

DOI: <https://doi.org/10.34118/ajsssr.v6i2.2825>

AN ASSESSMENT OF HEALTH INSURANCE SYSTEM IN YOBE STATE FROM ISLAMIC PERSPECTIVE: A CASE STUDY OF YSCHMA

Garba Rabiū^{(1)✉}. Abba Idriss Adam PhD⁽²⁾

⁽¹⁾Yobe State University (Nigeria). bbhbzmg@gmail.com

⁽²⁾ Yobe State University (Nigeria), abbaidrisadam@yahoo.com

Received: 20/10/2022 Accepted: 25/11/2022 Published: 31/12/2022

Abstract:

The objective of this article is to analyze and assess the Yobe State Contributory Health Care Management Agency (YSCHMA) from Islamic perspective to ascertain its compatibility or incompatibility with the approved Islamic insurance or *Takaful*. The study is based on both secondary and secondary data on Takaful, health insurance scheme and the YSCHMA. YSCHMA was introduced in the year 2020 by the Yobe State Government as all-inclusive health care insurance. The aim of the agency is to fast-track the achievement of Universal Health Coverage through effective pooling of resources and strategic purchasing of qualitative and affordable healthcare services. The finding of the study indicates that a clear Islamic view point on this insurance agency is necessary to avoid indulging in prohibited transactions. In modern-day conventional insurance, the insurance vendor (the insurance company) sells policies and invests the proceeds for the profit of its shareholders, who are not necessarily policyholders. There is, therefore, a clear disjunction between policyholders and shareholders. Payouts to policyholders may vary depending on financial performance, but a minimum positive return is always contractually guaranteed. This seems to be

✉ Corresponding author: Garba Rabiū, bbhbzmg@gmail.com



weighing risk and burden of uncertainty upon some parties, while Sharia considers any transaction as a humane. It should relieve parties from the burden of uncertainty and do away with perpetual win-lose affairs. The paper evaluates and examines the compatibility of YSCHMA with Takaful. The paper assesses the risk and uncertainties revolving around its shadow, its functions, types of Takaful and concluded by poring over the similarities and differences between the YSCHMA and Takaful. The paper found out that YSCHMA can fall into family Takaful if some minor amendments can be made. The paper adopts qualitative method in obtaining and analyzing the data.

Keywords: Health insurance; Islamic perspective; Takaful; Yobe State; YSCHMA.

1.0 Introduction

One of the challenges facing the whole of Africa and Nigeria in particular, is in the area of health insurance system. According to the World Health Organization WHO (2010), Nigeria is among the five countries that contribute 50% to the annual global mortality among infants and children below five years of age, as a result of several curable diseases like Malaria, measles, diarrhea, malnutrition and inadequate immunization. In order to tackle these diseases, the federal government of Nigeria has made medical service accessible, available and affordable to the masses by establishing National Health Insurance Agency (NHIS) under the law of CRA 2005 Decree 35 of 1999, with the aim of imposing out of pocket payment for improving healthcare services.

Likewise, Yobe State decided to introduce its peculiar system of health insurance known as Yobe State Contributory Healthcare Management Agency (YSCHMA) through the Department of Standard and Quality Assurance, which deals with enrollees' demand and all kinds of complaints related to civil service

sector. According to the law establishing the agency, YSCHMA (2020) is an institutional framework for improving advanced healthcare financing through contributions, premiums or taxes paid into a common pool to make accessibility to healthcare services easier by all residents of Yobe State. Its mission is to fast-track the achievement of Universal Health Coverage through effective pooling of resources and strategic purchasing of qualitative and affordable healthcare services to reduce out of pocket expenditure, increase efficiency, equity and effectiveness in health care delivery.

Hence, being a Muslim dominated state with over 90% of the total population, a clear Islamic view point on this insurance agency becomes necessary to avoid indulging in prohibited transactions. In modern-day conventional insurance, the insurance vendor (the insurance company) sells policies and invests the proceeds for the profit of its shareholders, who are not necessarily policyholders. There is therefore a clear disjunction between policyholders and shareholders. Payouts to policyholders may vary depending on financial performance, but a minimum positive return is always contractually guaranteed.

From the above background, this article is set to analyze and assess the Yobe State Contributory Health Care Management Agency (YSCHMA) from Islamic perspective to ascertain its compatibility or incompatibility with the approved Islamic insurance or *Takaful*.



