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Poverty Challenges among Muslims in Nigeria and the Contributions of the Islamic Medical Association of Nigeria (IMAN) Katsina State Chapter

Abubakar Sani*
Bilyaminu Muhammad**

Abstract

The existence of mankind on this perishable earth is considered as a testing ground which shall be accounted for in the hereafter. Islam directed that wealthy individuals or collective Muslim groups among the Ummah (community) should assist the poor and the less privileged through prescribed due (*Zakah*) and other voluntary charities to reduce poverty/hardship. Despite this injunction, it is disheartening, in Nigeria today, that adherents of other faiths have continued to consider Muslims as “less advantaged”, “beggars”, and “backward” among others. This is because many Muslims are seen every day and most especially on Sundays at the residences/places of worship of non-Muslims begging and roaming the streets in the urban cities. Based on the foregoing, this paper examines these challenges in Northern Nigeria and the role of the Islamic Medical Association of Nigeria in reducing them. The paper adopts qualitative techniques with a view at assessing the efforts made by this non-governmental organization which includes provision of medical assistance, educational and socio-economic welfare assistance to the poor, widows, aged and orphans in Katsina state. The paper recommends the establishment of private Islamic Medical Hospitals/healthcare Centers in urban and rural areas, basic Medical Training institutions among others. If these proposals are achieved, rural-urban migrations for medical and social needs would be reduced and peaceful co-existence would be enjoyed for the sustainable economic development of Muslims in Nigeria at large.

Keywords: Muslims, poverty, Islamic Medical Association, Katsina, Nigeria.

Introduction

Poverty is a condition associated with the life of humanity right from the time unprecedented since human beings are not created the same as some are above others in terms of the endowed resources, but this could be reduced to some extent through mutual assistance among humanity which was mandated at some level and recommended at others. This was done right from the ancient time to the golden period when religious directives

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descended to uphold its necessity on the inhabitants of the world, which Prophet Muhammad implemented to care for the less privileged individuals at an authoritative level which private individuals and nongovernmental agencies and organizations worked on, such as Islamic medical association of Nigeria that rendered several operations and services at various states for the support and transformation of the poor people, even though consideration is restricted to *Katsina* state chapter alone.

Conceptual framework:

The term poverty is viewed by several scholars at different dimensions such as; *poverty is pronounced deprivation in well-being*.¹ Similarly, *Poverty is a state or condition in which a person or community lacks the financial resources and essentials for a minimum standard of living*.² These definitions signified mere concern on the monetary perspectives, however, its concept is much broader ahead what money can provide to individual or community as many scholars conducted research to portray the boundary of the term and were able to come up with additional elements apart from the necessities of life³ such as material deprivation,⁴ social deprivation⁵ and physical deprivation⁶ which fall within the catchment of the concept.

Scholars had deliberated to identify a person to be called as poor, where Imam Abu Hanifah termed him as the person not to have possessed the amount of *zakat*⁷ based on:

The Prophet commanded Mu'adh when he sent him to Yemen. Inform them that Allah made charity obligatory upon them to be taken from the rich and returned to the poor and if they obey you for that, then

¹ Cited in Jonathan H. and Shahidur R. Khandker. *Handbook on Poverty and Inequality*. The International Bank for Reconstruction and Development/the World Bank, Washington, DC. 2009. Retrieved on June 12, 2021.

<https://openknowledge.worldbank.org/bitstream/handle/10986/11985/9780821376133.pdf?sequence=1&isallowed=y>, p. 2.

² James C. Poverty, Investopedia. 2020. Accessed June 01, 2021, <https://www.investopedia.com/terms/p/poverty.asp>.

³ Such as Food, shelter, education etc.

⁴ Such as electricity, Health facilities etc.

⁵ Such as inability to participate in the community or religious services

⁶ Such as disabilities, diseases and under nutrition

⁷ Yoanda C. *Al- Faqar wa asbabih wa ilajih*, Masters dissertation submitted to the department of Islamic studies, Islamic University Malanga, Indonesia. 2013. Retrieved June 21, 2021 from <https://core.ac.uk/download/95413055.pdf>, p. 85.

beware of the noble of their wealth, and fear the supplication of the oppressed, for there is no veil between it and God¹

Based on the plain statement of this tradition, a person who possesses an amount worthy of the Zakat collection must be considered as rich, on the other side he who possesses an amount below zakat amount shall be considered poor. Thus; Abu Hanifa termed poor to mean a person not to possess twenty dinars or two hundred *Dirhams* or their equivalent as the bottom line of poverty.

