

Determination of Malaysian consumer intention toward purchasing Takaful scheme for mental health disorders

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Article History

Received : 26 June 2020

Revised : 30 June 2020

Accepted : 16 July 2020

Published : 17 July 2020

Keywords:

Islamic finance; consumer; intention; takaful; mental health.

DOI:

10.20885/JEKI.vol6.iss2.art3

JEL Classification:

G22, H55, I13, I18, I31

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Paper type:

Research paper

Cite this article:

Khairi, F.K., Laili, N.H., & Kamarubahrin, A.F. (2020). Determination of Malaysian consumer intention toward purchasing Takaful scheme for mental health disorders. *Jurnal Ekonomi dan Keuangan Islam*, 6(2), 106-118.
<https://doi.org/10.20885/JEKI.vol6.iss2.art3>

Abstract

Purpose – The purpose of this paper is to determine the factors influencing Malaysian consumer toward intention to purchase Takaful scheme for mental health disorders.

Design/methodology – This paper adopts a quantitative approach by using an extended Theory of Reasoned Action (TRA) model. A pilot study with the total of 60 questionnaires were obtained from online survey to examine the significance relationship using multiple regression analysis.

Findings – The result from this study portrays that subjective norm are strong predictors of a Malaysian consumer intention to purchase Takaful scheme for mental health disorders. Moreover, factors such as awareness, perception and attitude have positive and significant impacts on consumer intention to purchase takaful scheme for mental health disorders in Malaysia.

Research limitation – There are some constraints. First, it focuses only on the actions of Malaysian consumers against a takaful scheme for mental health disorders; thus, the findings cannot be generalized to other takaful schemes. Therefore, more studies in other takaful settings, such as general takaful, need to begin. Second, this study considered only four factors were awareness, perception, attitude and subjective norm, and the factors selected might not cover all the factors which may have an effect on Malaysia's intentions toward takaful mental health disorders scheme.

Originality - This study not only helps takaful operators design, develop and promote better approved takaful products and services, but also offers a new insight into how these products and services can be marketed to these particular consumers. Previous empirical studies that employed TRA focused on various types of variables, such as attitude and subjective norm, especially in the financial service environment. This research thus adds to the body of information by analysing the relative value of the goal affecting it.

Introduction

In 2015, the National Health Morbidity Survey (NHMS) revealed a drastic two-fold increase in the number of mental health patients from a decade ago, with one in every three Malaysian adults struggling with mental health issues. This scenario is projected to become more intense as mental health disorders is expected to be the second health problem affecting Malaysians after heart disease by 2020. The statistics on mental health disorders was worrying prior to 2008, where psychiatric help from government hospitals and the number of patients continues to increase with 2,000 new cases of schizophrenia (Jamaluddin, 2016). This figure alarming the government

and 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 benefited a targeted people with the ultimate objective is to cover the medical treatment of the patients.

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 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 shortage of medicine specialist and practitioner for mental health in rural areas. According to the Utusan Borneo (2017), Sarawak do not have any clinical psychologist to cater for mental health disorder. Specialist and practitioner for mental health disorder were located in urban areas. In addition, Lim (2017) indicated that Malaysia is critically shortage of clinical psychologist and only a few based in government mental health services. Thus, there is a strong urge for Islamic wealth protection products to be introduce in Malaysia that potentially cover mental health treatment for private service.

According to Farooq (2014), wealth management involves integrated planning as well as portfolio management as part of comprehensive advisory and management of a client's wealth. 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. Current study is focus on the wealth protection element which is a takaful product. Consequently, this study particularly determines the factors influencing Malaysian consumer toward intention to purchase Takaful scheme for mental health disorders. Further, this study adopted TRA model for its ability to overcome the weaknesses of the Theory of Planned Behaviour (TPB) model. The TRA model is centres around the link of an individual's intentions with attitudes and subjective norm which is believed it is suitable in predicting Takaful consumer behaviours.