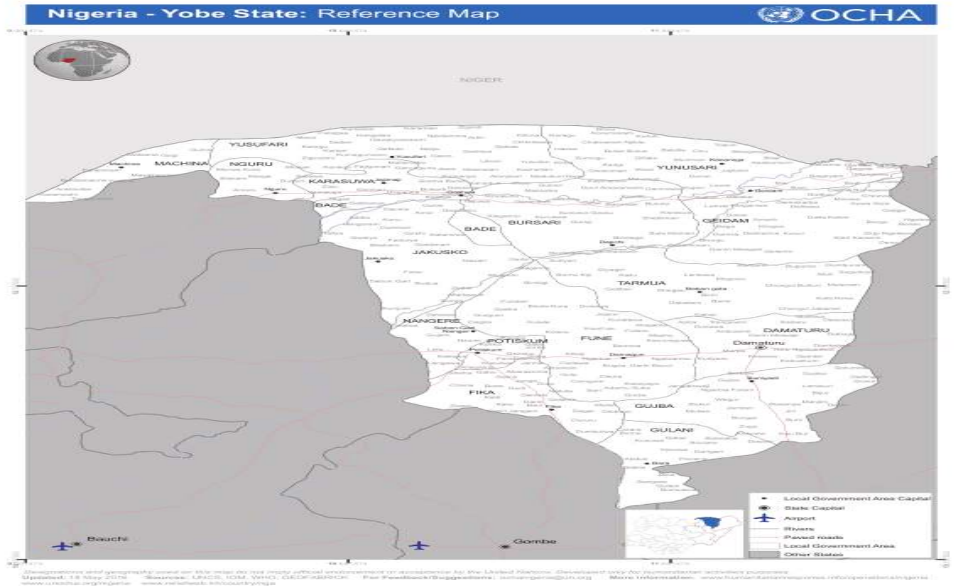
1.1 A Brief Background of Yobe State

Yobe State is located in the North-eastern Nigeria, as one of the six states that constitute the geo-political zone. Historically, it was within Kanem Borno Empire and it was later carved out from Borno State on August 27, 1991 by the then regime of General Ibrahim Babangida. Yobe State has 17 Local Government Areas: Bade, Bursari, Damaturu, Fika, Fune, Geidam, Gujba, Gulani, Jakusko, Karasuwa, Karawa, Machina, Nangere, Nguru, Potiskum, Tarmua, Yunusari, and Yusufari LGAs. Damaturu is the State Capital.

Situated in the North Eastern flank of Nigeria, Yobe State occupies 45,502 square kilometers. Yobe State shares borders with Borno State to the east, Gombe State to the south, Bauchi and Jigawa States to the East and Niger Republic to the north (Nigeria Galleria, 2017).

Figure 1: The Map of Yobe State

**AN ASSESSMENT OF HEALTH INSURANCE SYSTEM IN YOBE
STATE FROM ISLAMIC PERSPECTIVE:
A CASE STUDY OF YSCHMA**



Source: OCHA (2020). Map of Yobe 612861-ocha_yobe_state_reference_map_18052016.

The state is dominated by the Kanuri ethnic group, and is an example of the endurance of traditional political institutions in some areas of Africa. There, the emirs of the former Kanem-Bornu Empire have played a part in the politics of this area for nearly 1000 years. Currently, the political system has been transformed as a legacy of colonialism, characterized by constitutional democracy. Like the other 35 State Governments within the Federation, it is headed by a Governor. The incumbent Governor is Mai Mala Buni. There is Ministry for Health which has many departments dealing with many issues related to health, including health insurance agency. However, there are



some INGOs and NGOs that partner with the Government to intervene in this latter area within the State.

Yobe State is endowed with diverse economic potentials. Potash which is a basic raw material for soap production is found in commercial quantity in the northern parts of the state. Gum Arabic of high grade is also available especially in Bursari, Tarmuwa and Damaturu Local Government Areas of the state. Equally, produced in commercial quantities are cotton, Groundnuts, and Beans. In the chemical and mineral sector, Gypsum is found in commercial quantity in Fika, Gujba and Fune Local Government areas, Diatomite and Limestone also in Gujba while the presence of substantial deposit of Kaolin, and Quartz have been confirmed in the other parts of the state. The state is also one of the largest suppliers of livestock (Yobe State Government, 2018).

