Malaysian Consumer Intention toward Takaful Scheme for Mental Health Disorders: A Preliminary Findings using Multiple Regression Analysis

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Abstract

Mental health disorders are predicted to become the next health concern after heart disease impacting the Malaysians by year 2020. It was reported that one in five teenagers felt depressed, two out of five felt anxious, 11.2% felt suicidal and 10.1% attempted suicide. These statistics are extremely alarming and there is an urge for the Islamic wealth protection operators to introduce a takaful scheme that covers mental health treatment in Malaysia. This paper investigates the factors influencing the Malaysians consumers' intention towards the takaful scheme for mental health disorders. An applied expanded Theory of Reasoned Action (TRA) model were used in the research and the variables such as awareness, perception, attitude, subjective norm and intention towards the takaful scheme for mental health disorders were investigated. This study is meant as a pilot research carried out in Malaysia. The respondents participated in this study were 60 Malaysians takaful consumers who undertook an online survey in Klang Valley, Malaysia. This study reveals that the mean of attitude with the 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 that links the intention against the mental health disorder in takaful scheme. This research also proposed for future studies to focus 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 scheme for mental health disorder.

Keywords: Islamic finance, consumer, intention, Takaful, mental health.

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1. Introduction

The National Health Morbidity Survey (NHMS) reported a dramatic double rise on 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 the 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 alarms the government and the public since mental health disorders are also found to be at the high level of risk. As a consequence, an early detection to overcome this scenario is crucial and introducing a takaful scheme will benefit targeted people with the ultimate objective that is to cover the medical treatment of the patients (Husin, 2019).

According to the Ministry of Health (2018), the average price and range of treatment and consultation fees for mental health in a public hospital is between RM5.00 to RM30.00 while in a private hospital can run up from RM80.00 to RM400.00. Even though the public hospital provides affordable and almost free treatment, the country has to deal with the shortage of the medical specialists and practitioners 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. Specialists and practitioners for mental health disorder

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were located in urban areas. In addition, Lim (2017) indicated that Malaysia is critically in shortage of clinical psychologists and only a few is based in the government mental health services. Thus, there is a strong urge for Islamic wealth protection products to be introduced in Malaysia that potentially cover the mental health treatment from 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 be in line with the financial objectives of the individual throughout their life (Abdullah, 2018). This current study is focusing on one of the wealth protection products, which is a takaful product. Consequently, this study observed the factors influencing the Malaysians consumer's intention towards the takaful scheme for mental health disorders. This research followed the Theory of Reasoned Action (TRA) model for its ability to address the shortcomings of the Theory of Planned Behavior (TPB) approach. The TRA design is based on the connection between the expectations of a person, attitudes and subjective norm, which is believed to be suitable for predicting takaful consumer behaviors.

Therefore, by applying the TRA (Fishbein and Ajzen, 1975) with additional variables such as awareness and perception, the current study is motivated to investigate the factors influencing the Malaysians consumer's intention towards the 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 relation 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 of these 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 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 while, the last section is the overall conclusion drawn from the study.

2. Literature Review

2.1 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 deep understanding on the explanations why Malaysian consumer prefer takaful instead of the wide selection of conventional insurance and the other way around. According to Izhar et al. (2010), consumers' awareness of Islamic insurance products remains small, though this is often due to a limited understanding of Islamic banking, finance and Islamic insurance. Takaful services are considered to be common among Malaysians (Salleh et al., 2013) because the majority of the country is Muslim although there are still a number of Muslims who prefer traditional insurance instead of takaful as their personal life insurance (Mansor et al., 2015). It was argued that the level of awareness among Malaysians about the concept and existence of takaful is low (Haron et al., 1994). It was reported that there was a high percentage of Muslim in Malaysia that were not aware of the takaful policy holders and the concept of sharing the 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 unawareness 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 the light of the above equivocal results: awareness positively influences Malaysian customer intention toward a takaful scheme for mental health disorders.