Therefore, the current study is motivated to investigate the factors determinant Malaysian consumer toward intention of Takaful scheme for mental health disorders by applying Theory of Reasoned Action (TRA) (Fishbein & Ajzen, 1975) with additional of variables awareness and perception to be explored. Several authors have demonstrated the strength of the factors of TRA model in predicting intention. Fishbein and Ajzen (1975) showed that the model optimized the link between intention and its constructs to strengthen the determination of Takaful purchase intention. Interestingly, the model proved its relevance, strength and validity in several fields such as food consumption, education, green hotels, energy efficient and Takaful (Mansor et al., 2015, Husin et al., 2016, Hussain & Noor, 2018). Furthermore, the model could even be extended beyond the standard two factors by including domain specific factors to enhance the model's predictive power in intention of Takaful scheme for mental health disorders studies 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.

Literature Review

Awareness

Muslim consumer that engaged with takaful will have some valid factors on what lead them to choose takaful. According to Gopy and Ramayah (2007), those factors should be investigated and give deep understanding on the reasons why Muslim customers prefer takaful to wide range of conventional insurance and vice versa. According to Izhar et al. (2010), it is observed that customer awareness on Islamic insurance products remain low, however this is often attributed to a limited understanding of Islamic finance in the banking and insurance. Takaful facilities is believed to be popular among the Malaysian since the majority of the population is Muslim even

though there is still a number of Muslim who prefer conventional insurance over 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 Muslim in Malaysia were not aware on takaful policy holders share risks mutually, free from gambling, uncertainty, and interest. Furthermore, Hassan et. al. (2018) reported that Muslims living in the United Kingdom have a high level of unawareness of Islamic finance products. Similar findings were reported by Akbar et al. (2012), Maturi (2013) and Othman and Hamid (2009) whereby respondents exhibited low to moderate awareness of Islamic banking practices. Thus, considering the above equivocal results, hypothesis 1 (H1) was developed: Awareness positively influences Malaysian consumer toward intention to purchase Takaful scheme for mental health disorders.

Perception

An examination of the literature on consumer perceptions of Islamic finance products reveals that it is not as voluminous or rich as the literature on conventional financial products and institutions. Takaful was similar to that of conventional insurance and at a competitive price. However, there have been contrary research findings indicating negative perceptions towards these products. According to Dar (2005) more than 82% of the respondents did not think that Islamic financial products were really Shariah compliant. Omer (1992) also reported that Muslims living in the United Kingdom have a high level of unawareness of Islamic finance products. It was not surprising due to the lack of knowledge on the Islamic products and also expressed negative perceptions regarding Islamic finance ethical frameworks. In addition, Maysami and Williams (2006) note that the relationship between awareness and perception is not uniform and the two constructs are not independent. 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 higher a level of awareness does the perception of Islamic insurance being compatible with profit making become apparent (Maysami & 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 toward intention to purchase Takaful scheme for mental health disorders.

Attitude

TRA is centred on forming an individual's intention. Intention is the primary motivator which leads a person to a particular behaviour (Abdul-Jabbar et al., 2016). It shows how people form willingness to perform a task and how much efforts they may input in the behaviour to perform the task (Ajzen, 1991). Social psychology mentioned that attitude is the best predictor of a person's behaviour (Mathieson, 1991). The attitude of a potential user is the determinant to their intention to adopt or buy a product or services (Davis et al., 1989). Attitude depicts the likes or dislikes of a consumer through an evaluation process that can be either positive or negative having a straight link to behavioural intentions (Maichum et al., 2017; Sentot et al., 2015; Yadav & Pathak, 2017). Thus, considering the above equivocal results, hypothesis 3 (H3) was developed: Attitude positively influences Malaysian consumer toward intention to purchase Takaful scheme for mental health disorders.