As a dominantly Muslim State, facing violent religious extremism and high rate of poverty (Partnership for Reviving Routine Immunization in Northern Nigeria – Maternal Newborn and Child Health Initiative, PRRINN-MNCH, 2013) and security challenges, Yobe also has some religious barriers to adoption of conventional health insurance agencies. Yet, proper care can save lives and promote resilience in insecurity ravaged places like that Yobe. Addressing health issues through proper health agency can protect the health of women and their children.

2.0 Yobe State Contributory Healthcare Management Agency (YSCHMA)

Yobe State as part of its health development policies has implemented version of the health insurance agency known as Yobe State Contributory Health Care Management Agency

(YSCHMA) on 31st December 2019 with the sole responsibility of managing the Yobe State Contributory Healthcare Agency. Yobe State Contributory Healthcare Management Agency (YSCHMA) was established by Yobe State Law No. 7 of 2019 to implement the Yobe State Contributory Health Care Agency. The Agency is an institutional framework for improving advance healthcare financing through contributions, premiums or taxes paid into a common pool to make accessibility to healthcare services easier by all residents of Yobe State. The Agency has six (6) departments: Programmes; Planning Research and Statistics; Standard and Quality Assurance; Information and Communication Technology; Finance and Accounts; and Administration and General Services departments.

The agency operates through Department of Standard and Quality Assurance, which deals with enrollees demands and all kinds of complains. In the light of the foregoing, government all over the world consciously attempt through policy formulation and implementation to bring health care services closer to the people in the state across economic divides and different social strata (Eboh, Akpata&Akintoye, 2016). The mission of the YSCHMA is to fast-track the achievement of Universal Health Coverage through effective pooling of resources and strategic purchasing of qualitative and affordable healthcare services to reduce out of pocket expenditure, increase efficiency, equity and effectiveness in health care delivery. The objectives of the agencies are to: ensure that all residents of Yobe State have access to effective, efficient, qualitative and affordable Healthcare services; protect families from the financial hard ship of huge medical bills; limit inflationary rise in the cost of Health services; and ensure equitable distribution of Healthcare cost



across different income groups. The agency shall also maintain High standard of healthcare delivery services within the Health sector; ensure efficiency in Healthcare service delivery; approve and harness private sector participation in the provision healthcare services; ensure adequate improvements of health facilities within the State; ensure appropriate referrals at all levels of the healthcare delivery system; and ensure the availability of alternative sources of funding to the healthcare sector for improved services

2.2 Functions of the Agency

The functions of the agency are to:

- a) Ensure the effective implementation of the policies and procedures of the agency;
- b) Issue appropriate regulations and guidelines as approved by the Board, to maintain the viability of the Agency;
- c) Manage the Healthcare Agency in accordance with the provision of the law;
- d) Carry out public awareness and education on the establishment and management of the Agency;
- e) Promote the development of mutual Health Associations for wider participation in the Agency;
- f) Determine after due consideration, provider payment Mechanisms in line with similar Agencies;
- g) Advice the relevant bodies on inter-relationship of the Agency with other social security services; and
- h) Coordinate research and statistics

- i) Establish quality assurance systems for service delivery under the agency;
- j) Exchange information and data with the National Health Insurance Agency, State Health Management Information System, relevant health/financial institutions, development partners, NGOs and other
- k) relevant bodies;
- l) Ensure manpower development in the Agency;
- m) Carry out such other activities as are necessary or expedient for the purpose of achieving the objective of the Agency under this law;
- n) Ensure the maintenance of a State Data Bank on all Agency matters;
- o) Define the benefit packages to be provided under the Health Programme;
- p) Determine the percentage of the premium from health plan that shall be payable as cross subsidy to the fund for the purpose of financing the Health Equity programme for the poor and the vulnerable;
- q) Engage the various Ministries and the levels of Government, stakeholders on procedures of the health Agency.

In a nutshell, YSCHMA is a version of the health insurance agency at state level, established by the Yobe State to represent an institutional framework for improving advance healthcare financing through contributions, premiums or taxes paid into a common pool to make accessibility to healthcare services easier



by all residents of Yobe State. It functions by managing the healthcare agency in accordance with the provision of the law and carry out public awareness and education on the establishment and management of the Agency.

