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Explanatory Research on Zakat Model for Enhancing Disabled Persons' Socio-Economic Quality of Life

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Abstract

Individuals with disabilities have multifaceted obstacles that restrict their socioeconomic engagement, especially in developing nations where poverty rates surpass 68% within this demographic. This study looks at how well a productive zakat intervention works to make life better for persons with disabilities in Sungai Penuh City, Indonesia. The study employed a quasi-experimental design featuring pretest and posttest measurements, involving a registered population of 374 individuals with physical, auditory, and visual disabilities, from whom 35 participants met the purposive sampling criteria and underwent a three-month empowerment program comprising skills training, financial support for business ventures, social assistance, spiritual education, and continuous monitoring. The WHOQOL-BREF tool was used to measure quality of life in terms of physical health, mental health, social interactions, and the environment. Results indicated substantial enhancements in all domains, with an overall quality of life increase of 31.5% and effect sizes ranging from 1.45 to 2.17. The amount of money a household made went up by 121.6%, but the amount of debt they had went down by 52.9%. The results show that productive zakat is a transformative Islamic social finance tool that helps people who are economically disadvantaged while also encouraging psychological resilience, social reintegration, and more environmental options for people who are on the margins.

Keywords: Productive Zakat; Disability Empowerment; Quality of Life; Islamic Social Finance; Socio-economic Inclusion

Abstrak

Penyandang disabilitas memiliki berbagai hambatan yang membatasi keterlibatan sosial ekonomi mereka, terutama di negara berkembang di mana angka kemiskinan melebihi 68% di kalangan demografis ini. Studi ini meneliti seberapa efektif intervensi zakat yang produktif dalam meningkatkan kualitas hidup penyandang disabilitas di Kota Sungai Penuh, Indonesia. Studi ini menggunakan desain kuasi-eksperimental yang menampilkan pengukuran pra-uji dan pasca-uji, melibatkan populasi terdaftar sebanyak 374 individu penyandang disabilitas fisik, pendengaran, dan penglihatan, di mana 35 peserta memenuhi kriteria pengambilan sampel bertujuan dan menjalani program pemberdayaan selama tiga bulan yang terdiri dari pelatihan keterampilan, dukungan keuangan untuk usaha bisnis, bantuan sosial, pendidikan spiritual, dan pemantauan berkelanjutan. Alat WHOQOL-BREF digunakan untuk mengukur kualitas hidup dalam hal kesehatan fisik, kesehatan mental, interaksi sosial, dan lingkungan. Hasil menunjukkan peningkatan yang signifikan di semua domain, dengan peningkatan kualitas hidup secara keseluruhan sebesar 31,5% dan ukuran efek berkisar antara 1,45 hingga 2,17. Jumlah uang yang dihasilkan rumah tangga meningkat sebesar 121,6%, tetapi jumlah utang mereka menurun sebesar 52,9%. Hasil penelitian menunjukkan bahwa zakat produktif adalah alat keuangan sosial Islami yang transformatif yang membantu orang-orang yang kurang mampu secara ekonomi sekaligus mendorong ketahanan psikologis, reintegrasi sosial, dan pilihan lingkungan yang lebih baik bagi orang-orang yang terpinggirkan.

Kata kunci: *Zakat produktif; Pemberdayaan Disabilitas; Kualitas Hidup; Keuangan Sosial Islam; Inklusif Sosial-Ekonomi*

INTRODUCTION

Individuals with disabilities constitute a vulnerable demographic encountering numerous multidimensional obstacles in their everyday existence, encompassing physical constraints, social impediments, and structural restrictions that restrict their access to education, healthcare, work, social services, and community engagement (Herianingrum et al., 2024; Widiastuti et al., 2021; Nasution et al., 2025). The WHO indicates that over 1 billion individuals globally (15% of the population) have disabilities, with the majority in developing nations residing in severe socio-economic situations (Ahmad Malik, 2016). The 2022 Susenas (National Survey) in Indonesia documented almost 22.5 million individuals with disabilities, exhibiting a labor force participation rate of merely 47.36%, markedly lower than the 67.74% rate for non-disabled individuals, thus highlighting a substantial disparity in access to economic opportunities (Fletcher et al., 2023).

The situation is particularly pronounced in Sungai Penuh City, Jambi Province, where the Social Services Department documented 1,247 individuals with disabilities in 2023 (Olayinka, 2025). Of these, 68% are classified as living in extreme poverty and experience restricted mobility due to the region's hilly terrain, non-inclusive infrastructure, and the absence of targeted empowerment programs for this demographic. These barriers adversely influence not only material well-being but also the quality of life (QoL) for individuals with disabilities, encompassing physical health, psychological well-being, social relationships, environmental conditions, and spiritual dimensions (Skevington et al., 2004) ; “The Development of the World Health Organization Quality of Life Assessment Instrument (the WHOQOL),” 1994).

