



Malaysian Consumer Intention toward Takaful Scheme for Mental Health Disorders

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Abstract

This paper investigates the factors influencing Malaysian consumer intention toward takaful scheme for mental health disorders. An applied expanded Theory of Reasoned Action (TRA) model was used in the research, and the variables of awareness, perception, attitude, subjective norm, and intention toward a takaful scheme for mental health disorders were investigated. It is pilot research carried out in Malaysia. The respondents are 60 Malaysian takaful consumers based on an online survey inside Klang Valley, Malaysia. This study reveals that the mean attitude with a score of 4.27 is the highest score. The Pearson correlation is positive for both independent and dependent variables. Analysis of regression indicates a strong positive relationship between subjective norm and intention, thus suggesting that subjective norm is an important area to link to intention against mental health disorder takaful scheme. This is also proposed that future studies will concentrate on the factors that affect the willingness of consumers towards takaful mental health disorder schemes. It is hoped that the results of this study will serve as an informative reference for further development of takaful schemes for mental health disorders.

Keywords: Islamic Finance, Consumer, Takaful, Mental Health.

DOI: 10.22515/jfib.v3i1.2428

Introduction

The National Health Morbidity Survey (NHMS) reported a dramatic double rise in the number of mental health patients a decade ago, with one in three adults in Malaysia grappling with mental health problems. This situation is expected to escalate since mental health disorders are predicted to be the second health issue that will impact Malaysians after heart disease by 2020. Prior to 2008, the figures on mental health disorders were alarming, although medical support through public hospitals and the number of patients with 2,000 new cases of schizophrenia continues to rise (Jamaluddin, 2016). This figure is alarming the government and public since mental health disorders are also found to be at a high level of risk. As a consequence, early detection to overcome this scenario is crucial, and introducing a takaful scheme will benefit targeted people with the ultimate objective is to cover the medical treatment of the patients.

According to the Ministry of Health website (2018), the average price and range of treatment and consultation fees for mental health in a public hospital are likely between RM 5 to RM 30 while in a private hospital can run up to RM80 to RM400. Even though the public hospital provides affordable and almost free treatment, the country has to deal with a shortage of medicine specialists and practitioner for mental health in rural areas. According to the Utusan Borneo (2017), Sarawak does not have any clinical psychologist to cater for mental health disorder. Specialist and practitioner for mental health disorders were located in urban areas. In addition, Lim (2017) indicated that Malaysia is a critically shortage of clinical psychologists and only a few based on government mental health services. Thus, there is a strong urge for Islamic wealth protection products to be introduced in Malaysia that potentially cover mental health treatment for private service.

According to Farooq (2014), wealth management includes strategic planning as well as portfolio management as part of holistic consumer wealth advice and management. In order to manage an individual's wealth success, it involved wealth management cycles which are wealth creation, wealth protection, wealth distribution, wealth purification, and wealth accumulation that must in line with the financial objectives of the individual through their life. The current study is focusing on the wealth protection element, which is a takaful product. Consequently, this study particularly determines the factors

influencing Malaysian consumer intention toward takaful scheme for mental health disorders. This research has followed the TRA model for its ability to address the shortcomings of the Theory of Planned Behaviour (TPB) approach. The TRA design is based around the connection between the expectations of a person and attitudes and subjective norm, which is believed to be suitable for predicting takaful consumer behaviors.

Therefore, by applying the Theory of Reasoned Action (TRA) (Fishbein and Ajzen, 1975) with additional variables awareness and perception to be explored, the current study is motivated to investigate the factors influencing Malaysian consumers towards the intention of takaful scheme for mental health disorders. A few scholars proved the power of TRA model factors in predicting intention. Fishbein and Ajzen (1975) demonstrated that the model enhanced the relationship between the intention and its structures in order to strengthen the commitment aim for a takaful mental health disorder scheme. Interestingly, in many areas like food consumption, education, green hotels, energy-efficient and takaful (Mansor et al., 2015, Husin et al., 2016, Hussain and Noor, 2018), the model has proved its importance, power, and validity. In addition, the model may be expanded even beyond the quality two factors by including domain-specific factors to improve the predictive power of the model in the intention of studies of takaful scheme for mental health disorders by including awareness and perception as a construct.