3.0 Islamic Insurance

Islamic insurance is commonly referred to as “*Takaful*”. This is due to the apparent similarity between the contract of *Kafalah* (guarantee) and that of insurance. The word *Takāful* is an infinitive noun (masdar) which is derived from the root verb *kafala* which, in general terms, means joint guarantees (Adepoju, 2013). Thus, *Takaful* could be used to refer to “shared responsibility”, “shared guarantee”, “collective assurance”, “mutual undertakings” etc. It is an understanding among a group of people (called participants) who agree to reciprocally guarantee each other financially, should any event (as specified in the contract) occur (Adepoju, 2013). According to Sharifuddin *et al.* (2016), *Takaful* is an Islamic substitute to conventional insurance based on the theory of trusteeship, brotherhood and cooperation encouraged by the beliefs of Islam.

Islamic insurance or *Takaful* is founded on the cooperative principle and on the principle of separation between the funds and operations of shareholders, thus passing the ownership of the *Takaful* fund and operations to the policyholders. Muslim jurists conclude that insurance in Islam should be based on principles of mutuality and co-operation, encompassing the elements of shared responsibility, joint indemnity, common interest and solidarity. In *Takaful*, the policyholders are joint investors with the insurance vendor (the *takaful* operator), who acts as a *Mudarib*, a manager or an entrepreneurial agent for the

policyholders. The policyholders share in the investment pool's profits as well as its losses. A positive return on policies is not legally guaranteed, as any fixed profit guarantee would be akin to receiving interest and offend the prohibition against *Riba*. Muslim jurists assert that *Takaful* or Islamic insurance complies with the Shari'ah and has been approved by Muslim scholars. There is now general, health and family (life) *Takaful* plans available for the Muslim communities.

Takaful propagates on the mechanism for mutual protection on the occurrence of a misfortunate that requires financial support. It is also referred as Islamic insurance by providing the relevant products and services that comply with Islamic finance precepts (Cheikh, 2013). The majority of Muslims across the world is practicing *Takaful* as their own way of sharing financial losses to assist each other (Sharifuddin *et al.* 2016). Based on the foregoing, there are some principles of *Takaful* insurance.

3.1 Types of Takaful:

Basically, there are two types of *Takaful*: family *Takaful* and General *Takaful*. To ease understanding, Muhamat *et al.* (2017) equated family *takaful* with life insurance, while general *takaful* is akin to general insurance; albeit consideration for the differences occurs between the *takaful* and conventional insurance. However, *Takaful* complies with the Shari'ah (*which outlines the principles of compensation and shared responsibilities among the community*) and has been approved by Muslim scholars. There is now general, health and family (life) *Takaful* plans available for the Muslim communities (Cheikh, 2013).



3.1.1: Family Takaful Plan:

Family Takaful is an arrangement which rests on key Shariah principles of mutual cooperation, solidarity and wellbeing of a community (Jubilee, 2017). Family Takaful deals with many aspects of lives of the people, particularly, family business, such as education, marriage, Hajj & Umrah, saving plans, and life insurance amongst others. African Alliance introduced *Takāful* products to the Nigeria financial market in 2003. Their products include Family *Takāful* plan, Hajj plan, Pilgrimage plan, Education plan, Investment plan, Credit protection plan, Pension plan and Mortgage plan. Nigeria Insurance introduced *Takāful* product into the market in 2005. Their products cover *Sallah* plan, Hajj plan, Education plan, Retirement plan and marriage plan (Adepoju, 2013).

A *family takaful plan* is a long-term savings and investment programme with a fixed maturity period. Apart from enjoying investment profit, the plan provides mutual financial assistance among its participants. The family *takaful* plan is a financial programme that pools efforts to help the needy in times of need due to untimely death and other mishaps resulting in personal injury or disablement (Cheikh, 2013). According to Cheikh (2013), the takaful plans designed by the *takaful* company would enable participants to participate in a *takaful* scheme with the following aims:

- a) To save regularly;
- b) To invest with a view of earning profits which are Sharia compliant; and

c) To avail of cover in the form of payment of *takaful* benefits to heir(s) should a participant die before the maturity date of his *takaful* plan.