As for Ahmad, Sufyan al-Thauri, and Ibn al-Mubarak; the limit line of poverty was fifty *Dirham* or what will stand by its measure of gold.² Malik and Shafi'i referred to him as a person not to have what will certify him for the day and does not have the capability of working to earn.³ This view corresponds with that of many scholars of the west who passed judgment on the little amount to satisfy one's need on daily bases, which is relative to the period, nature, and environment of the person and always changes with the devaluation of currency and inflation or deflation of price, likewise what might be enough in a particular country might sound insufficient at other. That is why the poverty bottom line is left dependent on a period and type of the country.

Poverty and its statistics in Nigeria, North-Western and Katsina State

Nigeria is considered the most populous country in Africa estimated to have reached a population of about 206,139,589⁴ million individuals, ranking it the first county having the highest population in the region. The National Bureau of Statistics conducted a survey exercise to measure the poverty standard of its citizens which was determined at 40.1% having about 82.9 million individuals⁵ living below the expenditure level of ₦137,430 Naira as the annual poverty line.⁶ Northwestern Nigeria as the area of study was known to have been constituted by seven states of the federation both of which are affected

¹ Bukhārī, Muhammad Isma'il. *Sahih Al-Bukhari*. Beirut: Al-Maktaba Al-'Asriyya, 2000. No. 1496

² Yoanda C. Op cit. 2013, p. 86.

³ Ibid., p. 87.

⁴ World Population Prospects. The population of Nigeria (2020 and historical), world meter. 2019. Retrieved on June 29, 2021 from.

<https://www.worldometers.info/world-population/nigeria-population/>.

⁵ National Bureau of Statistics. 2019 poverty and inequality report in Nigeria: Executive Summary. 2019. Retrieved on June 29, 2020.

<https://nigerianstat.gov.ng/download/1092>, p. 5.

⁶ Ibid., p. 4.

by the condition viz: Jigawa,¹ Kaduna,² Kano,³ Kebbi,⁴ Sokoto,⁵ Zamfar, and Katsina that attracted much concern for the existence of poverty at about 56.42%⁶ from the total population, likewise Islamic Medical Association Of Nigeria (Iman) Katsina State Chapter exerted much effort to contribute its quarter towards transforming the welfare of the poor people on the foundation designed by Allah in the Qur'an and implemented by Prophet Muhammad and the subsequent orthodox caliphs of the earliest Islamic community.

Provision of Islam on Poverty Management: Qur'an and Sunnah

The term poverty (*Faqar*) appeared in the Qur'ān at thirteen different verses within ten chapters such as:

If you disclose your Sadaqat (alms-giving), it is good, but if you conceal it, and give it to the poor, that is better for you. (Allah) will forgive you some of your sins. And Allah is Well-Acquainted with what you do.

In another verse:

As-Sadaqat (here it means Zakat) are only for the Fuqara' (poor), and Al-Masakin (the poor) and those employed to collect (the funds); and for to attract the hearts of those who have been inclined (towards Islam); and to free the captives; and for those in debt; and for Allah's Cause (i.e. for Mujahidun - those fighting in the holy wars), and for the wayfarer (a traveler who is cut off from everything); a duty imposed by Allah. And Allah is All-Knower, All-Wise.

The above verses and the rest not have been quoted signified great care of Islam on poverty and poor people for building up a solid foundation of mutual support and assistance to relieve the condition at a certain level through *Zakat* and other charitable assisting. Prophet intensified the care through the statement of various traditions about the situation and encourage the poor not to devalue themselves: "*Richness is not the abundance of one's wealth, but richness is the contentment of the soul.*"⁷ Also;

¹ 87.04%

² 43.5%

³ 55.1%

⁴ 50.2%

⁵ 87.73%

⁶ National Bureau of Statistics. 2020 Op cit., p. 15.

⁷ Bukhari. Op cit. 2000 No 6446

....Look at those below you, and do not look at those above you, for it is more appropriate that you do not despise the grace of God upon you.¹

Furthermore, Prophet implemented the directives of *zakat* collection and distribution to the poor as indicated in this tradition:

Uqbah reported having prayed Asr with the Prophet after which he quickly returned to the room of one of his wives to pick up reserved alms which he distributed to the people in the mosque² (Trans.)

He also called for mutual assistance and sacrifice of one's possession and life for the support of those in need of assistance, which made some even risk their lives at the most dangerous event to save lives and transform the condition of others, such as medical volunteers.