This paper is organized to include a review of the literature in the next section. This is then followed by the methodology applied for this study in Section 3. The fourth section explains the research findings. The results of the statistical analysis and the discussion on the findings are then presented in Section 5. Finally, the last section is the overall conclusion drawn from the study.

Literature Review

1. *Awareness*

Consumers who have been engaged with takaful would have some legitimate factors on what makes them prefer takaful. Consistently with Gopy and Ramayah (2007), those factors should be investigated and provide a deep understanding of the explanations why Malaysian consumers prefer takaful to a wide selection of conventional insurance

and the other way around. According to Izhar et al. (2010), consumer awareness of Islamic insurance products remains small, though this is often due to a limited understanding of Islamic banking, finance, and insurance. Takaful services are considered to be common among Malaysians because the majority of the country is Muslim, although there are still a number of Muslims who prefer traditional insurance to takaful as their personal life insurance (Mansor et al., 2015). The level of awareness among Malaysians about the concept and existence of takaful is low (Haron et al., 1994). The finding shows a higher percentage of Muslims in Malaysia were not aware of takaful policyholders share risks mutually, free from gambling, uncertainty, and interest. In addition, Hassan et al. (2018) stated that Muslims living in the UK have a high degree of unconsciousness regarding Islamic finance items. Similar studies have been documented by Akbar et al. (2012), Maturi (2013), and Othman and Hamid (2009), with fairly low awareness of Islamic banking practices among respondents. Thus, hypothesis 1 (H1) was established in light of the above equivocal results: awareness positively influences Malaysian customer intention toward a takaful scheme for mental health disorders.

2. *Perception*

A review of the literature on consumer perceptions of Islamic finance products shows that the literature on traditional financial products and institutions is not as voluminous or wealthy. Takaful was comparable and competitively priced to traditional insurance. Contrary research results have, however, suggested negative attitudes about these goods. More than 82 percent of respondents did not think Islamic financial items were really compliant with Shariah, according to Dar (2005). Omer (1992) has stated that there is a high level of ignorance about Islamic finance items among Muslims living in the UK. It was not surprising due to the lack of awareness about Islamic goods, and it also expressed negative views about ethical structures in Islamic finance. Furthermore, Maysami and Williams (2006) acknowledge there is no consistent correlation linking awareness and perception, and the two structures were not separate. They found lower levels of awareness to be associated with having perceptions of Islamic insurance as being

encompassing of his religious and social goals. It is only with higher a level of awareness does the perception of Islamic insurance being compatible with profit-profit-makibecomesparent (Maysami and Williams, 2006; p. 231). This is contrary to the findings of Husin and Rahman (2013,) who reported consumer intentions to purchase family takaful products to be heavily influenced by religious motivations, awareness and perceptions including behavioural control, norms and attitudes. Thus, following hypotheses are proposed: hypothesis 2 (H2) was developed: Perception positively influences Malaysian consumer intention toward takaful scheme for mental health disorders.

3. *Attitude*

TRA is based on the purpose to shape an entity. Intention is the driving factor leading a individual to certain action (Abdul-Jabbar et al., 2016). It demonstrates how people shape willingness to perform a task, as well as how much effort they can make to perform the task in the action (Ajzen, 1991). Social psychology said attitude was the best predictor of the actions of an individual (Mathieson, 1991). A potential individual's attitude is the predictor of his intention to accept or purchase a service or products (Davis et al., 1989). Attitude defines a consumer's preferences or dislikes through an appraisal mechanism that can be either positive or negative with a clear connection to behavioural intentions (Maichum et al., 2017; Sentot et al., 2015; Yadav and Pathak, 2017). Thus, hypothesis 3 (H3) was established in the light of the above ambiguous results: attitude positively influences Malaysian customer intention towards a takaful scheme for mental health disorders.