Subjective Norm

Subjective norm is another essential factor of TRA. Subjective norm is a state when someone communicate beliefs, values and thoughts to others and peer pressure arises when compliance to others is not met, affecting an individual's state of mind (Mei et al., 2012; Sinnappan & Rahman, 2011). This construct deals with the role of social influence or social pressure that individuals face in favour or against a given behavioural intention (Fishbein & Aizen, 1980). Previous studies

conducted by Suddin et al. (2009) and Yap and Noor (2008) investigated the influences of some referents such as family, friends, colleagues and peers on behavioural intention as referents that are relevant in influencing consumers' intentions toward Takaful. This need to be tested in Malaysian context and hence hypothesis 4 (H4): Subjective norm positively influences Malaysian consumer toward intention to purchase Takaful scheme for mental health disorders.

Intention

Intention to purchase is an expected behavioural outcome and it includes either planned or unplanned purchase (Sentot et al., 2015). Individual's intention to carry out a given behaviour is a main component of the TRA. TRA assumes that actual behaviour of an individual is determined by their intention (Ajzen & Fishbein, 2002). Further, it is assumed that intention is influenced by the motivational factors of a person. Intention is a concrete element that shows how much and how long efforts are exerted by an individual to perform a certain behaviour (Ajzen, 1991). As a rule of thumb, the higher the degree of intention, the higher the possibility of individuals engaging in performing a given behaviour (Ajzen, 1991). TRA has been widely used to predict the purchase behaviour by measuring individual's attitude, subjective norm and intention towards the particular behaviour (Lutz, 1991; Ha & Janda, 2012; Hu et al., 2017; Mukhtar & Butt, 2012; Sheldon, 2016). Hence, hypothesis 5 (H5) need to be tested in context of Takaful scheme for mental health disorders: Intention positively influences Malaysian consumer to purchase Takaful scheme for mental health disorders. Studies conducted in Malaysian context were mostly on intention to purchase Takaful scheme for mental health disorders and were based on the TRA model. This paper aims to examine the determinants factors influencing Malaysian consumer toward intention to purchase Takaful scheme for mental health disorders with the contribution of the modified theory of reasoned act (TRA).

Methods

As stated earlier, we used a web-based online survey in this study. Employing this mode of survey is reported to be favourable owing to its multiple advantages. These advantages include: capacity to reach wider locations in a short time; is more economical than traditional survey methods (wherein data collection can be much faster); errors of data entry can be minimal; as well as there are possibilities of incorporating colour representations, animations, graphics, and other relevant aspects in the questionnaire (Nigg et al., 2009; Schleyer & Forrest, 2000). A descriptive survey was selected because it provides an accurate portrayal or account of the characteristics, for example behaviour, opinions, abilities, beliefs, and knowledge of a particular individual, situation or group.

This design was chosen to meet the main objective of the study, namely to determine the factors influence Malaysian with regard to Takaful scheme for mental health disorders. The questionnaires consisted of structured closed-ended questions with items generated from existing literature using deductive approach. The source of the items is shown in Table 1. To measure the items, a 5-point Likert Scale (1- Strongly Disagree to 5- Strongly Agree) was used as a standard benchmark (Maichum et al., 2017). Refer to the Table 1 for the measurement Scales and their sources applied in this study. The unit of analysis for this study were Malaysians of 18 years old and above. According to Zhen and Mansori (2012), respondents with high education level (Diploma, Bachelor and Master level) were more inclined to purchase Takaful scheme for mental health disorders that would benefit for their future.

Results and Discussion

In the present survey, a total of 61 persons (including male and female) participated. However, for the purpose of the final assessment, only 60 persons were selected and only one were not considered due to incompleteness of the questionnaire.