Role of Medical Volunteers in the Battles of Islam

Medical support and assistance are almost known right from the period of the Prophet when special persons sacrificed their lives for curative purposes to the companions at Peace and at the top time of the battle. Many records traced their existence especially among the women to have accompanied Prophet in the battlefields of *Badr*, *Uhud*, *Khandaq*, *Khaibar*, and subsequent expeditions such as Aisha,³ Rufaida bint Sa'ad,⁴ Bint Atiyyah, Rubayyi' bint Mu'awiz, ummu Sulaim, Ummu Ayman, Ummu Salamah, Umaimah bint al-Qais, Ummu Ziyad al-Ashja'iyyah, Ummu Habibah, etc.⁵ (May Allah be pleased with them). Is of great paramount to light on few among them: **Rufaida al-Aslamiyya** accompanied Prophet Muhammad during his wars to take care of the wounded and dying soldiers, she was even reported to have set a tent (as a hospital) near the mosque of the Prophet for the treatment of the sick persons and training other women on the profession.

¹ Yoanda C. Op cit. 2013, p. 84.

² Cited in Atia A. Muassastu baitu al-mal fi al-nizami al-islami. *Ilahiyat fakultesi dergisi. Cilt: 3*. 2005 Retrieved on 13/02/2020.

<http://ilahiyat.siirt.edu.tr/dosya/personel/20171410850515.pdf>, p. 67.

³ Daughter of Caliph Abubakar and Ummu Rummanah that married Prophet before his migration to Medina.

⁴ Nourane K. Rufaida bint Saad Al-Aslameya: The First Muslim Nurse, SCiPlanet, Planetarium Science Center (PSC), Alexandria. 2016. Retrieved on June 21, 2021. <https://www.bibalex.org/SCiPlanet/en/Article/Details?id=5207>.

⁵ Multaqa al-Tamrid. Al sahabiyyati latiy ashrakna al-Rasul fi gazawatihi, Facebook group. Misra. 2012. Retrieved on June 21, 2021.

<https://m.facebook.com/MltqyAltmrydAlmsry/posts/441516215905276/>.

[On the authority of Mahmud bin Labid Al-Ansari:] When Sa'd's eyelid was hit on the day of the trench, and he became weak, they shifted him to a woman called **Rufaida**, who was treating the wounded, so when the Prophet, peace and blessings be upon him, passed by, he would say, "How did you evening?" And if it is morning, how did you awake? He will then reply. (Trans)¹

Another woman was **Rubayyi'** that attended battle for treatment of the wounded soldiers, watering and returning the dead to *Madina* as she stated in a tradition reported by Bukhari:

Ali bin Abdullah told us, Bishir bin al-Mufaddal told us, Khalid bin Dhakwaan told us, from **Rubayyi' bint Mu'awwidz**, said "We were with the Prophet we water and heal the wounded, and return the dead to Medina"²

These medical practitioners rendered various services to Islam in the sphere of treatment to the wounded soldiers, care of the sick, supply of water at battlefields, cooking of food, guard to the camping bases of the Army, returning of the martyred soldiers for burial and even fight at some rare case (such as Umm Sulaim³) for the cause of Islam, not for having worldly materials but rather to have reward from Allah (S.W.T.). All these are done free of charge without any discrimination to the poor and wealthy to set a solid foundation for charitable services to humanity for the subsequent generations to emulate.

Poverty Management during the Reign of Orthodox Caliphs

Orthodox caliphs did not deviate from the foundation set by Prophet on the care of the poor people and management of the poverty through the gathered resources from the sources of the Baitul-Mal fund, which Caliph Abubakar vowed to fight against anyone to have defaulted from giving out *Zakat* due to limit the fund meant for the welfare of the poor, he even established Baitul-Mal ground at '*Sunh*⁴' which was later transferred to his house at Medina for safety purpose of the gathered wealth before distribution to the most deserved people.

Caliph Umar upheld the activities of *Baitul-Mal* for welfare transformation through the extension of its offices to various provinces

¹ Bukhārī, Muhammad Isma'īl, ed. Sa'd, 'Abd Allāh ibn 'Abd al-Raḥmān, & 'Unqurī, A. I. *Al-Adab al-mufrad*. Al-Riyāḍ: Dār Aṭlas al-Khaḍrā' Lil-Nashr wa-al-Tawzī'. 2019 No. 859.

² Bukhārī, Muhammad Isma'īl, *The translation of the meanings of Ṣaḥīḥ al-Bukhārī: Arabic-English*. Khan, M. Muhsin. Riyadh: Darussalam. 1997. No 2882

³ Muslim, I. *Saḥīḥ Muslim*. Place of publication not identified: LUSHENA. Books. 2016. Hadith No. 1809.