4. *Subjective Norm*

Another important element in TRA is subjective norm. Subjective norm is a condition where individuals expresses opinions, principles and thoughts to others and social pressure occurs when conformity with others is not met, which affects the mindset of a person (Mei et al., 2012; Sinnappan and Rahman, 2011). This concept deals with the position that individuals face in support of or against a given behavioural goal of social control or social pressure (Fishbein and Aizen, 1980). Prior studies performed by Suddin et al., (2009) and Yap and

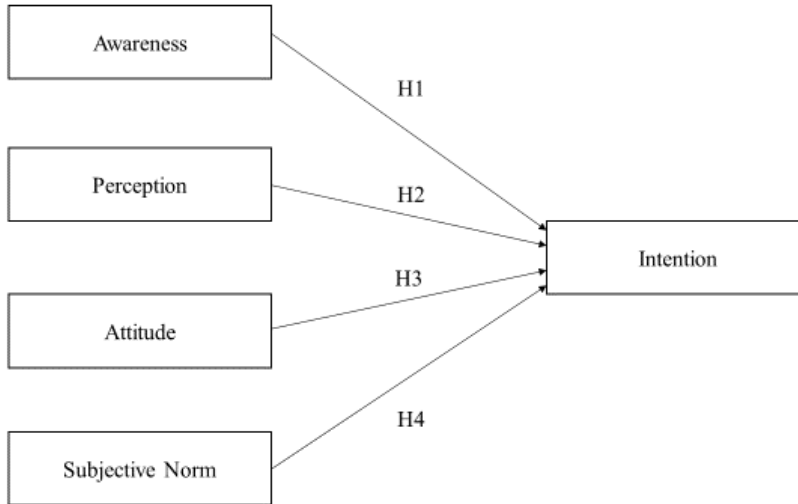
Noor (2008) explored the effects of some referents, such as family, friends, colleagues and peers, on behavioural intention as conceptual frameworks related to influencing the intentions of consumers toward takaful. It needs to be checked in the Malaysian scope and hypothesis 4 (H4): subjective norm positively influences Malaysian consumer intention toward mental health disorder of takaful scheme.

5. *Intention*

Intention is an intended outcome of action and involves either planned or unplanned purchase (Sentot et al., 2015); The purpose of a person to perform a given action is a major component of the TRA. TRA believes an individual's actual conduct is dictated by his or her purpose (Ajzen and Fishbein, 2002). Further, goal is believed to be affected by a person's motivational factors. Intention is a concrete aspect that shows where and how many effort a person puts into performing a certain action (Ajzen, 1991). As a guideline, the higher the degree of intention, the greater the potential that individuals can engage in a particular conduct (Ajzen, 1991). TRA was commonly used to determine buying behaviour by calculating the attitude, subjective norm and intention of the consumer toward the specific activity (Lutz, 1991; Ha and Janda, 2012; Hu et al., 2017; Mukhtar and Butt, 2012; Sheldon, 2016). This article intends to investigate the factors affecting Malaysian consumer intention with the contribution of the extended Theory of Reasoned Action (TRA) toward the takaful scheme for mental health disorders.

6. Conceptual Framework

Figure 1
Conceptual Framework



The previous section reveals that there are several variables which influence Malaysian consumers towards takaful scheme for mental health disorders. The paradigm for research shows that intention has a direct effect on awareness, perception, attitude and subjective norm. Such considerations are taken mainly from the (Fishbein & Ajzen 1975). Figure 1 indicates the hypotheses established based on analysis of the literature:

- H_1 : Awareness has a positive influence on Malaysian consumer intention toward takaful scheme for mental health disorders.
- H_2 : Perception has a positive influence on Malaysian consumer intention toward takaful scheme for mental health disorders.
- H_3 : Attitude has a positive influence on Malaysian consumer intention toward takaful scheme for mental health disorders.
- H_4 : Subjective Norm has a positive influence on Malaysian consumer intention toward takaful scheme for mental health disorders.

Methodology

In this study we used a web-based online survey, as described earlier. It is claimed that the use of this questionnaire style is beneficial because of its

numerous benefits. Such benefits include: potential to cover broader locations in a short time; is more economical than conventional survey approaches (where data collection can be much faster); data entry errors can be minimal; and possibilities to integrate color representations, animations, images, and other related aspects into the questionnaire are also accessible (Nigg et al., 2009; Schleyer and Forrest, 2000). A descriptive and multiple regression analysis ($Y = a + bX_1 + cX_2 + dX_3 + eX_4 + \epsilon$) were chosen as it offers an objective representation or account of the attributes, e.g. behaviour, attitudes, skills, beliefs and awareness of a specific person, circumstance or organization.