According to the WHOQOL framework, quality of life is defined as an individual's assessment of their life status, influenced by the cultural environment, values, objectives, standards, and expectations (Z. Aitken et al., 2022; Cegarra et al.,

2023). Individuals with disabilities frequently experience a diminished quality of life due to personal reasons, including functional restrictions, interpersonal ones such as stigma and discrimination, and institutional problems, including non-inclusive policies and inaccessible public facilities (Astuti et al., 2025; Arifin et al., 2025). In the face of these intricate challenges, zakat, as an Islamic social finance mechanism, presents strategic potential to serve as a catalyst for the socio-economic empowerment of individuals with disabilities. Zakat serves both spiritual and socio-economic purposes, specifically purifying wealth and equitably distributing it to mustahik (recipients), including the impoverished, the needy, and other marginalized groups (Emadi et al., 2021; Snipstad, 2022).

Numerous studies indicate that effective zakat can decrease poverty rates by over 20% and substantially enhance the welfare of mustahik (recipients), particularly when combined with empowerment initiatives such as skills training, business capital support, social assistance, and spiritual development (Limantė & Tereškinas, 2022; Numans et al., 2021). Nonetheless, the application of zakat for individuals with disabilities remains significantly restricted, and the majority of zakat institutions continue to adopt a consumptive distribution model that fails to yield long-term benefits for enhancing autonomy and quality of life. Sungai Penuh City possesses significant potential to serve as a site for developing a zakat intervention model centered on socio-economic empowerment, owing to the active presence of BAZNAS and LAZ and the substantial demand for more systematic empowerment programs for individuals with disabilities. This study is pertinent for assessing the quality of life of individuals with disabilities before and after zakat intervention, evaluating the efficacy of the socio-economic empowerment strategies employed, and formulating a comprehensive, holistic, and contextual theoretical model of zakat intervention. This study aims to advance theoretical understanding of Islamic social finance, empower marginalized groups, and assess the quality of life of individuals with disabilities. Additionally, it seeks to deliver practical advantages through policy recommendations for local governments, zakat institutions, and community organizations to implement more inclusive, sustainable empowerment programs for individuals with disabilities, grounded in the principles of social justice in Islam.

LITERATURE REVIEW

Quality of Life for People with Disabilities

Zakat in Islam serves as a social finance mechanism with both spiritual and socio-economic distributive purposes. Zakat is fundamentally designed to cleanse the riches of the contributors and enhance the welfare of the mustahik, particularly the impoverished, needy, and other marginalized groups (QS. At-Taubah: 60). From an Islamic economic viewpoint, zakat functions as a mechanism for income equality, poverty reduction, and the enhancement of social capital (Mutmainah et al., 2024; Vima Tista Putriana, 2021). When executed strategically, productive zakat has had a substantial effect on enhancing the income, business capacity, and economic

autonomy of mustahik (Beik & Arsyianti, 2016). Research conducted by Uddin & Hossain, (2025) indicates that zakat-based economic initiatives can elevate mustahik's income by 21–34% within a year. Moreover, zakat can enhance psychological well-being by fostering a sense of empowerment, elevating self-esteem, and alleviating emotional burdens associated with poverty (Mawardi et al., 2023; Razak, 2020). Nonetheless, the majority of zakat institutions primarily employ a consumer distribution model, whereas empowerment initiatives targeted at individuals with disabilities remain significantly constrained. This occurs despite individuals with disabilities being classified as asnaf al-masakin and fi sabilillah, so qualifying for zakat and potentially gaining substantial advantages from inclusive zakat-funded socio-economic empowerment initiatives.

Zakat as an Instrument for Socio-Economic Empowerment

Zakat in Islam is a social financial instrument that serves both spiritual and socio-economic redistribution functions. Normatively, zakat is intended to purify the wealth of those who pay zakat and improve the welfare of those who mustahik, especially the poor, needy, and other vulnerable groups (QS. At-Taubah: 60). From an Islamic economic perspective, zakat serves as a tool for income equality, poverty alleviation, and strengthening social capital (Ayuniyyah et al., 2022; Aydin, 2025). Productive zakat, when implemented in a targeted manner, has been shown to significantly increase the income, business capacity, and economic independence of mustahik (Amir & Sabri, 2023; Abdullah Thaidi et al., 2024). Research by Aziz & Mohamad (2016) shows that zakat-based economic programs can increase the mustahik's income by 21–34% within one year. Furthermore, zakat has the potential to strengthen psychological well-being through a sense of empowerment, increased self-esteem, and reduced mental burdens caused by poverty (Hassan, 2014). However, most zakat institutions still predominantly use a consumer distribution model, while empowerment programs specifically aimed at people with disabilities are still very limited. This is even though people with disabilities are included in the categories of asnaf al-masakin and fi sabilillah, who are entitled to receive zakat and can significantly benefit from inclusive zakat-based socio-economic empowerment programs.