⁴ A place at one-mile distance from the house of the Prophet (SAW) at Medina.

to diversify its services under professional managers.¹ He even prepared a register called *Diwan al-Ata* containing the entire names of the citizens of the Islamic state for treasure share and allowances disbursement to the Muslims. Likewise, the reigns of Caliph Uthman and Ali (R.A) did not change from the steps of their prior caliphs on the care of the poor and poverty management.

History and Establishment of the Islamic Medical Association of Nigeria (IMAN)

The initial idea for the establishment of the association emerged in a foreign country as it was started on 1st August 1988 when the founding fathers held the first meeting at Doctors' residence in *Jeddah* Kingdom of Saudi Arabia during the year's Hajj exercise. The participants settled to deliberate on how to establish an association that will render medical support and assistance to those in needs and to emulate the effort of the earliest physicians to have assisted companions of the Prophet at the spot of need. The participants to have held the meeting for the idea inception include:

1. Professor A.F.B Mabadeje.
2. Dr. Y Garba.
3. Dr. Idris Garba.
4. Dr. K Qadri.
5. Dr. J Yusuf.
6. Dr. L Ibrahim.
7. Dr. I Audu Aguye.²

Upon their return to Nigeria, this mission was sustained and some Muslim health professionals were mobilized towards establishing the National body of the organization. The fathers visited almost all states for sensitization and further effort to register the association at the national level, even though (the effort) was faced with so many challenges from the government and non-governmental bodies. However, in February 1989 the registration commenced with application to the Federal Ministry of Internal Affairs and release of public notice in

¹ Bayu T. Possumah and Gunawan B. "Governing baitul mal towards 2020; Issues and Challenges: Indonesia Experiences", *International Journal of Business and Management Tomorrow* Vol. 2 No. 10. August 14, 2019. 2012.

https://s3.amazonaws.com/academia.edu.documents/29819633/jurnal_bMT.pdf?response-content-disposition=attachment%3B%20filename%3DGoverning_Baitul_Mal_Towards_2020_Issues.pdf&X-Amz-Algorithm=AWS4-HMAC-SHA256&X-Amz, p. 1

² Islamic Medical Association of Nigeria. History of the establishment of IMAN at the National level. 2022. Accessed January 28, 2022, <https://iman.org.ng/about-us/>.

the National papers. Six persons were selected to serve as trustees of the organization; hence presented for registration. They were:

1. Professor A.F.B Mabadeje
2. Dr. Abdulmumini Attah
3. Dr. Masood Babatunde
4. Dr. Amadi Rimi
5. Dr. Yakubu Garba
6. Dr. I. Audu Aguye¹

These officials worked tirelessly to ensure the acceptance and spread of IMAN across the whole states in Nigeria through various meetings, symposiums, colloquiums, etc. In August 1991, they convened a congress in Maiduguri to adopt a clause as part of final registration with the Corporate Affairs Commission, onwards subsequent state-based chapters emerged at different period.

Katsina state chapter of IMAN started in 2010 when some delegates from General Hospital Katsina and Federal Medical Centre Katsina attended Annual General Meeting (AGM)² in Abeokuta, Ogun State from where they admired its services and decided to extend its branch at their domain. Upon their return, there was a move to establish a state branch, and a caretaker committee was formed with the following members:

1. Dr. Ado Abdu
2. Muhammed Yandutse
3. Dr. Bashir Oyeyemi
4. Shehu Bala
5. Dr. Muttaqa Ibrahim
6. Aina Sada
7. Lawal Bawale

The National body was invited to the National Executive Council (NEC) meeting of 2010 during which the committee was inaugurated. Administrative structure of the organization at state level designed on two spares of male and female post of administration to render services at convenience without mingling of sexes at a time. But *Shura* committee members, are responsible for the nomination of the executive members of the organization headed by the post of *Ameer/Ameerah* to shoulder the activities of the organization, followed by Vice Ameer/deputy *Ameerah* to act on his behalf at his absence and to assist in running the affairs of the

¹ Ibid

² Annual General Meeting.

organization. Secretary General is in charge of the literary records of the activities assisted seconded by his Assistant, other post is for the treasurer and financial secretary, and lastly the post of Public Relation Officer (PRO) and Auditor at both section of the sexes.