This concept was selected to fulfil the current study main objective, namely to examine the factors affecting Malaysian consumers with respect to the takaful mental health disorder scheme. Since this analysis was of a statistical nature, questionnaires were chosen as the tool for collecting data. The questionnaire was designed using the traditional benchmark Likert format with a 5-point Likert Scale (1- Strongly Disagree to 5- Strongly Agree) (Maichum et al., 2017). The estimation of counting multiple regression as follows:

$$INT = a + b AWR + c PRCP + d ATT + e SN + \epsilon$$

Where:

INT = Intention

AWR = Awareness

PRCP = Perception

SN = Subjective Norm

a = Intercept

b,c,d,e = Slopes

ϵ = Residual (error)

Refer to the Table 1 for the measurement scales and their sources applied in this study. The questionnaires formed of three parts, which included organized closed-ended questions and Likert-scale with items created from existing literature. The first section of the questionnaire asked the respondents to provide their demographic information. Followed by section two where the questions were designed to obtained general information. The item is adopted from the previous study by Hussain et al. (2018). In the last section of the questionnaire, the questions were designed to measure the independent and dependent variables of this study. Four

subsections are constructed to measure the four independent variables of this study which is awareness, perception, attitude and subjective norm and dependent variables which in the intention. Malaysians aged 18 years and over were the unit of research for this report. As shown by Zhen and Mansori (2012), high-education (Diploma, Bachelor's and Master's level) respondents were more inclined towards a takaful scheme for mental health disorders that would help their future.

Table 1
Measurement scales and their sources

Coding Scale and Items (statements)	Supporting Literature
Awareness AWR1 AWR2 AWR3 AWR4 AWR5 AWR6	Muhamad et al (2016), Hussain et al (2018).
Perception PRCP1 PRCP2 PRCP3 PRCP4 PRCP5	Muhamad et al (2016), Hussain et al (2018)
Attitude ATT1 ATT2 ATT3 ATT4 ATT5	Husin et al (2016), Hussain et al (2018), Taylor and Todd (1995), Yadav and Pathak (2016, 2017).
Subjective Norm SN1 SN2 SN3 SN4 SN5	Husin et al (2016), Hussain et al (2018), Ajzen (1991, 2002), Lada et al. (2009).
Intention INT1 INT2 INT3	Husin et al (2016), Hussain et al (2018), Ajzen (1991, 2002).

INT4

Results and Discussion

1. Descriptive Analysis

A total of 61 individuals (including males and females) participated in the present survey. Nevertheless, only 60 individuals were chosen for the purpose of the final assessment and only one was not considered due to questionnaire incompleteness.

Table 2
Demographic Profile of Respondents

Item	Category	Frequent	Percentage (%)
Gender	Male	39	65.0
	Female	21	35.0
Age	21 – 30 years old	5	8.3
	31 – 40 years old	11	18.3
	41 – 50 years old	39	65.0
	Above 51 years old	5	8.3
Marital Status	Single	9	15.0
	Married	50	83.3
	Divorce	1	1.7
Education	Matriculation/STPM/STAM/Diploma	5	8.3
	Bachelor Degree	36	60.0
	Master's Degree	18	30.0
	Doctor of Philosophy	1	1.7
Income	Less than RM1,500.00	4	6.7
	RM1,501.00 - RM3,860.00	9	15.0
	RM3,861.00 - RM8,319.00	28	46.7
	RM8,320.00 and above	19	31.7
Occupation	Government Staff	14	23.3
	Private Staff	32	53.3
	Businessman/Women	10	16.7
	Student/Postgraduate	3	5.0
	Unemployed	1	1.7

Demographic analysis revealed that out of 60 respondents, 65.0% were males and 35.0% females. Age distribution showed that 65.0% were 41-50 years old, 18.3% were 31-40 years old, 8.3% were 21-30 years old and those above 51 years old constituted 8.3%. Marital status distribution indicates that 83.0% were married, 15.0% is single and 1.7% were

divorced. Education wise, 60.0%% had a Bachelor degree followed by 30.0% with a Master degree, 8.3% with a Matriculation/STPM/STAM/Diploma certificate and 1.7% with a Philosophy Doctorate degree. The income distribution showed those income within RM3,861.00-RM8,319.00 were 46.7%, RM8,320.00 and above were 31.7%, RM1,501.00-RM3,860.00 were 15.0% and those earning less than RM1,500.00 were 6.7%. Also, 53.3% were private staff, 23.3% were government staff, 16.7% were businessman/women, 5.0% were student and postgraduates and 1.7% unemployed. Refer to the Table 2 for the demographic profile of the respondents of the study.