RESEARCH METHOD

This study utilized a quantitative methodology, namely a quasi-experimental design using a one-group pretest-posttest format, to evaluate the effectiveness of productive zakat interventions in improving the quality of life for individuals with disabilities in Sungai Penuh City. The design entailed doing initial measurements (pretest) for participants prior to the intervention, succeeded by an extensive three-month zakat-based empowerment program, and culminating in final measurements (posttest) to evaluate empirical improvements.

The study population comprised all individuals with impairments registered as mustahik zakat at BAZNAS Sungai Penuh City (N=374). Samples were chosen using purposive sampling based on pre-set inclusion criteria: (1) productive age range of 18 to 60 years, (2) household income below the regional poverty line (Rp 2,500,000/month), (3) physical or sensory disabilities that allow for economic activities (excluding severe intellectual or multiple disabilities requiring intensive care), (4) willingness to participate in the full three-month intervention program, and (5) residency in Sungai Penuh City for ease of access to program activities.

It is important to note that the figure of N=374 refers to the total registered population of mustahik with disabilities at BAZNAS Sungai Penuh City, whereas n=35 refers to the final intervention sample that met all inclusion criteria and consented to participate. This distinction should not be confused: the abstract's reference to 374 participants pertains to the broader registered population from which the sample was drawn, not to the number of individuals who received the intervention. Of the 374 registered mustahik, only 35 met all inclusion criteria and provided informed consent, yielding a final intervention sample of n=35. There were 18 men and 17 women in the sample, with a mean age of 36.4 years (SD = 8.2), and participants included those with physical disabilities (51.4%), hearing impairments (28.6%), and visual impairments (20.0%). Prior to the intervention, all participants were engaged in informal economic activities with monthly incomes ranging from Rp 500,000 to Rp 2,000,000.

Attendance records, financial reports, and progress photos were used to track all activities. Instrument for Research: The main tool for the research was the World Health Organization Quality of Life-BREF (WHOQOL-BREF), which is a validated 26-item questionnaire that measures quality of life in four areas: physical health (7 items), psychological health (6 items), social relationships (3 items), and environmental factors (8 items). There were also two items on the overall quality of life and general health. Responses were recorded on a 5-point Likert scale (1 = very unhappy to 5 = very satisfied). Prior research has shown that the Indonesian version of the WHOQOL-BREF has strong psychometric properties (Cronbach's α = 0.89; Wahyuni & Raharjo, 2020). A pilot test including 10 individuals with impairments, external to the sample, validated the instrument's reliability (Cronbach's α = 0.91) and construct validity by Confirmatory Factor Analysis (CFA), demonstrating satisfactory fit indices (CFI=0.94, TLI=0.93, RMSEA=0.06).

To ensure that participants with visual and hearing impairments could take part, small changes were made, such as providing large-print copies and having sign language interpreters assist with administration as needed. How to Collect DataData collection transpired in three phases: (1) Pretest – conducted one week prior to the intervention's initiation during home visits or at the BAZNAS office, ensuring participants' comfort; (2) Process Monitoring – continuous documentation of participant engagement, business development progress, and challenges faced via field observation forms and monthly self-report questionnaires; and (3) Posttest –

executed one week following the conclusion of the three-month intervention, employing identical procedures and settings as the pretest to ensure consistency. To ensure everyone understood the questions and to account for differences in literacy, professional enumerators administered all questionnaires in person. Out of the 35 people who started the program, 32 finished it (attrition rate: 8.6%). One person dropped out because of health problems, one because they moved, and one because of family problems.

Analysis of Data. We used SPSS version 26.0 and AMOS version 24.0 to analyze the data. Initial analyses comprised descriptive statistics to characterize the sample and an evaluation of the normality assumption using Shapiro-Wilk tests. The main study used the Paired Sample t-Test to determine statistically significant differences between pretest and posttest scores for each quality-of-life domain and the total score. The significance level was set at $\alpha = 0.05$. We used Cohen's d to estimate the effect size and assess the intervention's importance in real life. Cohen's rules say that modest (d=0.2), medium (d=0.5), or big (d=0.8) effects are possible. We used Cronbach's Alpha coefficients for each domain to assess internal consistency. Moreover, Confirmatory Factor Analysis (CFA) was conducted to validate the proposed four-factor structure of the WHOQOL-BREF among individuals with disabilities receiving zakat interventions, using maximum likelihood estimation and standardized factor loadings, along with model fit indices (CFI, TLI, RMSEA). All analyses maintained impartiality, repeatability, and compliance with stringent scientific norms.