The state chapter was faced with many challenges from various dimensions that force the organization to remain silent for a long time, until 2016 when the body was reactivated by the added active executive members.¹

The first executive council members led the association for 10 years until they hosted the 20th IMAN National Annual General Meeting and Scientific Conference in the state with a huge degree of success. From then, the association handed to the second set of executives under the leadership of Dr. Ibrahim Salisu to administer and shoulder its activities for the period of three years, after which new executives were nominated by the *Shura* committee members

1. Dr. Nuruddeen Ibrahim
2. Abdulwasiu Olawale
3. Aminu Usman
4. Sadeeq Bello
5. Nura Khamis
6. Murtala Dauda
7. Muhammad Kabir Nayaya
8. Nasiru Usman Khalid²

Activities/Programmes of the Organization

Activities of the association cut across the various dimension of the medical, religious, academic, and intense harmony among the professionals for the benefit of the community members and the governing authority of the society as follows:

- a. Fostering unity and harmony among different cadres of health professionals to eliminate or minimize inter-professional rivalry
- b. Assisting the needy and the poor especially indigent patients
- c. Reminding and educating health care workers on Islamic principles and value
- d. Organizing medical caravan/Da'wah across nooks and crannies of Katsina State
- e. Introducing Islamic values in the health care education

¹ Islamic Medical Association of Nigeria. History of the establishment of IMAN Op. Cit.

² Islamic Medical Association of Nigeria. Inauguration of Iman Federal Medical Centre Katsina executive council 2021. 2022. Accessed January 28, 2022 via <https://iman.org.ng/inauguration-of-iman-federal-medical-centre-katsina-executive-council-2021/>.

- f. Promoting medical research in the field of Islam
- g. Promoting the interest of Nigerian Muslim Medical professionals
- h. Organizing seminars, lectures, conventions, and other relevant gatherings to discuss contemporary medico-religious issues, etc.

Sources of Fund

Fund sources of the association relied on the members and philanthropic donations to gather the little but bless full resources that were vividly shortlisted:

- a) Monthly contributions by members
- b) Contribution by Executive Committee members
- c) Fund generating activities such as investments in business cooperative societies
- d) Support from philanthropists particularly the patrons of the association

Contribution of IMAN during COVID-19 PANDEMIC in Katsina State

The covid-19 pandemic period brought critical conditions to have affected many in the world (Katsina inclusive) and attracted much attention of the association to render different services at the highest period of its need in the state, such as:

- 1. Public enlightenment programs
- 2. Sensitization and involvement of Muslim scholars in public enlightenment regarding **COVID-19 PANDEMIC**
- 3. Provision of relief materials such as food items during COVID-19 lockdown period in Katsina, Dutsinma and Daura Local Government Areas, etc
- 4. Donation of protective equipment
- 5. Active participation in the care of victims etc.

Challenges

Activities and services of the association did not escape the radar of challenges from different angles that even limit the expectant services at some level, these are;

- a) Financial constraints
- b) Lack of awareness of the association by some members
- c) Poor recognition and inadequate support from the authorities and the general society
- d) Frequent transfer and relocation of members especially those working with state government.

Prospects

Activities of the association did not remain stagnant as further plans are designed and hoped to be achieved in the cause of future activities of the association a follows:

- a) Establishment of a strong business committee
- b) Establishment of sustainable shari'ah compliant business
- c) Establishment of IMAN clinics
- d) Establishment of IMAN Academy/schools
- e) Fostering relationships with other government and non-governmental organizations

Recommendations

In concern to the above discussion on the existence of poverty and challenges to have tight the activities of the discussed association, the following recommendations are suggested to assist in fostering the development of the association for its services to the citizens of the concerned state.

- a) Continuous sensitization of Muslim health professionals about the existence and activities of IMAN.
- b) Sensitization of general *Ummah* on the existence and activities of IMAN.
- c) Seeking support of the activities and programs of the association from the government at various levels, NGOs and philanthropists
- d) Privet and governmental hospitals and health centers should be availed both at urban and rural communities to extend services of the association, which considered erected hospitals as a place of their services rendering
- e) Mobile medical services should be initiated to extend humanitarian services to the nooks and crannies at distant locations from its offices.
- f) Medical training institutions should be added to the existing ones for creating more chances of training new medical personnel that might join the association for service rendering to their hosting communities.

Conclusion

Islamic Medical Association of Nigeria (IMAN) is a non-governmental Muslim association initiated by Muslim medical practitioners to render volunteer services to the less privileged individuals across Nigeria. The organization came into being on an attempt to act on the directives of Islam to care for those in need and to remain firm on the earliest prints

left by medical volunteers among the companions of the Prophet. On that, series of events and activities were drafted as the main concern of the association within the dimension of medical, intellectual, financial, religious and the rest to have been mentioned under the activities of the association both at the national and state-based branch of Katsina state, that served a lot during the Covid-19 pandemic when many suffered during the lockdown period, even though several challenges tightened its services from extending to everywhere in the state, but the little and vital to have been rendered by the organization could never be forgotten hence; deserved to be publicized to some extent.

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