1.1.2: General Takaful Plan:

As stated earlier, General *Takaful* offers protection or coverage against risks of a general nature for companies or individuals, i.e. *Takaful* contributors (Muhamatet al. 2017). According to Adepoju (2013), General *Takāful* deals with some products in business areas like property, engineering, accident, fire and allied perils, worker compensation, marine cargo, engineering insurance, miscellaneous transport motor insurance, and so on (Adepoju, 2013; Muhamatet al. 2017). The fact that general insurers in the country received three times more complaints higher than the family insurers signifies the tardiness of the insurers in managing claims as well as it indicates higher rate of claims cases for this business. It is important to emphasise that, for *Takaful* operator, the investment returns from the general *Takaful* business are used to smoothen the *Takaful* premium (contribution) cost since general *Takaful* mostly comprised short-term contractual policies. Thus, too many claims cases will impact the *Takaful* operator's financial position (Muhamatet al. 2017).

4.0 Similarities and Differences between Islamic Takaful and the Operation YSCHMA

Takaful is founded on the cooperative principle and on the principle of separation between the funds and operations of shareholders, thus passing the ownership of the *Takaful* (*Insurance*) fund and operations to the policyholders. *Takaful* is



the Islamic alternative to conventional insurance which is based on the idea of social solidarity, cooperation and joint indemnification of losses of the members. It is an agreement among a group of persons who agree to jointly indemnify the loss or damage that may inflict upon any of them out of the fund they donate collectively (Ahmed *et al.* 2017). Muslim jurists conclude that insurance in Islam should be based on principles of mutuality and co-operation, encompassing the elements of shared responsibility, joint indemnity, common interest and solidarity. In *Takaful*, the policyholders are joint investors with the insurance vendor (*the takaful operator*), who acts as a *mudarib* – a manager or an entrepreneurial agent for the policyholders (Cheikh, 2013).

The policyholders share in the investment pool's profits as well as its losses. A positive return on policies is not legally guaranteed, as any fixed profit guarantee would be akin to receiving interest and offend the prohibition against *riba*. For some time conventional insurance was considered to be incompatible with the Shari'ah that prohibit excessive uncertainty in dealings and investment in interest-bearing assets; both are inherent factors in conventional insurance business (Cheikh, 2013). Barakah & Al-Saleh (2011) provide some of the principles of *Takaful* as follows:

- Every policyholder pays his premiums to a common *Takaful* fund
- Losses are shared and liabilities spread among participants as any participant suffering illness would receive a certain sum of money or financial benefit from *Takaful* fund as defined in the insurance pact.

- All transactions and commercial activity of *Takaful* must be in accordance with the Islamic principles and in compliance with the Shariah (Islamic Laws).
- Uncertainty is minimized in respect of subscription and compensation by implementing the concept of *Tabarru* (denotation). Thus each participant shall agree to give certain portion of his *Takaful* installments as “a donation”.
- An insurance company is established as manager of the *Takaful* Operations and is allowed to charge a management fee for *Takaful* transactions.
- The *Takaful* Fund, consisting of the premiums paid as donations, is further invested by the Company in compliance with the Shariah law with no element of interest (Riba) involved. The investment profit will be shared on agreed ratio. This surplus is normally distributed on expiry of each insured’s insurance policy.
- If the participants premiums and investment are insufficient to meet these adjustments, those affected insured could be assessed for additional contributions.

The insurance industry safeguards the assets of its policyholders by transferring risk from an individual or business to an insurance company. Insurance companies act as financial intermediaries in that they invest the premiums they collect for providing this service. Insurance company size is usually measured by net premiums written, that is, premium revenues less amounts paid for reinsurance. There are three main insurance sectors: property/casualty, life/health and health



insurance. Property/casualty (P/C) consists mainly of auto, home and commercial insurance. Life/health (L/H) consists mainly of life insurance and annuity products. Health insurance is offered by private health insurance companies and some L/H and P/C insurers, as well as by government programs such as Medicare (Insurance Information Institute, 2010).