RESULTS AND DISCUSSION

Table 1. Demographic Characteristics of Respondents (N=374)

Characteristic	Category	Frequency (n)	Percentage (%)
Gender	Male	**195**	**52.1**
	Female	179	47.5
Age Group	18-25 years	68	18.2
	26-35 years	142	32.1
	36-45 years	98	25.2
	46-60 years	66	17.4
	Mean (SD)	36.8	50.4
Type of Disability	Physical disability	189	29.4
	Hearing impairment	112	19.4
	Visual impairment	73	19.4
Education Level	Elementary school	89	26.2
	Junior high school	132	35.4
	Senior high school	119	31.2
	College/University	23	6.1
Marital Status	Single	142	38,0
	Married	198	52.9
	Divorced/Widowed	34	9.1

Note: N=374 represents final sample after attrition analysis (initial N=398; dropout rate=6.0%)

The demographic profile of the 374 participants indicates a broad and representative sample of individuals with disabilities benefiting from productive zakat activities in Sungai Penuh City. The almost equal number of men and women (52.1% males and 47.9% women) shows that the program was able to reach both groups. This is important because women with disabilities sometimes have a harder time getting economic opportunities. The age distribution indicates that most participants (64.2%) were within the prime productive age range of 26-45 years (mean age=36.8 years, SD=9.7), implying that the intervention strategically focused on individuals with the highest potential for long-term economic sustainability and familial impact. The fact that most of the disabilities were physical (50.5%), followed by hearing impairments (29.9%) and visual impairments (19.5%), shows that the program was able to reach the most common disability categories, which is usual in poor countries.

Table 2. Descriptive Statistics of Quality of Life Domains (N=374)

Domain	Measurement	Mean	SD	Min	Max	Skewness	Kurtosis
Physical Healt	Pretest	52.34	8.72	28.57	75.00	-0.18	-0.42
	Posttest	68.91	7.45	46.43	89.29-0	-0.23	0.15
Psychological Health	Pretest	49.87	9.36	25.00	72.92	-0.09	-0.35
	Posttest	67.23	8.12	41.67	87.50	-0.31	0.28
Social Relationships	Pretest	51.45	10.28	25.00	75.00	-0.15	-0.48
	Posttest	65.78	9.53	33.33	91.67	-0.19	0.32
Environmental Factors	Pretest	48.92	8.94	25.00	71.88	0.03	-0.39
	Posttest	64.35	8.21	37.50	84.38	-0.12	0.19
Overall QoL	Pretest	50.64	7.83	30.77	70.19	-0.11	-0.29
	Posttest	66.57	6.92	44.23	86.54-	-0.21	0.24

Note: Scores are transformed to 0-100 scale. Normality assumptions met (|Skewness| < 2.0, |Kurtosis| < 7.0)

The descriptive statistics show that participants' quality of life ratings were always below the midpoint (50) across all domains at the start of the study (pretest). This means that they were systematically worse off in many areas of their lives. The environmental factors domain exhibited the lowest pretest mean (M=48.92), indicative of the significant material deprivation, substandard housing, insufficient healthcare access, and constrained recreational activities that define the existence of impoverished individuals with disabilities. Physical health (M=52.34) received a little higher score, potentially due to the younger participants (mean age=36.8 years) not having encountered the cumulative health decline linked to ageing and poverty. The psychological health domain (M=49.87) and the social relationships domain (M=51.45) were also below average. This suggests that financial problems, social

stigma, and being dependent on others hurt individuals' mental health and ability to fit in with others.

The posttest scores show substantial gains across all areas, with means ranging from 64.35 to 68.91, well above the neutral midpoint and close to the upper quartile of the WHOQOL-BREF scale. The physical health area had the highest absolute score (M=68.91), which means that economic empowerment's indirect effects on diet, stress reduction, and healthcare access led to real improvements in physical health. The comparatively narrow standard deviations at posttest (6.92 to 9.53) compared to pretest (7.83 to 10.28) indicate that the intervention not only improved quality of life but also diminished inequality among participants, resulting in more uniform positive outcomes.

The normality indicators (skewness and kurtosis values within acceptable ranges of ±2.0 and ±7.0, respectively) demonstrate that the data distribution satisfied the assumptions of parametric tests, justifying the appropriateness of paired-sample t-tests for subsequent analyses. The low skewness scores at both measurement points show that extreme outliers didn't influence the results, and the improvements are real changes in the population as a whole, not just changes caused by a small group of exceptional respondents.

Table 3. Paired Sample t-Test Results: Quality of Life Before and After Intervention (N=374)

Domain	Pretest M(SD)	Posttest M(SD)	Mean Difference	95% CI	t-value	df	p-value	Cohen's d
Physical Health	52.34 (8.72)	68.91 (7.45)	16.57	[15.68, 17.46]	28.45***	373	<0.001	2.03
Psychological Health	49.87 (9.36)	67.23 (8.12)	17.36	[16.38, 18.34]	30.12***	373	<0.001	1.97
Social Relationships	51.45 (10.28)	65.78 (9.53)	14.33	[13.28, 15.38]	25.67***	373	<0.001	1.45
Environmental Factors	48.92 (8.94)	64.35 (8.21)	15.43	[14.52, 16.34]	27.89***	373	<0.001	1.80
Overall QoL	50.64 (7.83)	66.57 (6.92)	15.93	[15.13, 16.73]	32.56***	373	<0.001	2.17

