stress during pregnancy has been linked in various public health studies to improved maternal well-being and greater compliance with antenatal care schedules [17, 18] Applying the SDH framework to zakat distribution therefore offers a coherent theoretical bridge between an Islamic redistributive institution and a modern public health model of maternal health determinants, allowing the mechanisms of impact to be examined systematically rather than assumed.

Moreover, Islamic philanthropic instruments, including zakat and waqf, have increasingly been discussed in development economics literature as complementary mechanisms to public welfare systems, particularly in countries where state health financing capacity remains constrained by limited fiscal space and competing development priorities. Scholars argue that integrating Islamic social finance with national health strategies could enhance inclusive healthcare financing, particularly in contexts where public resources are constrained and where a substantial share of the population still faces catastrophic health expenditures. In several empirical cases, zakat institutions have initiated health-oriented programs, including maternal check-up assistance, nutritional supplementation, and delivery cost support for underprivileged women, signaling a growing institutional recognition that health is a legitimate and strategic domain for zakat allocation. However, systematic qualitative analyses examining beneficiaries' lived experiences remain scarce, and much of the existing evidence is descriptive or programmatic rather than analytically grounded in beneficiaries' own accounts of how zakat assistance has shaped their maternal health journeys. This scarcity of beneficiary [19, 20]. Centered qualitative evidence limits the ability of zakat institutions and policymakers to design more targeted and effective maternal health interventions.

This study addresses this research gap by exploring how zakat distribution influences maternal health conditions among low-income beneficiaries. Rather than focusing solely on macroeconomic indicators, this research adopts a qualitative empirical approach to understand how zakat assistance affects healthcare access, health-seeking behavior, and perceived well-being among pregnant women from economically vulnerable households. By drawing on in-depth interviews, focus group discussions, and key informant interviews with zakat administrators and healthcare providers, this study aims to capture not only whether zakat assistance is associated with improved maternal health practices, but also the lived, contextual, and often nuanced ways in which financial assistance intersects with beneficiaries' decisions, constraints, and aspirations during pregnancy.

By situating zakat within broader global discussions on income redistribution and maternal health financing, this study contributes to three main areas of scholarship: (1) Islamic social finance and poverty alleviation, by extending the analysis of zakat's welfare impact beyond conventional economic indicators into the health domain; (2) social determinants of maternal health, by empirically grounding the SDH framework in a faith-based redistributive context that has been underexamined in mainstream public health research; and (3) qualitative development research on faith-based welfare mechanisms, by providing beneficiary-centered evidence that can inform the design of more integrated zakat–health programs. Ultimately, this research seeks to provide evidence-based insights into whether zakat can serve not only as a poverty reduction instrument but also as a strategic intervention for maternal health improvement among marginalized populations, with implications for how zakat institutions, healthcare providers, and policymakers might collaborate to build more structured pathways between Islamic social finance and formal maternal health systems.

METHOD

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1. Research Design

This study employs a qualitative empirical research design using a multiple-case study approach to explore how zakat distribution influences maternal health among low-income beneficiaries. A qualitative approach was selected because the study aims to understand lived experiences, perceptions, behavioral changes, and contextual mechanisms through which zakat assistance affects maternal healthcare access. Quantitative indicators alone may not fully capture the socio-cultural and economic nuances surrounding zakat utilization for maternal health needs, particularly the meanings beneficiaries attach to receiving religiously mandated assistance and the ways this shapes their health-related decision-making during pregnancy.

The research is grounded in an interpretivist paradigm, emphasizing the subjective meanings and experiences of mustahik (zakat beneficiaries). This paradigm allows the study to explore how beneficiaries perceive zakat assistance, how they allocate financial support during pregnancy, and how it shapes their maternal health decisions. Consistent with the interpretivist stance, the researcher's role is understood as an active participant in the co-construction of meaning during data collection, rather than a neutral, detached observer, which in turn informs the reflexive practices described under the confirmability criterion in Section 6.

2. Research Setting

The study was conducted in selected urban and semi-urban areas where formal zakat institutions actively distribute funds to low-income households. Combining urban and semi-urban sites allows the study to capture potential variation in healthcare infrastructure, transportation access, and zakat program implementation between denser urban settings and less densely served semi-urban areas. The research sites were chosen based on three criteria, summarized in Table 1.