All types of insurance are regulated by the states, with each state having its own set of statutes and rules. State insurance departments oversee insurer solvency, market conduct and, to a greater or lesser degree, review and rule on requests for rate increases for coverage (Insurance Information Institute, 2010), while *Takaful* is based on the provision of Islamic Shariah, which is universal. Barakah & Al-Saleh (2011) mentioned that the principles of *Takaful* and conventional insurance reflect the basic differences between *Takaful* and conventional insurance. Ahmed *et al.* (2017) mentioned that, avoidance of these elements is essential in an insurance system acceptable by the *Shariah*, and this is where *Takaful* differs when compared with conventional insurance. The presence of *Tabarru* makes the business of *Takaful* devoid of *Gharar* and gambling tendencies. At the outset, *Takaful* is a type of co-operative insurance based on profit sharing and interest-free investment.

4.1 The Type of *Takaful* into which YSCHMA Fall

YSCHMA is more appropriate to fall into family *Takaful*. This is because ordinary family has two aspects, both of which have health programme under it, i.e. Individual family *Takaful* (individuals) and Group family *Takaful* (employers, clubs, associations and societies):

4.1.1 Individual family *Takaful* (individuals) – The plans include education, mortgage, health and riders. You will receive financial benefits arising from death or permanent disability, as well as long-term savings (investment), and investment profits that are distributed upon claim, maturity or early surrender.

4.1.2 Group family *Takaful* (employers, clubs, associations and societies) – The plans include group education, group medical, health and riders. A minimum number of participants are required to qualify under these plans. You will receive protection in the form of financial benefits arising from death or permanent disability.

General *Takaful*, on the other hand offers protection or coverage against risks of a general nature for companies or individuals, but it does not mention health. The conventional insurance (YSCHMA inclusive) is not consistent with the religion of Islam from the *Shariah* point of view. The incompatibility of the YSCHMA from *Takaful* had been discussed by Ahmed *et al.* (2017) as follows:

- 1) Firstly, the contract between the insurer (e.g. insurance company) and the insured (e.g. policyholder) contains some degree of avoidable uncertainty. This is termed as *Gharar*.
- 2) Secondly, the insurance contract per se is *Riba* since the investment made by the insurance companies involves the element of *Riba*.
- 3) Thirdly, the excessive element of *Gharar* can lead to the issue of *Maysir* or gambling. Consequently, majority of

the juristic scholars came to an agreement that the practice of the conventional insurance is not in line with Islamic business philosophies and thus it is not allowed by the religion of Islam (Ahmed *et al.* 2017).

The main purpose of *Takaful* under the Islamic system is to bring equity to all parties involved, and the objective of the contract is to help the policy holder through bad times. Profit earning is not the main goal, while sharing any profits generated incidentally is acceptable. Allah said to the effect:

O you who believe! Obey Allah (S.W.T.) and obey the Prophet (S.A.W.) and those charged with authority among you. If you differ in anything among yourselves, refer it to Allah and His Messenger, If you do believe in Allah and the Last Day: That is best, and most suitable for final determination.(al-Qur'an, 4:59).

For instance an insurance policy embodies the concept of *Tawakkul* whereby one should strive hard in overcoming one's unexpected future risk or Peril before leaving one's fate and destiny in the hands of Allah (S.W.T.). Such a concept has been justified in one of the traditions of the Holy Prophet (S.A.W.), which reads:

.... Narrated by Anas bin Malik RA, the Holy Prophet (S.A.W.) told a Bedwin Arab who left his camel untied trusting to the will of Allah (S.W.T.): Tie the camel first and then leave it to Allah (S.W.T.)....(SunanAtTarmizi, Vol. 4, in Kitab-ulSifatulQiyamahwaar-Rakaik al-Wara, No. 2517).

Moreover, an insurance policy aims at protecting the insured from future material constraints upon the occurrence of a particular unexpected future risk. Such idea of protection for those who are in need is justified by the following Tradition of the Holy Prophet (S.A.W.):

Narrated by Abu Huraira RA the Holy Prophet (S.A.W.) said: whosoever removes a worldly hardship from a believer, Allah (s.w.t.) will remove from him one of the hardships of the Day of Judgment. Whosoever alleviates from one, Allah (S.W.T.) will alleviate his lot in this world and the next....(Sahih Muslim, Kitab al-Birr, No. Hadith 59).

5.0 Conclusion

The article analyzed and assessed Yobe State Contributory Health Care Management Agency (YSCHMA) from Islamic perspective to ascertain its compatibility or incompatibility with the approved Islamic insurance or *Takaful*. *Takaful* is founded on the cooperative principle and on the principle of separation between the funds and operations of shareholders, thus passing the ownership of the *Takaful (Insurance)* fund and operations to the policyholders. *Takaful* is the Islamic alternative to conventional insurance which is based on the idea of social solidarity, cooperation and joint indemnification of losses of the members.