Table 3
General Information

Variable		Frequent	Percentage (%)
Do you buy any takaful/insurance product?	Yes	54	90.0
	No	6	10.0
What insurance product do you subscribe to?	Takaful	48	80.0
	Conventional Insurance	7	11.7
	Not Insured	5	8.3
Have you heard about takaful scheme for mental health disorders?	Yes	8	13.3
	No	52	86.7
Do you know that takaful scheme for mental health disorders is offered by Takaful companies?	Yes	10	16.7
	No	50	83.3
Do you know that takaful products include general aspects (such as Motor, Marine, Fire and Personal Accident) and family insurance products (such as medical takaful plan, mortgage takaful plan, mental health scheme and so on) are similar to the conventional insurance?	Yes	46	76.7

Moreover, 60 usable questionnaires were used for statistical analysis as shown in Table 3. General information was obtained from the survey 90% of respondents has buy takaful or insurance product and 10% were not. Meanwhile, 80% were subscribed to takaful, 11.7% to conventional and rest 8.3% are not insured. Interestingly, this study found that, 86.7% of respondents are did not aware about takaful scheme for mental health disorders in Malaysia market and only 13.3% are known. Besides, respondents were asked about takaful products are similar with conventional insurance and from findings showed that 76.6% of respondents agreed and 23.3% are not.

The descriptive statistics for main variables used in the analysis are given in Table 4. In order to measure the factor influencing Malaysian consumer intention towards takaful scheme for mental health disorders, the Likert-type rating scale of five points varying from 1 (strongly disagree) to 5 (strongly agree) was used. The mean value for the questions was obtained by multiplying the respective scores. The result indicates the mean sensitivity ranking for awareness, perception, attitude, subjective norm and intention are 3.11, 4.09, 4.21, 3.53 and 3.50 respectively. This indicates that most of the respondents selected Agree for the items measured in this study.

Table 4
Descriptive analysis

Variables	Mean	Std. Deviation
Awareness	3.11	1.18
Perception	4.09	.79
Attitude	4.21	.84
Subjective Norm	3.53	1.20
Intention	3.50	1.17

2. Pearson correlation analysis

Findings for the Pearson correlation study in Table 5, the correlation between awareness and perception is 0.297, while the attitude correlation is 0.261, followed by the subjective norm with the correlation of 0.444 and the intention correlation is 0.441, respectively. The findings registered a positive relationship between the awareness with subjective norm and intention. Perception with attitude, and intention. Attitude with subjective norm and intention. Subjective norm and intention. The

findings show that independent variables of this study toward intention of takaful scheme for mental health disorders is significant.

Table 5
Pearson correlation analysis

Variables	Awareness	Perception	Attitude	Subjective Norm	Intention
Awareness	1				
Perception	.297*	1			
Attitude	.261*	.823**	1		
Subjective Norm	.444**	.206	.341**	1	
Intention	.441**	.457**	.494**	.652**	1

3. *Multiple regression analysis*

The multiple regression in Table 6 shows that awareness of the intention of Malaysian consumers towards a takaful scheme for mental health disorders at a coefficient of 0.115, $t = 1.018$, $p = 0.285$, therefore indicating an insignificant connection with awareness and intention. The positive coefficient is subjective at 0.522 signals that the higher factors influence, the higher Malaysian consumer intention toward takaful scheme for mental health disorders.

The result indicates, for the perception variable, that there is no association between perception and intention towards a takaful scheme for mental health disorders where the perception coefficient is 0.247, $t = 1.471$, $p = 0.147$ —accompanied by an attitude that is insignificant with intention, where the attitude coefficient is 0.083, $t = -0.487$, $p = 0.628$. In the meantime, the coefficient for the subjective norm is 0.522, $t = 4.793$, $p = 0.000$, hence $p < 0.05$ implies that the subjective norm has a positive effect on the aim for the mental health disorders takaful scheme.