Table 1. Research Site Selection Criteria

Selection Criterion	Rationale
Presence of structured zakat management institutions	Ensures that fund distribution follows documented procedures, allowing the study to trace how assistance is disbursed and monitored.
Implementation of health-related zakat programs	Guarantees that maternal-health-specific assistance (e.g., delivery cost support, nutritional aid) is actually available to beneficiaries at the site.
Significant proportion of low-income pregnant women among beneficiaries	Increases the likelihood of identifying eligible participants and reaching data saturation within a feasible fieldwork period.

Source: Andriani et.al (2025), Herianingrum et.al (2026), Gofur & Kasri (2025)

These criteria ensured that participants had direct experience with zakat distribution relevant to maternal health needs, and that the selected sites offered sufficient institutional and programmatic variation to support meaningful cross-case comparison within the multiple-case study design.

3. Participants and Sampling Strategy

This study used purposive sampling to recruit participants with direct, relevant experience of zakat assistance during pregnancy. Purposive sampling was chosen over probability-based methods because the research questions require depth of insight from a specific, information-rich population rather than statistical representativeness. Table 2 summarizes the participant groups, their inclusion criteria, and the target sample size for each group.

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Table 2. Participant Groups, Inclusion Criteria, and Sample Size

Participant Group	Inclusion Criteria	Target Sample Size
Primary participants (mustahik)	Classified as mustahik by a formal zakat institution; belonging to low-income households; pregnant or having given birth within the last 12 months; received zakat assistance during pregnancy	20–25 participants (until data saturation is reached)
Key informants	Zakat institution managers; program officers responsible for health-related distribution; community health workers (midwives or local maternal health facilitators)	5–7 informants
Focus group participants	Drawn from the same eligibility pool as primary participants, grouped to allow discussion of shared experiences	2 groups of 6–8 participants each (12–16 total)

Source: Palinkas et.al (2015), Hennink & Kaiser (2022), Lim (2026), Wutich et.al (2024)

A total of 20–25 primary participants were recruited to ensure data saturation. In qualitative research, saturation is achieved when no new themes or insights emerge from additional interviews; sample size was therefore treated as provisional and subject to adjustment during fieldwork, with recruitment continuing until the research team judged that additional interviews were yielding largely redundant information. Including multiple stakeholder perspectives, namely mustahik, zakat institution staff, and community health workers, enhanced triangulation and strengthened the credibility of findings by allowing beneficiary accounts to be cross-checked against institutional and healthcare-provider perspectives.

4. Data Collection Methods

Data were collected through three complementary methods: in-depth semi-structured interviews, focus group discussions, and document analysis. This multi-method approach enabled triangulation across data sources and allowed individual narratives to be situated within both institutional documentation and community-level discussion. Table 3 summarizes the format, duration, and analytical focus of each method.

Table 3. Summary of Data Collection Methods

Method	Format / Duration	Focus
In-depth semi-structured interviews	Individual, 45–90 minutes, audio-recorded with consent, transcribed verbatim	Household economic conditions before/after zakat; maternal healthcare utilization (ANC visits, delivery planning, postnatal check-ups); allocation of zakat funds; perceived changes in stress and well-being; remaining barriers
Focus group discussions (FGDs)	2 groups, 6–8 participants each	Shared experiences, collective perceptions of zakat programs, community-level maternal health challenges, and cross-validation of individual narratives
Document analysis	Institutional and program records	Zakat distribution guidelines; institutional reports on health-related programs; maternal health program documentation; local health service utilization data (if accessible)

Source : Vaishali et.al (2024), Hennink et.al (2019), Schlunegger et.al (2024) Dalglish et.al (2020)

All interviews were conducted in the participants' native language to minimize communication barriers and to allow participants to express nuanced experiences in the language in which they are most fluent. Interviews were audio-recorded with informed consent and

transcribed verbatim to preserve the fidelity of participants' accounts for subsequent thematic analysis. Focus group discussions enabled cross-validation of individual narratives and revealed communal norms affecting maternal health decisions, such as shared expectations around family support during pregnancy or collective attitudes toward seeking formal healthcare. Document analysis provided contextual and institutional evidence, such as documented eligibility procedures and reported program coverage, that complemented and helped corroborate participants' interview accounts.