In conclusion, the essence of *Takaful* is to resolve the exploitation of man by man in financial transactions. Conventional insurance seems to be weighing risk and burden of uncertainty upon some parties, while Sharia considers any



transaction as a humane. It should relieve parties from the burden of uncertainty and do away with perpetual win-lose affairs. Lastly, YSCHMA is more appropriate to fall into family *Takaful* but there is the need for some amendments in the YSCHMA to be a full pledged *Takaful*. This is because ordinary family has two aspects, both of which have health programme under it, i.e. Individual family *Takaful* (individuals) and Group family *Takaful* (employers, clubs, associations and societies).

6.0 References

- Adepolaju, B. (2014). "Repositioning Health Insurance in Nigeria: Prospects and Challenges", *International Journal of Health Sciences*, 2 (2): 151-162
- Ahmad, N. M., Salleh, M. M. & Halim, M. A. (2019). 'The right to gamble': An analysis of gambling 'industries' in Malaysia from constitutional and legal perspectives. *Malaysian Journal of Syariah and Law (MJSL)*, Vol. 7 (2): 101.
- Ahmed, M. Y, Supaat D. I. & Salleh, Z. I (2017). "Nigerian National Health Insurance Agency under the Islamic perspective: A literature review". *Journal of Education and Social Sciences*, Vol. 6, P. 18-22.
- Barakah, D. M. & Al-Saleh, S. A. (2011). The Cooperative Insurance in Saudi Arabia: A Nucleus to health Reform Policy. *International Conference on Information and Finance (IPEDR) vol. 21*, Pp. 6-10.
- Cheikh, B. (2013). Abstract To Islamic Insurance (Takaful). *Insurance and Risk Management*, vol. 81(3-4): 291.
- Farooq, M. O. (2012). Exploitation, Profit and the Riba-Interest Reductionism. *International Journal of Islamic and Middle Eastern Finance and Management*, Vol. 5 Iss: 4
- Insurance Information Institute (2010). *Insurance Handbook: A guide to insurance: what it does and how it works*. Insurance Information Institute, New York.
- IRDA (2016). *Introduction to insurance*. Insurance Regulatory Development Authority of India, Hyderabad-500 004. India. www.irda.gov.in
- Jubilee (2017). *Family Takaful: Wealth Smart Takaful Plan*. Jubilee Life Insurance Company Ltd. www.jubileefamilytakaful.com.
- Lehtonen, T. & Hoyweghen, I. (2014). Editorial: Insurance and the economization of uncertainty. *Journal of Cultural Economy*, 7 (4): 532-540.



- Majmudar, P. I. & Parikh, N. K. (2008). Uncertainty in General Insurance and Solvency Issues. 10th Global Conference of Actuaries
- Muhammad, A.A., Jaafar, M. N. & Alwi, S. F. (2017). General Takaful claims: An experience of Takaful operator in Malaysia. *Journal of Emerging Economies & Islamic Research* 5 (4): 18 – 26.
- Outreville, J. F. (1998). Insurance Concepts. DOI: 10.1007/978-1-4615-6187-3_8.
<https://www.researchgate.net/publication/302362509>
- Pingle, M. (2010). Using gambling to teach insurance principles. *Insurance Markets and Companies: Analyses and Actuarial Computations, Vol. 1* (2): 82-91.
- Questions in Islam (2013). “What is Gambling? What is the view of Islam on Gambling?”
<https://questionsonislam.com/question/what-gambling-what-view-islam-gambling>
- Sharifuddin, S. S., Kasmoen, A. A., Taha, N. H., Talaat, N. A., & Talaat, A. Z. (2016). The Concept of Takaful (Islamic Insurance) and Its Functions in the Establishment of Syarikat Takaful Malaysia; the First Takaful Operator in Malaysia. *International Journal of Humanities and Social Science Invention*, 5 (12): 43.
- Tech Insurance (2022b). What is risk? Retrieved from: <https://www.techinsurance.com/insurance-terms/insurable-risk>
- World Health Organization WHO (2010).
- YSCHMA (2020). Complete Background of Yobe State Contributory Scheme Management Agency.