2.2 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, however, suggested negative attitudes

about these goods. More than 82% of respondents did not think Islamic financial items were really compliant with *Shariah*, according to Dar (2005). Omer (1992) 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) acknowledged that there is no consistent correlation that linked awareness and perception, and the two structures were not separated. They found lower levels of awareness to be associated with having perceptions of Islamic insurance as being encompassing of both religious and social goals. It is only with high level of awareness does the perception of Islamic insurance be compatible with profit making become apparent (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 behavioral control, norms and attitudes. Thus, following that, hypothesis 2 (H2) was developed and proposed: Perception positively influences Malaysian consumer intention toward takaful scheme for mental health disorders.

2.3 Attitude

TRA is based on the purpose to shape an entity. Intention is the driving factor leading an 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 behavioral 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.

2.4 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 behavioral 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 behavioral intention as conceptual frameworks related to influencing the intentions of consumers toward takaful. This notion needs to be verified from the Malaysian context which gives rise to hypothesis 4 (H4): subjective norm positively influences Malaysian consumer intention towards mental health disorder of takaful scheme.

2.5 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 much effort a person puts in performing a certain action (Ajzen, 1991). As a guideline, the higher the degree of intention is, the greater the potential that individuals can engage in a particular conduct (Ajzen, 1991). TRA was commonly used to determine buying behavior 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.

3. Conceptual Framework

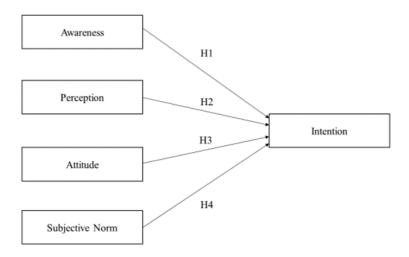


Figure 1: Conceptual Framework

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

- H1: Malaysian consumer intention toward takaful scheme for mental health disorders is directly affected by awareness.
- H2: Malaysian consumer intention toward takaful scheme for mental health disorders is directly affected by perception.
- H3: Malaysian consumer intention toward takaful scheme for mental health disorders is directly affected by awareness
- H4: Malaysian consumer intention toward takaful scheme for mental health disorders is directly affected by awareness.

4.1 Research Methodology

This study used a web-based online survey. It was claimed that the use of this questionnaire style is beneficial because of its numerous benefits. Such benefits includes the 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 colour 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 ($Y = a + bX1 + cX2 + dX3 + \epsilon$) 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 fulfill the main objective of this study, namely to examine the factors affecting the Malaysian consumers with regards 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:

Where:

Y = Dependent variable

X1, X2, X3 = Independent variables

a = Intercept

b, c, d = Slopes; ε = Residual (error)

Refer to Table 1 for the measurement scales and its sources applied in this study. The questionnaires consist of three parts, which includes organized closed-ended questions and Likert-scale with items created from existing literature. The first section of the questionnaire requests the respondents to provide their demographic information and 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 are awareness, perception, attitude and subjective norm and dependent variables i.e. the intention. Malaysians aged 18 years and over were the unit of research for this report. As shown by Zhen and Mansori (2012), high-educated (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 Its Sources

Coding Scale and Items (statements)	Supporting Literature
Awareness	Muhamad et al. (2016), Hussain et al. (2018).
AWR1	
AWR2	
AWR3	
AWR4	
AWR5	
AWR6	
Perception	Muhamad et al. (2016), Hussain et al. (2018)
PRCP1	
PRCP2	
PRCP3	
PRCP4	
PRCP5	
Attitude	Husin et al. (2016), Hussain et al. (2018), Taylor and
ATT1	Todd (1995), Yadav and Pathak (2016, 2017).
ATT2	
ATT3	
ATT4	
ATT5	
Subjective Norm	Husin et al. (2016), Hussain et al. (2018), Ajzen (1991,
SN1	2002), Lada et al. (2009).
SN2	
SN3	
SN4	
SN5	
Intention	Husin et al. (2016), Hussain et al. (2018), Ajzen (1991,
INT1	2002).
INT2	
INT3	
INT4	

5. Results

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 incomplete response in the questionnaire.