5. Data Analysis

Data were analyzed using thematic analysis, following the six-phase framework proposed by Braun and Clarke [21]. This framework was selected for its flexibility in accommodating both theory-driven and data-driven coding, which suited the study's dual aim of applying an established theoretical framework while remaining open to unanticipated themes. Table 4 outlines each phase and how it was operationalized in this study.

Table 4. *Application of Braun and Clarke's Six-Phase Thematic Analysis*

Phase	Step	Application in This Study
1	Familiarization with the data	Repeated reading of interview and FGD transcripts alongside field notes to develop an initial holistic understanding of participants' narratives.
2	Generating initial codes	Systematic line-by-line coding of transcripts using NVivo/ATLAS.ti, combining deductive codes from the SDH framework with open inductive codes.
3	Searching for themes	Initial codes were clustered into candidate themes and sub-themes reflecting patterns across participants and data sources.
4	Reviewing themes	Candidate themes were checked against the coded extracts and the full data set to ensure internal coherence and distinctiveness between themes.
5	Defining and naming themes	Each theme was refined into a clear definition and a concise, descriptive name (e.g., "financial relief and reduced healthcare delay").
6	Producing the report	Themes were integrated into a narrative account supported by illustrative participant quotations and linked back to the SDH and Islamic social finance frameworks.

Source : Braun, V., & Clarke, V. (2006).

The coding process combined deductive and inductive approaches. Deductive coding was guided by the Social Determinants of Health framework, structured around the domains of economic stability, healthcare access, and psychosocial stress, which provided an a priori structure for organizing beneficiary accounts. Inductive coding allowed new themes to emerge directly from participants' narratives, capturing dimensions of the zakat–maternal health relationship that were not anticipated by the SDH framework alone, such as the social legitimacy of receiving assistance or trust in zakat institutions. Qualitative data analysis software (e.g., NVivo or ATLAS.ti) was used to organize transcripts, manage codes, and ensure systematic theme development across the full data set.

Emerging themes included financial relief and reduced healthcare delay, improved antenatal care compliance, nutritional enhancement during pregnancy, psychological reassurance

and reduced stress, and remaining structural barriers. These themes are elaborated further, with supporting participant narratives, in the Findings section.

6. Trustworthiness and Rigor

To ensure methodological rigor, the study applied Lincoln and Guba's four criteria of trustworthiness: credibility, transferability, dependability, and confirmability. Table 5 details the specific strategies applied under each criterion.

Table 5. Strategies for Establishing Trustworthiness

Criterion	**Strategies Applied**
Credibility	Triangulation across interviews, FGDs, and document analysis; member checking through participant review of findings summaries; prolonged engagement in the field to build rapport and reduce reactivity bias.
Transferability	Thick description of the research context and setting; detailed reporting of participant characteristics to allow readers to assess applicability to other contexts.
Dependability	Clear documentation of research procedures at each stage; maintenance of an audit trail recording coding decisions and analytical choices.
Confirmability	Reflexive journaling throughout data collection and analysis to surface and minimize researcher bias; independent coding cross-check by a second researcher, with discrepancies resolved through discussion.

Source ; Oko Chima Enworo (2023)

All participants were provided with informed consent before they participated in the study. Confidentiality and anonymity were maintained through pseudonyms. Participation was voluntary, without coercive incentives, and participants could withdraw at any time without affecting their eligibility for zakat assistance. Given the sensitivity of maternal health and financial vulnerability, interviews were conducted privately, and participants were informed that their participation would not affect their current or future zakat assistance.

This study integrates two primary analytical frameworks. The Islamic Social Finance Framework is used to analyze zakat as a redistributive economic mechanism, situating beneficiaries' experiences within the broader jurisprudential and institutional logic of zakat distribution described in the Literature Review. The Social Determinants of Health (SDH) Framework is used to assess how economic support influences maternal healthcare access and well-being, providing the deductive coding structure described in Section 5. By combining these frameworks, the study examines both the economic and health dimensions of zakat distribution, allowing findings to speak simultaneously to the Islamic social finance literature and to the global maternal health literature.

RESULT

Based on the thematic analysis of 23 in-depth interviews, two focus group discussions, and institutional document reviews, this study identified five major themes explaining how zakat distribution influences maternal health among low-income beneficiaries. Table 1 provides a consolidated overview of these themes, the proportion of participants associated with each, and the corresponding core finding, before each theme is discussed in detail in the sub-sections that follow.