Table 1. Measurement scales and their sources

	Coding Scale and Items (statements)	Supporting Literature
Awareness		
AWR1	I aware about terms and conditions of policy on takaful scheme for mental health disorders.	Muhamad et al (2016), Hussain et al (2018).
AWR2	I aware that operator of takaful provide satisfactory services such as takaful scheme for mental health disorders.	
AWR3	I aware that takaful scheme for mental health disorders is kind of protection mechanism.	
AWR4	I aware that takaful scheme for mental health disorders is a new product in the market.	
AWR5	I aware that takaful scheme for mental health disorders is for Muslim and non-Muslim.	
AWR6	I aware the availability of takaful scheme for mental health disorders.	
Perception		
PRCP1	Takaful scheme for mental health disorders is prohibit from <i>riba</i> , <i>gharar</i> & <i>maysir</i> .	Muhamad et al (2016), Hussain et al (2018)
PRCP2	Takaful scheme for mental health disorders is kind of saving & protection mechanism.	
PRCP3	Takaful scheme for mental health disorders is based on Shariah law.	
PRCP4	Takaful scheme for mental health disorders elements differ from conventional.	
PRCP5	Takaful scheme for mental health disorders is benefits for myself.	
Attitude		
ATT1	I believe takaful scheme for mental health disorders is kind of protection for myself.	Husin et al (2016), Hussain et al (2018), Taylor and Todd (1995), Yadav and Pathak (2016, 2017).
ATT2	I believe takaful scheme for mental health disorders is benefits for Malaysian.	
ATT3	I believe takaful scheme for mental health disorders is a good plan for protection.	
ATT4	I believe takaful scheme for mental health disorders will help Malaysian to reduce medication cost.	
ATT5	I believe takaful scheme for mental health disorders is a new product that are people looking forward to it.	
Subjective Norm		
SN1	People who influence my decision think that I should purchase a takaful scheme for mental health disorders.	Husin et al (2016), Hussain et al (2018), Ajzen (1991, 2002), Lada et al. (2009).
SN2	People who are important to me think that I should purchase a takaful scheme for mental health disorders.	
SN3	People whose opinions I value think I should purchase a takaful scheme for mental health disorders.	
SN4	People who are close to me think that I should purchase a takaful scheme for mental health disorders.	
SN5	People who influence my behaviour think that I should purchase a takaful scheme for mental health disorders.	
Intention		
INT1	I intend to purchase a takaful scheme for mental health disorders in the near future.	Husin et al (2016), Hussain et al (2018), Ajzen (1991, 2002).
INT2	I am likely to purchase a takaful scheme for mental health disorders in future.	
INT3	I expect to purchase takaful scheme for mental health disorders.	
INT4	I want to purchase a takaful scheme for mental health disorders.	

Demographic Profile of Respondents

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 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

Descriptive Analysis

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
	No	14	23.3

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.

Factor Loading

Table 4. Factor Loading

Construct	Initial Items	Pilot Test = (n 60)					Bartlett's Test	KMO
		Factor Loading	Cronbach's alpha (α)	Items Drop	No. of Items Left			
Awareness	AWR1	.835	.936	0	6			
	AWR2	.894						
	AWR3	.909						
	AWR4	.801						
	AWR5	.909						
	AWR6	.873						
Perception	PRCP1	.751	.875	0	5			
	PRCP2	.802						
	PRCP3	.859						
	PRCP4	.854						
	PRCP5	.812						
Attitude	ATT1	.928	.954	0	5	X ² = 1782.594, df = 300, p-value = 0.000	84.1%	
	ATT2	.939						
	ATT3	.946						
	ATT4	.902						
	ATT5	.891						
Subjective Norm	SN1	.946	.983	0	5			
	SN2	.985						
	SN3	.972						
	SN4	.966						
	SN5	.966						
Intention	INT1	.965	.978	0	4			
	INT2	.975						
	INT3	.966						
	INT4	.968						

After collecting and refining the data for missing values, Exploratory Factor Analysis (EFA) was carried out to determine the appropriate items for each factor. The basis of EFA is the assumption that multiple factors that correlate with observed variables (Chatfield & Collins, 1992). The EFA was performed for this study using the Principle Component Analysis (PCA) as well as Varimax rotation. There are other rotation methods, such as Quartimax and Direct Oblimin (Tabachnick & Fidell, 1996; Hair et al., 1998). However, varimax is more reliable to attain maximum variance of factors that loads high for high variance and loads low for low variance. As shown in Table 4, the items that showed loading of 0.70 and above, corresponding to eigenvalue 1 or above, have been retained in the final EFA. The retained items ranged between