5.1 Demographic Profile of the Respondents

Table 2: Demographic Profile of the Respondents

Item	Category	Frequent	Percentage (%)
Gender	Male	39	65.0
Gender	Female	21	35.0
	21 – 30 years old	5	8.3
	31 – 40 years old	11	18.3
Age	41 – 50 years old	39	65.0
	Above 51 years old	5	8.3
	Single	9	15.0
Marital Status	Married	50	83.3
	Divorce	1	1.7
	Matriculation/STPM/STAM/Diploma	5	8.3
Education	Bachelor Degree	36	60.0
Education	Master's Degree	18	30.0
	Doctor of Philosophy	1	1.7
	Less than RM1,500.00	4	6.7
T.,	RM1,501.00 - RM3,860.00	9	15.0
Income	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% were 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. The summary of the demographic profile is tabulated in Table 2.

5.2 Descriptive Analysis

Table 3: General Information

Variable		Frequency	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	Yes	8	13.3
health disorders?	No	52	86.7
	Yes	10	16.7
Do you know that takaful scheme for mental health disorders is offered by Takaful companies?	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
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Moreover, 60 usable questionnaires were used for statistical analysis as shown in Table 3. Based on the survey, 90% of the respondents have insured themselves with takaful or insurance product and the other 10% have not. Meanwhile, 80% were subscribed to takaful, 11.7% to conventional and rest of 8.3% was not insured. Interestingly, this study also found that, 86.7% of the respondents were not aware about the takaful scheme for mental health disorders in Malaysian market and only 13.3% has knowledge about the said takaful scheme. Additionally, respondents were asked about takaful products that are similar with conventional insurance and from findings it shows that 76.6% of the respondents agreed and 23.3% did not.

The descriptive statistics for main variables used in the analysis are presented 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.

Variables	Mean	Std. Deviation
Awareness	3.11	1.18
Perception	4.09	0.79
Attitude	4.21	0.84
Subjective Norm	3.53	1.20
Intention	3.50	1.17

Table 4: Descriptive Analysis

5.3 Pearson correlation analysis

Findings for the Pearson correlation study is summarised in Table 5. It was found that the correlation between awareness and perception is 0.297, while the correlation between awareness and attitude 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. This is further followed by perception with attitude, and intention, attitude with subjective norm and intention, subjective norm and intention. The findings also show that independent variables of this study towards the intention of takaful scheme for mental health disorders are significant.

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

Table 5: Pearson Correlation Analysis (significant at **1% and *5%, respectively)

5.4 Multiple Regression Analysis

The multiple regression in Table 6 shows that the 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 that there was an insignificant connection between awareness and intention. The positive coefficient is subjective at 0.522 whereby it signals that the higher the factors influence, the higher Malaysian consumer intention toward takaful scheme for mental health disorders.

The result further 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<0.01 which implies that the subjective norm has a positive effect on the aim for the mental health disorders takaful scheme.

Overall, 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.

	В	Std. Error	Coefficients	<i>t</i> -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
Subjective Norm	.510	.106	.522	4.793	.000
Model F-statistic	16.108				
p-Value	0.000				
R-Square	0.544				
Adjusted R-Square	0.510				

Table 6: Multiple Regression Analysis

6. 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 the 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 of a takaful scheme.

The subjective norm factor, with the highest value of Beta (β =.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), subjective norm is identified as the perception of an individual's social pressure to conduct the action 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. Therefore, 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 and to pay an attention to social pressure while offering their clients the takaful scheme for mental health disorders.

While the three factors of perception, awareness and attitude had little impact on the behaviour of the user (β =.116, β =.364 and β =.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 takaful industry should advertise the said product as well as providing information on takaful scheme for mental health disorders in order to increase the public participation. 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 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.

7. Conclusion

This research shed some information on the Malaysians Consumers' perception on the takaful scheme in Malaysia for mental health disorders while not much work has focused on the issue of intention toward takaful scheme for mental health disorders within the scope of takaful industry. This study has linked the Theory of Reasoned Action (TRA) model with added variables which have specifically affected the 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, based on the result of this study, it has defined that subjective norm affects the Malaysian consumer intention towards a takaful scheme for mental health disorders. This research also leads in 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, At the same time, it is believed that the findings will be useful for marketers to be able to identify marketing-impact approaches and to encourage the customer to subscribe to takaful scheme for mental health disorders in general.

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