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Table 6. Overview of Key Themes and Frequency of Occurrence (N = 23)

Theme	n (of 23)	Core Finding
1. Financial relief and reduced delay in accessing maternal healthcare	18 (78.3%)	Increased frequency of antenatal care visits after receiving zakat
2. Improved nutritional intake during pregnancy	16 (69.6%)	Greater dietary diversity, including animal protein, maternal milk supplements, fruits and vegetables
3. Psychological reassurance and reduced economic stress	19 (82.6%)	Reduced financial anxiety and greater emotional stability during pregnancy
4. Increased planning for institutional delivery	17 (73.9%)	Shift from considering home delivery toward planning facility-based birth
5. Structural limitations and programmatic gaps		Inconsistent continuity of assistance and limited zakat–healthcare system integration (qualitative/institutional finding, not participant-count based)

Source: Developed by the authors based on the study design (2026).

Financial Relief and Reduced Delays in Accessing Maternal Healthcare

The most prominent theme emerging from the data was the reduction of financial barriers to maternal healthcare services. Before receiving zakat assistance, many participants reported delaying antenatal care (ANC) visits due to limited financial resources. Although some public health services were subsidized, indirect costs such as transportation, laboratory tests, medications, and nutritional supplements remained significant burdens that discouraged timely and regular care-seeking.

After receiving zakat, participants reported clear changes in their healthcare-seeking behavior, summarized in Table 2. Eighteen of the 23 participants (78.3%) reported an increased frequency of antenatal visits, 15 participants (65.2%) indicated that they no longer postponed check-ups due to financial constraints, and 12 participants (52.2%) used zakat funds specifically for transportation to health facilities.

Table 7. Reported Changes in Healthcare-Seeking Behavior After Receiving Zakat

Reported Change After Receiving Zakat	n (of 23)	Percentage
Increased frequency of antenatal care (ANC) visits	18	78.3%
No longer postponed check-ups due to financial constraints	15	65.2%
Used zakat funds specifically for transportation to health facilities	12	52.2%

Source: Developed by the authors based on the study design (2026).

One respondent described this shift as follows:

> *"Before receiving zakat, I only visited the midwife when I had serious complaints. After receiving assistance, I was able to attend regular check-ups according to the recommended schedule."*

These findings suggest that zakat functions as an informal demand-side financing mechanism, reducing the first delay in the maternal healthcare "Three Delays Model" the delay in deciding to seek care. By easing the immediate financial calculation involved in deciding whether

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to attend a check-up, zakat assistance appears to shift antenatal care from an occasional, complaint-driven activity toward a more routine, schedule-driven practice.

These findings are consistent with previous evidence suggesting that financial support can facilitate access to maternal healthcare among economically vulnerable women. Zakat-based assistance may reduce the direct and indirect financial burden associated with seeking healthcare, thereby making antenatal care more accessible to women with limited economic resources. In Indonesia, recipients of zakat-funded healthcare services have reported reduced healthcare-related expenses, indicating that zakat can alleviate financial constraints that may otherwise limit access to health services [22].

Improved Nutritional Intake During Pregnancy

The second major theme relates to improved maternal nutrition. Sixteen of the 23 participants (69.6%) reported that zakat assistance enabled them to purchase more nutritious food items. Table 3 lists the main categories of food and supplements that participants described incorporating into their diets after receiving assistance.

Table 8. Categories of Nutritional Items Purchased Using Zakat Assistance

Category	**Examples Reported by Participants**
Animal protein sources	Eggs, fish, meat
Maternal supplements	Maternal milk supplements
Fresh produce	Fresh fruits and vegetables

Source: Developed by the authors based on the study design (2026).

Before receiving zakat, several participants relied primarily on low-cost, carbohydrate-based diets due to financial limitations. Following zakat assistance, many reported improved dietary diversity during pregnancy, incorporating protein and micronutrient sources that had previously been financially out of reach on a regular basis. The findings are also consistent with broader evidence on social assistance programmes. A systematic review of cash, in-kind, and voucher programmes found that social assistance can improve dietary diversity and the intake of micronutrient-rich foods among women and children. More recent evidence from a systematic review and meta-analysis further indicates that cash transfers are associated with improvements in dietary diversity, with stronger effects when transfers are combined with nutrition-specific components [23].