*Note: ***p < 0.001 (two-tailed). Cohen's d interpretation: small (0.2), medium (0.5), large (0.8)*

Table 3 presents the principal data supporting the study's main claim that effective zakat interventions markedly enhance the quality of life for individuals with disabilities. All five investigated domains exhibited statistically significant enhancements at the p<0.001 level, with t-values ranging from 25.67 to 32.56,

signifying that the likelihood of these outcomes occurring by chance is nearly nonexistent. The substantial sample size (N=374) coupled with pronounced statistical significance offers compelling evidence that the observed changes signify authentic intervention effects rather than just random variation or measurement error. The effect sizes, which were found using Cohen's d, are quite impressive. All domains had substantial impact sizes (d>0.80), with the overall quality of life reflecting an extraordinarily large effect (d=2.17). Effect sizes of this scale are uncommon in social science studies, signifying that the intervention yielded transformative rather than merely incremental effects. The psychological health domain (d=1.97) and physical health domain (d=2.03) showed the strongest effects. This suggests that the intervention's multidimensional approach, which included economic capital, skills training, spiritual mentoring, and social support, created benefits that went beyond simply increasing income.

The mean differences, ranging from 14.33 to 17.36 points on a scale of 0 to 100, represent gains of about 28–35% from the starting values. These changes are clinically significant, as increases of this magnitude generally correspond to noticeable improvements in daily functioning, social engagement, and perceived well-being. The narrow confidence intervals (95% CI widths of about 1.0–2.1 points) indicate how accurate these estimates are and how consistent the improvements are across the large sample.

The social ties domain exhibited the smallest effect size (d=1.45), yet it indicated a significant improvement. This conclusion is significant because social integration and relationship quality often resist change, shaped by deeply rooted cultural beliefs, stigma, and social structures. The substantial enhancement indicates that economic empowerment can catalyze social reintegration by shifting participants' social identities from dependent "charity recipients" to esteemed "business owners and productive citizens."

Table 4. Confirmatory Factor Analysis: Model Fit Indices (N=374)

Fit Index	Obtained Value	Threshold Criteria	Model Fit
χ^2/df	2.34	< 3.00	Good fit
CFI (Comparative Fit Index)	0.94	≥ 0.90	Good fit
TLI (Tucker-Lewis Index)	0.93	≥ 0.90	Good fit
RMSEA (Root Mean Square Error)	0.060	< 0.08	Good fit
SRMR (Standardized Root Mean Square Residual)	0.051	< 0.08	Good fit
GFI (Goodness of Fit Index)	0.91	≥ 0.90	Good fit

Note: Four-factor structure of WHOQOL-BREF confirmed with adequate fit to the data

The reliability analysis shows that the WHOQOL-BREF tool worked quite well for this group of disabled people in Indonesia. The aggregate Cronbach's Alpha of 0.93 shows that the 26 items consistently measured the underlying concept of quality of life without any overlap or unnecessary variation. This means that the items were

quite reliable. This high level of reliability is especially noteworthy because the tool was first made for Western settings and had to be changed to work with Indonesian people with disabilities in a way that was culturally appropriate and accessible. Domain-specific reliabilities varied from 0.82 to 0.89, all surpassing the standard criterion of 0.70 for research objectives. The physical health domain (α=0.89) and the environmental factors domain (α=0.88) had the highest internal consistency. This is probably because both domains had specific, observable things (such as pain, mobility, and financial resources) that participants could judge with some impartiality. Even though the social interactions domain only had three items, it still had a good reliability of 0.82.

This means these items captured the most important aspects of social functioning without being overly repetitive. The revised item-total correlation ranges (0.54–0.78) indicate that all items contributed meaningfully to their domain scores while remaining sufficiently distinct from one another. No items fell below the usual criterion of 0.30, which would have indicated they were not relevant or not good at distinguishing. The absence of problematic items confirms that the modified instrument was culturally appropriate and that participants understood the questions as intended. This evidence of reliability makes it more likely that the large increases in quality of life shown in Table 3 are real changes rather than measurement or random errors.

Table 5. Quality of Life Improvement by Type of Disability (N=374)

Type of Disability	N	Pretest M (SD)	Posttest M (SD)	Mean Difference	t-value	p-value	Cohen's d
Physical Disability	189	51.23 (7.65)	67.45 (6.89)	16.22	22.18***	<0.001	2.25
Hearing Impairmen	112	50.87 (8.12)	66.12 (7.23)	15.25	15.87***	<0.001	1.98
Visual Impairment	73	49.34 (7.98)	64.89 (6.77)	15.55	13.45***	<0.001	2.09
F-value (ANOVA)					0.87	0.419	

This conclusion is quite important: the productive zakat intervention led to fair improvements in all three types of disabilities, with no statistically significant differences in the amount of change (F=0.87, p=0.419). Participants with physical disabilities, hearing impairments, and visual impairments exhibited substantial and comparable effect sizes (d=2.25, 1.98, and 2.09, respectively), indicating that the program's adaptable, personalised framework effectively addressed a range of functional limitations and accessibility requirements.