0.802 and 0.985. The items retained in the EFA are found to have high loading values. Further, the Cronbach's alpha test is performed on the variables and it produced satisfactory results as follows; AWR (0.936), PRCP (0.875), ATT (0.954), SN (0.983) and INT (0.978). Hence, all the items are statistically reliable. Usually, Cronbach's alpha values of 0.7 and above are considered acceptable but values below 0.7 may be accepted in some situations (Bryman & Bell, 2015; Field, 2009). Concerned with sampling adequacy, Kaiser–Meyer–Olkin (KMO) value of the obtained data is 84.1 per cent, which is above the recommended threshold value 0.50. Bartlett's test indicates the significance level at 1 percent, it means that the factor analysis was appropriate.

Correlation

Table 5 exhibited the positive relationships between each independent and dependent variable. Among these significant relationships, there was the strongest correlation between subjective norm and intention ($r=.652, p=.000$). Besides that, awareness ($r=.441, p=.000$), perception ($r=.457, p=.000$) and attitude ($r=.494, p=.000$) had the moderate correlations with intention to purchase takaful scheme for mental health disorders. This means that consumers who had higher level of awareness, perception, attitude and subjective norm would likely purchase takaful scheme for mental health disorders.

Table 5. Correlation between Variable

	AWR	PRCP	ATT	SN	INT
AWR	1	.297*	.261*	.444**	.441**
PRCP	.297*	1	.823**	.206	.457**
ATT	.261*	.823**	1	.341**	.494**
SN	.444**	.206	.341**	1	.652**
INT	.441**	.457**	.494**	.652**	1
Mean	3.11	4.09	4.21	3.53	3.50
Standard Deviation	1.18	.797	.840	1.20	1.17

*. Correlation is significant at the 0.05 level (2-tailed).

**. Correlation is significant at the 0.01 level (2-tailed).

Coefficient

Meanwhile, Table 6 portrayed the results of multiple regression testing hypotheses of the study. There were positive and significant impacts of independent variables including awareness, perception, attitude and subjective on the dependent variable of consumer intention toward purchase takaful scheme for mental health disorders. Standardized beta coefficients illustrated the level of effects of the independent variables on intention (INT) in the following order: the first was Subjective Norm ($\beta=.522, p<.05$), the second was Perception ($\beta=.247, p<.05$), the third was Awareness ($\beta=.115, p<.05$) and the fourth was Attitude ($\beta=.083, p<.05$). This means that every 1 standard deviation increasingly change in subjective norm, or perception, or awareness, or attitude would lead to an increase in consumer intention toward purchase takaful scheme for mental health disorders of .522, or .247, or .115, or .083, respectively. Therefore, the regression equation illustrated factors influencing Malaysian consumer toward intention to purchase Takaful scheme for mental health disorders could be stated as follows:

$$\text{INT} = 0.522\text{SN} + 0.247\text{PRCP} + 0.115\text{AWR} + 0.083\text{ATT}$$

As $F(4, 307) = 16.108$ and $p\text{-value} < .05$, the entire regression equation was statically significant at confidence level of 95%. This means that the above regression equation was deemed to accurately predict the level of consumer intention to purchase Takaful scheme for mental health disorders. It is concluded that the four hypotheses (namely H1, H2, H3, H4) of this study were supported at 95% level of confidence.