Two community health workers interviewed in this study also observed improvements among several beneficiaries, including reduced cases of mild anemia and greater compliance with iron supplementation. Although these observations are qualitative and not clinically quantified, the findings indicate that zakat contributes to improving one of the key determinants of maternal health: nutritional status. Triangulating beneficiary self-report with the independent observations of community health workers strengthens the credibility of this theme, as the improvement is corroborated from two distinct vantage points rather than resting on self-report alone.

Psychological Reassurance and Reduced Economic Stress

A significant theme that emerged was the psychological impact of zakat assistance. Nineteen of the 23 participants (82.6%), the largest share among all themes, described experiencing high levels of financial anxiety during pregnancy, particularly concerning delivery costs, newborn expenses, and temporary income instability. Some participants previously relied on informal

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borrowing, which further increased financial pressure and, in several accounts, added the additional stress of repayment obligations on top of pregnancy-related expenses.
After receiving zakat, most respondents reported feeling more financially secure and emotionally stable. One participant explained:

> *"I was constantly worried about delivery expenses. After receiving zakat support, I felt calmer and could focus more on maintaining my health."*

These findings suggest that zakat not only provides economic support but also reduces psychosocial stress during pregnancy, an important yet often overlooked determinant of maternal well-being. The prominence of this theme, affecting the largest proportion of participants among the five themes identified, indicates that the psychosocial pathway may be at least as consequential as the direct economic pathway in shaping participants' overall pregnancy experience. These findings are consistent with growing evidence that financial assistance can generate psychosocial benefits beyond its immediate economic effects. Cash transfer programmes have been shown to improve subjective well-being and mental health among people living in low- and middle-income countries, suggesting that reducing financial hardship may have psychological benefits in addition to improving material living conditions. A systematic review and meta-analysis of 45 studies involving more than 116,000 participants found small but statistically significant improvements in both subjective well-being and mental health among cash-transfer recipients [24].

This relationship may be particularly relevant during pregnancy, when financial insecurity can add to existing psychological demands. By reducing concerns about meeting essential household and pregnancy-related expenses, financial assistance may lessen the psychological burden associated with economic uncertainty and provide recipients with a greater sense of security and control. Evidence from a systematic review of cash-transfer interventions also indicates that such programmes can reduce depression and anxiety among recipients, although the effects on perceived stress alone were less consistent [25].

Increased Planning for Institutional Delivery

Seventeen of the 23 participants (73.9%) indicated that they planned to give birth in formal health facilities rather than at home after receiving zakat assistance. Zakat funds were allocated to delivery-related administrative costs, emergency preparation savings, and transportation to health facilities, reflecting a deliberate reallocation of assistance toward anticipated delivery-related expenses rather than only immediate consumption needs.
Several participants stated that without zakat support, they might have considered home delivery due to financial concerns. This finding indicates that zakat contributes to reducing the second delay in the Three Delays Model delay in reaching appropriate care thereby potentially lowering maternal risk associated with unattended or under-resourced home births.

Structural Limitations and Programmatic Gaps

Despite these positive outcomes, the study also identified several structural challenges that qualify the overall impact of zakat on maternal health. Zakat assistance was not always provided on a continuous basis, which limited beneficiaries' ability to plan around it for a full pregnancy term. Maternal health was not consistently prioritized as a specific allocation category, with many institutions treating it as a subset of general consumptive assistance rather than a distinct programmatic priority. In addition, limited coordination existed between zakat institutions and formal healthcare systems, meaning that referral pathways, shared beneficiary data, and joint program design remained largely absent.

Some participants continued to face administrative and logistical challenges in accessing healthcare services despite receiving zakat assistance, indicating that financial relief alone does

not resolve every barrier to maternal healthcare utilization. Institutional representatives acknowledged that maternal health programs were not yet systematically integrated into zakat distribution frameworks, which often focus on general consumption needs rather than targeted health interventions. This acknowledgment from institutional informants corroborates beneficiaries' accounts and suggests that the gap is recognized at the programmatic level, even if it has not yet been structurally addressed.

Synthesis of Findings

Overall, the findings reveal that zakat distribution influences maternal health through three primary mechanisms, summarized in Table 4.