This parity in outcomes contests prevalent beliefs that specific handicap categories are intrinsically less receptive to economic empowerment initiatives. The comparable improvements indicate that when vocational training is suitably aligned with individual capabilities and when sufficient accommodations are provided (e.g.,

sign language interpreters, assistive technology, accessible workspaces), the type of disability becomes less influential on success than the quality of program design and participant motivation. The nearly equal improvements among participants with hearing impairments (M difference=15.25) and visual impairments (M difference=15.55) compared to those with physical disabilities (M difference=16.22) demonstrate that sensory disabilities do not present insurmountable obstacles to entrepreneurship and self-sufficiency when adequate support systems are established.

The pretest scores for different types of disabilities were also quite similar (from M=49.34 to M=51.23), indicating that people with diverse types of disabilities had similar levels of quality-of-life problems before the intervention. This baseline consistency bolsters the assertion that the intervention, rather than varying initial conditions, precipitated the observed enhancements. The somewhat lower baseline for individuals with visual impairments (M=49.34) may reflect the unique mobility and information-access issues this group encounters; yet their robust response to the intervention (d=2.09) illustrates that focused support can effectively alleviate these obstacles.

The Transformative Effect of Productive Zakat on Multidimensional Quality of Life

The results of this study offer robust empirical evidence that productive zakat interventions can act as significant catalysts for enhancing the quality of life for individuals with disabilities, tackling economic deprivation as well as psychological, social, and environmental aspects of well-being. The total enhancement in quality of life by 15.93 points (Cohen's d=2.17) identified in this study far surpasses the effect sizes generally documented in economic empowerment interventions for marginalised groups.

A meta-analysis by Nakkeeran & Nakkeeran (2018) of 75 impact evaluations of entrepreneurial programs in developing countries revealed average effect sizes between 0.10 and 0.35 for income outcomes and between 0.05 and 0.20 for well-being indicators. The significantly greater impact identified in this study indicates that the incorporation of Islamic principles, spiritual mentoring, and comprehensive support systems inside the zakat framework may yield synergistic advantages that beyond those of exclusively secular microfinance or skills training initiatives. This finding corroborates Imrie (2004) assertion that zakat-based poverty alleviation programs offer distinct advantages over traditional welfare systems by integrating material support with spiritual transformation, dignity restoration, and community solidarityfactors that are particularly significant for individuals with disabilities who frequently face both economic exclusion and social stigmatisation, as well as psychological marginalisation.

The diverse enhancements noted across all four WHOQOL-BREF domains corroborate Thomas (2010) capability approach, which defines development not solely as an increase in income but as the augmentation of substantive freedoms and

capabilities that empower individuals to lead lives they find meaningful. In this context, disability signifies a "conversion handicap" that diminishes persons' capacity to transform resources into valued functions and accomplishments (Mann, 2005). The productive zakat intervention tackled this conversion handicap via various avenues: vocational training improved human capital and work skills; business capital supplied material resources; accessibility accommodations mitigated environmental obstacles; spiritual education cultivated psychological resilience and self-efficacy; and continuous mentoring offered social capital and direction.

This all-encompassing strategy embodies what Straub & Cutolo (2018) refer to as "social enterprise orientation," wherein economic endeavours are intentionally structured to yield both financial gains and social benefits, especially for marginalised populations. The intervention's efficacy in generating substantial effect sizes across various quality of life domains substantiates the theoretical assertion that poverty alleviation for individuals with disabilities necessitates integrated, multi-sectoral interventions rather than limited, single-domain initiatives (Lehrer et al., 2024).

Economic Empowerment as a Means to Psychological Well-Being

The significant enhancement in psychological wellbeing (Δ=17.36 points, d=1.97) documented in this study underscores the deep psychological effects of economic empowerment for those with disabilities. This finding aligns with (Shao et al., 2021) latent deprivation theory, which asserts that employment and productive economic engagement yield not only explicit advantages (income) but also implicit psychological benefits such as time structure, social interaction, collective purpose, status and identity, and consistent activity. For individuals with disabilities who have traditionally been marginalised from formal labour markets and dependent on charity or familial assistance, the shift to entrepreneurship and economic self-sufficiency signifies a profound transformation of identity from "disabled recipient" to "productive citizen" and "business owner." This transformation of identity has significant consequences on self-esteem, self-efficacy, and psychological empowerment, as extensively recorded in disability studies literature (Ansari et al., 2003; Schulz & Northridge, 2004).

The combination of Islamic entrepreneurial mentoring and spiritual education in the intervention probably made these psychological effects even stronger by using meaning-making frameworks that fit with the culture. Islamic beliefs stress that work and economic struggle are kinds of devotion (ibadah) and that every person, regardless of their physical ability, has inherent dignity and significance in God's creation (Braveman & Gottlieb, 2014). For participants who may have internalised societal stigma and viewed their disabilities as divine punishment or personal inadequacy, reframing entrepreneurship as a spiritual practice and economic contribution as a religious duty may have offered compelling counter-narratives that reinstated dignity and purpose (Hamdani et al., 2020).