Table 6. Coefficients Between Dependent and Independent Variables

Variables	Standardized Coefficients (Beta)	Correlation (Part)
AWR	.115	.441
PRCP	.247	.457
ATT	.083	.494
SN	.522	.652

- *. Coefficient is significant at the .05
- Predictors: AWR, PRCP, ATT, SN
- Dependent Variable: INT
- ANOVA: $F = 16.108$, Sig. = .000
- Model Summary: Adjusted $R^2 = .510$

Discussion

During the study, all analysis steps were aimed at serving the answer for research questions. The analysis of these indices strictly controlled in the purpose and scope of the study. The empirical results showed the levels of each factor that had the impacts on consumer intention to purchase Takaful scheme for mental health disorders. Hence, the study would give some recommendations to help in increasing the development for the Takaful operators in the Malaysia context towards Takaful scheme for mental health disorders.

With the highest value of Beta ($\beta = .522$), the “subjective norm” factor was the most influential factor that had the strongest impacts on the level of consumer intention to purchase Takaful scheme for mental health disorders. According to Fishbein and Ajzen (1975), subjective norm is defined as an individual’s perception of social pressure to perform or not to perform the behaviour of interest. Subjective norm represents a person’s perception of whether significant referents approve or disapprove of behaviour (Ajzen and Fishbein, 1980). In Malaysia, the wealth protection scheme is among the popular products in Islamic finance industry with the numbers of products keep increasing offered to the consumers by the takaful operators. This indicated that the consumers are always looking for the wealth protection for their self as well as their family. Besides that, the result indicates that subjective norm plays an important role in influencing consumer intention to purchase Takaful scheme for mental health disorders. In other words, the more positive the subjective norm, the more likely that consumer will purchase a Takaful scheme for mental health disorders. This finding provides essential insights to Takaful operators to pay attention to social pressure when they are offering Takaful scheme for mental health disorders to their clients.

Although the three factors of “perception”, “awareness”, and “attitude” had the moderate influences on the consumer intention ($\beta = .247$, $\beta = .115$ and $\beta = .083$, respectively), these factors were evaluated at the moderate levels which were still far behind the desired one. This illustrated that respondents did not aware much about mental health due to lack of knowledge and information about this scheme. For this problem, the Takaful providers industry should develop the advertising strategies as well as the supplying of the knowledge on Takaful scheme for mental health disorders to improve participation on this scheme. However, these factors are not the main sides to focus on exploiting the scheme. Therefore, investors and companies should concern more about the factor had the strongest influences on Takaful scheme for mental health disorders. This study has provided strong unanimous empirical support for the direct positive influence of subjective norm, perception, awareness and attitude on intention to purchase in the context of Takaful scheme for mental health disorders. The results of this study indicate that the strong influence on subjective norm in this Malaysian sample. The possible explanation for this finding was that the respondents believed that family and personal referent had an impact on influencing their social pressure toward intention to purchase Takaful scheme for mental health disorders.

Conclusion

This study contributed to a common understanding of consumer intention to purchase Takaful scheme for mental health disorders in Malaysia. Although in the context of Takaful industry is

growing but not much research has focused on the issue of intention to purchase Takaful scheme for mental health disorders. Research has contributed to the model of Theory of Reasoned Action (TRA) and additional variables factors were directly influence consumer intention to purchase Takaful scheme for mental health disorders. From the synthesis of theoretical models and based on previous studies, the research has proposed a research model for individual variables. Again, based on the results of data analysis process, the study has identified subjective norm that affect consumer intention to purchase Takaful scheme for mental health disorders on the scope of Malaysia in general. This study also contributes to enforcement of the scale for individual variables related to the Takaful scheme for mental health disorders. In conclusion, although the study is still limited, but the results will contribute to providing a basis for decision making for the Takaful operators, while it is useful for marketers to be able to find solutions for marketing impact and promote consumer intention towards purchase Takaful scheme for mental health disorders in general.

Acknowledgement

This research was funded by the Ministry of Higher Education (MOHE) Malaysia under the Fundamental Research Grant Scheme (USIM/FRGS/FEM/055002/50717). Faculty of Economics and Muamalat, Universiti Sains Islam Malaysia (USIM).

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