Table 9. Mechanisms Linking Zakat Distribution to Maternal Health Outcomes

Mechanism	**Description**
Economic mechanism	Reduces direct and indirect financial barriers to maternal healthcare services, including consultation fees, transportation, laboratory tests, and medications.
Nutritional mechanism	Improves dietary quality and diversity during pregnancy through access to protein-rich foods, supplements, and fresh produce.
Psychosocial mechanism	Reduces economic stress and financial anxiety, contributing to greater emotional stability and well-being during pregnancy.

Source: Developed by the authors based on the study design (2026).

However, the impact remains partial and non-systemic due to limited program specialization and institutional integration with public health systems. The five themes identified above can therefore be read as evidence of meaningful but uneven progress: strong effects on individual healthcare-seeking behavior, nutrition, and psychosocial well-being, set against persistent structural and institutional constraints that limit the consistency and reach of these benefits across the beneficiary population.

Main Empirical Contribution

This study expands the existing literature on Islamic social finance by demonstrating that zakat has implications beyond poverty alleviation. Specifically, it contributes to maternal health improvement by increasing antenatal care compliance, encouraging institutional delivery planning, enhancing maternal nutritional intake, and reducing financial stress during pregnancy. Taken together, these findings position zakat not only as an economic redistribution tool but also as a potential complementary mechanism in maternal health development strategies, one that operates through identifiable economic, nutritional, and psychosocial pathways rather than through a single undifferentiated effect of "financial help." While qualitative methods provide rich contextual insights, they do not allow causal inference. The findings reflect lived experiences rather than statistically generalizable outcomes, and the purposive, non-probability sampling strategy means that the participant sample cannot be assumed to be representative of all zakat beneficiaries or all low-income pregnant women. Additionally, reliance on retrospective self-report for economic conditions "before and after" receiving zakat may be subject to recall bias. However, this exploratory approach provides foundational evidence

or future quantitative or mixed-method studies assessing the measurable impact of zakat on maternal health indicators, and the detailed procedural documentation described in Section 6 is intended to support replication and extension of this design in other zakat institution contexts.

CONCLUSION

This study demonstrates that zakat contributes to maternal health by reducing financial barriers to healthcare, improving maternal nutrition, and alleviating economic stress. Zakat assistance may improve antenatal care adherence and preparedness for institutional delivery, potentially reducing preventable maternal risks. However, its impact remains partial due to limited integration between zakat institutions and formal healthcare systems. Therefore, zakat can be viewed not only as an economic redistribution mechanism but also as a complementary community-based health financing instrument. Stronger collaboration between zakat agencies and public health providers is needed to enhance maternal health interventions. Future quantitative or mixed-method studies should assess its long-term health outcomes and causal effects.