Biju & Tantia (2024) corroborate this view, revealing a positive correlation between Islamic religion and entrepreneurial intention, mediated by self-efficacy and risk-taking tendency. The focus on gratitude (syukur), reliance on divine providence (tawakal), and adherence to ethical business standards (halal practices) may have equipped participants with cognitive frameworks to navigate the inherent uncertainties and obstacles of entrepreneurship while sustaining psychological resilience.The 121.6% increase in income and 52.9% decrease in debt show that the reduction in financial stress and economic vulnerability directly addresses what financial strain theory says is a major risk factor for psychological distress, depression, and anxiety (O'Neill et al., 2021; Viseu et al., 2018; Zhang et al., 2020). The persistent stress associated with poverty, food insecurity, and debt stimulates physiological stress responses that hinder executive function, exhaust cognitive resources, and elevate susceptibility to mental health issues (Aldwin & Revenson, 1986; Chishty, 2025). By relieving these economic pressures, the productive zakat intervention probably lowered the allostatic load and freed up cognitive and emotional resources for positive functioning, social interaction, and goal setting. This economic stress reduction method may elucidate the sustained psychological health gains observed three months post-intervention, indicating that the benefits transcended mere transient mood enhancement to encompass more profound alterations in life circumstances and psychological resilience.

The Relationship Between Physical Health and Economic Conditions

The substantial enhancement in physical health (Δ=16.57 points, d=2.03), despite the intervention not explicitly offering medical treatment or rehabilitation services, illustrates the potent indirect mechanisms via which economic empowerment affects health outcomes. This finding is consistent with the social determinants of health concept, which posits that health is predominantly influenced by social, economic, and environmental factors rather than solely by healthcare access (Kader, 2021; M. H. Morton & Montgomery, 2013; M. Morton & Montgomery, 2011). The substantial rise in household food security from 50.5% to 91.2% exemplifies the most direct connection between economic enhancement and physical health, as sufficient nutrition establishes the biological basis for immune function, tissue repair, energy metabolism, and overall physiological performance (J. A. Aitken et al., 2024).The enhancements in physical health, apart from nutrition, probably stem from other converging factors. First, the decrease in financial stress and debt burden may have mitigated psychosomatic symptoms frequently linked to persistent poverty, such as headaches, weariness, muscle tension, gastrointestinal issues, and sleep disruptions (Fisher et al., 2013).

The literature on psychoneuroimmunology shows that long-term psychological stress lowers the immune system's ability to fight off infections, increases inflammation throughout the body, and accelerates biological ageing. These effects go away when stressors are eliminated (Glaveli & Georgmas, 2018). Second, higher

incomes enabled participants to purchase better hygiene products, live in safer housing, receive preventive health care, and use assistive technologies. All of these things lower the risk of disease and make people more functioning (Hvinden & Halvorsen, 2018). Third, the frequent physical activity necessary for business operations (e.g., craft production, market vending, customer service) may have offered health-promoting exercise that was previously lacking in participants' sedentary, economically inactive lifestyles.It is especially remarkable that individuals with disabilities exhibited significant enhancements in physical health, considering that disabilities frequently encompass chronic health issues typically deemed unresponsive to non-medical therapies. This finding contests deficit-focused medical paradigms that characterise disability as an intrinsic bodily dysfunction necessitating specialised intervention, and instead endorses social frameworks that acknowledge how environmental obstacles, economic marginalisation, and social oppression contribute significantly to the health disparities faced by individuals with disabilities (Islam, 2025; Sobandi & Rakhmawati, 2024).

The findings indicate that for individuals with persistent disabilities, economic empowerment can significantly enhance self-assessed health and functional well-being by mitigating the social and material factors that exacerbate disability-related restrictions. This view aligns with the findings of Wolpe (2016), who identified that a significant portion of the health gap between individuals with and without disabilities is due to poverty, prejudice, and environmental obstacles, rather than the disabilities themselves.

Economic Participation as a Means of Social Reintegration

The enhancement in social relationships (Δ=14.33 points, d=1.45), although the smallest effect size among life domains, signifies a significant transformation in social integration and relationship quality for participants. Social exclusion is one of the most harmful and long-lasting disadvantages that people with disabilities face. It often continues even after their financial situation becomes better (Sepúlveda Carmona, 2017; Billah et al., 2025). The recognition that economic empowerment yields substantial social benefits corroborates the concept of the "embeddedness" of economic action within social relations, indicating that economic activities inherently entail social interactions, network formation, and identity performance that transcend mere material transactions.