Overall, the only subjective norm has a substantial positive relationship with the intention toward a takaful scheme for mental health disorders, suggesting that subjective norm is an important variable that relates to the intention of the Malaysian consumer toward a takaful scheme for mental health disorders.

Table 6
Multiple regression analysis

	B	Std. Error	Coefficients	t-Value	sig. Value
(Constant)	-.649	.613		-1.058	.295
Awareness	.116	.107	.115	1.080	.285
Perception	.364	.247	.247	1.471	.147
Attitude	.117	.240	.083	.487	.628
Subj. Norm	.510	.106	.522	4.793	.000
Model F-stat.	16.108				
p-Value	0.000				
R-Square	0.544				
Adj. R-Square	0.510				

Discussion and Recommendation

Throughout the test, all steps of the analysis were intended to serve the purpose of the research response. The purpose and scope of the study were strictly regulated by the review of these measures. The testable theories showed that only subjective norm had an effect on the intention of Malaysian consumers toward takaful mental health disorder schemes. The study will therefore provide some suggestions to help increase the creation of mental health disorders for the takaful operators in the Malaysian context towards a takaful scheme.

The subjective norm factor, with the highest value of Beta ($\beta=.510$), was the most influential factor that had the strongest impact on the level of Malaysian consumer intention towards a takaful scheme for mental health disorders. As shown by Fishbein and Ajzen (1975), the subjective norm is identified as the perception of an individual's social pressure to conduct activities of interest or not. Subjective norm is the interpretation of an individual as to whether significant references approve or disapprove of actions (Ajzen and Fishbein, 1980). The wealth security scheme in Malaysia is one of the common products in the Islamic finance industry, with the

number of products being sold by the takaful operators to customers increasingly. This suggested that customers are still searching for the security of resources for themselves and their families as well. In addition, the result indicates that subjective norm plays a significant role in shaping the intention of Malaysian consumers towards a takaful scheme for mental health disorders. Meaningless, the more the subjective norm is optimistic, the more likely it is that the Malaysian consumer would contribute towards a takaful scheme for mental health disorders. This result provides valuable perspectives for takaful operators to pay attention to social pressure while offering their client nts takaful scheme for mental health disorders.

While the three factors of perception, awareness, and attitude had little impact on the behavior of the user ($\beta=.116$, $\beta=.364$ and $\beta=.117$, respectively), these factors were measured at moderate rates that were still well below the target level. This showed that, due to lack of education and awareness about this scheme, respondents were not much aware of mental health. To this issue, the industry of the takaful operator should establish the advertisement strategies as well as the provision of information on takaful scheme for mental health disorders in order to increase participation in this scheme. These considerations, however, are not the key sides to concentrate on leveraging the system. Therefore, investors and businesses should be more worried about the factor having the greatest effects on mental health disorders takaful scheme. This research offered clear empirical consensus evidence for the significant positive effect of subjective norm, perception, awareness, and attitude on intention in the scope of mental health disorders takaful scheme. The findings of this study suggest that this Malaysian user sample exerts a heavy impact on the subjective norm. The potential reason for this finding was that the respondents claimed that the family and personal referent had an effect on their intention to affect their social pressure toward takaful mental health disorder schemes.

Conclusion

This research has led to a shared perception of the Malaysian market purpose towards a takaful scheme in Malaysia for mental health disorders. In comparison, that but not much work has focused on the issue of intention toward takaful scheme for mental health disorders within the scope of the takaful industry. The study has linked to the Theory of Reasoned Action

(TRA) model, and added variables have specifically affected consumer intention toward takaful scheme for mental health disorders. The research has developed a research model for individual variables from the synthesis of theoretical models and based on preceding studies. Thus, given the results of the data analysis process, on the basis of Malaysia in general, the study has defined subjective norm that affects Malaysian consumer intention towards a takaful scheme for mental health disorders. This research also leads to applying the scale for individual variables relating to the mental health disorder takaful scheme. In conclusion, while the research is still minimal, the findings will help to provide the takaful operators with a basis for decision making, while it is useful for marketers to be able to identify marketing-impact approaches and to encourage customer intention towards a takaful scheme for mental health disorders in general.

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