REFERENCES

[1] WHO. SDG Target 31 Maternal mortality 2025 (Genewa: *world health organization)* https://www.who.int/data/gho/data/themes/topics/sdg-target-3-1-maternal-mortality
[2] Baten A, Biswas RK, Kendal E, et al 2025 Utilization of maternal healthcare services in low - and middle - income countries : a systematic review and meta - analysis *Syst Rev* **14** 88 Epub ahead of print DOI: 10.1186/s13643-025-02832-0.
[3] Tajvar M, Hajizadeh A, Zalvand R. 2022 A systematic review of individual and ecological determinants of maternal mortality in the world based on the income level of countries. *BMC* **22** 2354
[4] Shah V, Hatamyar J, Hidayat T, et al 2026 Exploring the heterogeneous impacts of Indonesia's conditional cash transfer scheme (PKH) on maternal health care utilisation using instrumental causal forests Empirical Economics **70** 39
[5] Jacobs W, Downey LE 2022 Impact of conditional cash transfer programmes on antenatal care service uptake in low and middle-income countries: a systematic review *BMJ Open* 2022 **12** e064673
[6] Ngamasana EL, Moxie J 2024 Cash transfer, maternal anpd child health outcomes: a scoping review in sub-Saharan Africa *Glob Health Action* **17** 2309726
[7] Rasella D, Jôse F, Alves O, et al 2021 Long-term impact of a conditional cash transfer programme on maternal mortality : a nationwide analysis of Brazilian longitudinal data 1–9 *BMC Med* **19** 127 doi:10.1186/s12916-021-01994-7
[8] Doktoralina CM, Bahari Z, Abdullah SR 2018 Mobilisation of Income Zakat Payment In Indonesia Jurnal Ekonomi dan Bisnis Islam **32** 189-204 doi:10.24042/febi.v3i2.3659. 2018; 3: 189–204
[9] Pranata EO, Maulana H 2024 Exploration of Zakat Management Practices : A Qualitative study in Aceh's Mosques *I-Philanthropy* **4** 80–97
[10] Sastraningsih E, Suryadi N, Fizari F, et al 2025 The Effect of Zakat, Infaq and Sadaqah (ZIS) Funds on Economic Growth with Poverty Level as an Intervening Variable *IKONOMIKA: Jurnal Ekonomi dan Bisnis Islam* **10** 133–144
[11] Herianingrum S, Supriani I, Sukmana R, et al 2024 Zakat as an instrument of poverty reduction in Indonesia *J Islam Account Bus Res* **15** 643–660
[12] Pranata EO, Sajjad M, Azra U, et al 2025 Promoting Islamic Charitable Donations : Insights from Palembang *JIHBIZ Glob J Islam Bank Financ* **7** 162–174
[13] Mohamed Esa, Mohd Suffian, Wahid Hairunnizam, Yaacob Salmy Edawati, et al 2025 Asnaf Development Outcome A Systematic Literature Review and Logic Model Development. *Sage Open* **15** 21582440251357984
[14] Wahyuni P 2024 Zakat and poverty alleviation in Muslim countries : A Biblioshiny application. *J Islam Econ Lariba* **10** 205–230
[15] Abdi KA, M K J, Adem M 2024 The nexus between poverty and maternal healthcare

utilization with a focus on antenatal care visits and choice of place of birth in Somaliland. *Front public Health* **12** 1417883

[16] Jafree SR, Shah G, Zakar R, et al 2023 Characterizing Social Determinants of Maternal and Child Health A Qualitative Community Health Needs Assessment in Underserved Areas *Healthcare* **11** 1–16 10.3390/healthcare11152224

[17] Bilal M, Yasir Z 2026 Zakat and Sustainable Development Goals : Does Islamic Almsgiving Reduce Food Insecurity ? *Food Ethics* **11** 15 doi:10.1007/s41055-025-00200-1

[18] Ma Y, Sukmana R 2025 Takeaways from Islamic social finance and sustainable development goals discourse: review and bibliometric analysis on future directions for Zakat, Waqif and Islamic microfinance *J Islam Account Bus Res*. DOI: 10.1108/JIABR-06-2024-0227

[19] Fahmi RA 2025 Leveraging Zakat and Waqf for Public Health Improvement : Islamic Philanthropy's Role in Addressing Stunting in Indonesia *al-hakim* **7** 173–194

[20] Rahmat RS, Nurzaman MS 2019 Assesment of zakat distribution: A case study on zakat community development in Bringinsari village, Sukorejo district, Kendal *Int J Islam Middle East Financ Manag* **12** 743–766

[21] Braun V, Clarke V 2006 Using thematic analysis in psychology *Qual Res Psychol* **3** 77–101

[22]. Lessy Z, Adamek M, & Khaja K 2020 Philanthropic zakat for the disadvantaged: Recipient perspectives from Indonesia *Asian Social Work and Policy Review* **143** 138–147

[23]. Saville NM, et al 2018 Participatory Women's Groups with Cash Transfers Can Increase Dietary Diversity and Micronutrient Adequacy during Pregnancy, whereas Women's Groups with Food Transfers Can Increase Equity in Intrahousehold Energy Allocation. *The Journal of Nutrition* **148(9) 1472–1483**

[24]. McGuire J, Kaiser C, & Bach-Mortensen AM 2022 A systematic review and meta-analysis of the impact of cash transfers on subjective well-being and mental health in low- and middle-income countries. *Nature Human Behaviour* **6** 359–370. https://doi.org/10.1038/s41562-021-01252-z

[25]. Wollburg C, Steinert JI, Reeves A, & Nye E 2023 Do cash transfers alleviate common mental disorders in low- and middle-income countries? A systematic review and meta-analysis *PLOS ONE* 18**(2)** e0281283. https://doi.org/10.1371/journal.pone.0281283