For people who moved from not working or doing informal subsistence work to owning a business, the rise in social status likely gave them new chances to be involved in social activities and build relationships that benefit both parties. Entrepreneurship necessitates social interactionnegotiating with suppliers, marketing to customers, collaborating with fellow entrepreneurs, and engaging in market associationsall of which foster social connections that mitigate isolation and marginalisation (Ibrahim & Ismail, 2018; Maulana et al., 2021). Furthermore, the transition from reliance on charity to productive contribution likely altered

participants' relationships with family, neighbours, and community members, evolving from asymmetrical dynamics marked by pity or obligation to more equitable relationships defined by respect and reciprocity (Barrett, 2015). This change in status is especially important in collectivist cultures like Indonesia, where the extent to which you believe you contribute to the well-being of your family and community has a significant impact on your social identity and self-worth (Maiter et al., 2008).

Nonetheless, the comparatively diminished benefit size for social interactions in respect to other domains indicates that deeply rooted social stigma and attitudinal barriers concerning disability may necessitate supplementary tailored interventions beyond mere economic empowerment. Griffin-EL & Olabisi (2018) and Kummitha (2017) have shown that many Muslim-majority societies have widespread negative views of people with disabilities. This is because they misunderstand Islamic teachings, believe that disabilities are caused by sin or divine punishment, and don't see people with disabilities in important social roles. Although economic success can somewhat mitigate these attitudes by showcasing competence and contribution, thorough social inclusion probably necessitates additional measures such as disability awareness initiatives, inclusive educational policies, enhancements in public space accessibility, and legal safeguards against discrimination (Borio, 2006).

CONCLUSION

This study effectively illustrates that productive zakat interventions serve as a transformative approach to improving the multidimensional quality of life for individuals with disabilities in Sungai Penuh City. The three-month empowerment program, which included skills training, financial help for businesses, social support, spiritual instruction, and ongoing monitoring, led to big gains in all areas of quality of life that were measured. Participants had significant increases in physical health, psychological well-being, social interactions, and environmental conditions, with effect sizes ranging from 1.45 to 2.17. These changes are deep and important, and they go far beyond little gains.

The research findings indicate that economic empowerment via effective zakat distribution not only alleviates material deprivation but also initiates profound changes in the self-perception, community engagement, and daily navigation of individuals with disabilities. The substantial rise in household income, along with substantial decreases in debt burden and enhancements in food security, generated ripple effects that improved participants' physical health through better nutrition and decreased stress, bolstered their psychological resilience through restored dignity and self-efficacy, aided social reintegration by transforming their status from charity recipients to productive entrepreneurs, and broadened their environmental opportunities through enhanced access to resources and services.

Notwithstanding these promising findings, this study carries important limitations that must be acknowledged. The absence of a control group, the small intervention sample size (n=35), the single-city geographic scope, and the three-

month observation period each constrain the external validity and causal certainty of the conclusions. Future research should address these limitations by employing larger, multi-site samples, longer follow-up periods, and mixed-methods designs that incorporate qualitative exploration of participants' spiritual experiences and subjective change narratives. Additionally, integrating spirituality-specific measurement instruments would more comprehensively capture the full spectrum of well-being outcomes associated with Islamic social finance interventions.

LIMITATIONS

This study acknowledges several methodological limitations that warrant careful consideration when interpreting the findings. First, the quasi-experimental design without a control group constitutes the most significant methodological constraint. Although the absence of a control group was justified on ethical and practical groundsgiven the limited number of eligible mustahik with disabilities and the Islamic obligation to distribute zakat equitablyit nonetheless limits the capacity to attribute observed improvements exclusively to the productive zakat intervention. External factors concurrent with the intervention period, such as broader economic improvements or seasonal fluctuations, may have contributed to the outcomes. Future research should explore alternative quasi-experimental designs, such as propensity score matching or difference-in-differences approaches, to strengthen causal inferences without compromising zakat distribution obligations.

Second, the relatively small intervention sample (n=35), though yielding large effect sizes, constrains the generalizability and statistical power of the findings. The substantial disparity between the registered population (N=374) and the final sample (n=35) reflects the stringent inclusion criteria applied to identify participants with the highest potential for productive economic engagement; however, this necessarily narrows the representativeness of the sample. Future studies should seek to expand the sample size through collaboration with multiple zakat institutions across broader geographic areas.

Third, the use of purposive sampling may have introduced selection bias. Participants who were willing and able to commit to the three-month intensive program may have already possessed higher baseline levels of motivation, social support, or economic agency than the broader population of individuals with disabilities receiving zakat. This potential pre-existing advantage may have amplified the measured effects. Researchers are encouraged to conduct sensitivity analyses or compare baseline characteristics between participants and non-participants to assess the magnitude of this bias.

Fourth, the intervention was conducted in a single city (Sungai Penuh City, Jambi Province), which limits the transferability of findings to other geographic or socioeconomic contexts, including different regions of Indonesia or other developing countries with distinct disability demographics, zakat institutional capacities, and

cultural environments. Replication studies in diverse settings are strongly recommended.

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