

**POLITEKNIK SULTAN SALAHUDDIN ABDUL AZIZ
SHAH**

**DETERMINANTS OF CUSTOMER'S INTENTION TO USE
MEDICAL TAKAFUL POLICY AMONG PUBLIC
SECTORS IN SELANGOR**

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A project report submitted in partial fulfilment of the requirement

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COMMERCE DEPARTMENT

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We declare that the work in this final year project paper was carried out in accordance with the regulation of Polytechnic. It is original and is the result of our own work, unless otherwise indicated or acknowledged as referenced work. This thesis has not been submitted to any other academic institution or non-academic institution for any diploma or qualification.

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ABSTRACT

DETERMINANTS OF CUSTOMER'S INTENTION TO USE MEDICAL TAKAFUL POLICY AMONG PUBLIC SECTORS IN SELANGOR

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Abstract - As the increasing cost of medical bills in private hospitals and the long waiting lines in government hospitals, medical takaful insurance can be the best solution to help the community nowadays. The aim of this research is to examine the factors of health awareness and knowledge of customer's intention to use medical Takaful policy among public sector in Selangor. Besides, this research aims on the most influencing factors towards customer's intention of medical Takaful policy in Selangor. Moreover, researchers want to know that influence between health awareness, knowledge and customers' intention in using medical Takaful policy among public sector officers in Selangor. In order to gain the information that needed in this research, questionnaire will be used to get the primary data. The questionnaire also is the best method in analysing data for the main factors that affected the influencing purchasing medical Takaful policy. Furthermore, two factors have been given as the objectives of the research that can help the insurance company to improve their technique to provide or generate information towards the consumer that is important to have medical Takaful. Other than that, customer switching intentions were partially mediated by customer satisfaction. This study has some important implications for the Takaful practitioners and policy makers. It urges the Takaful operators to maintain and develop strong long-term relationships with the customers to reduce their switching intentions. It is hoped that the results of this study will serve as an informative reference for further development of Takaful on medical policy.

Keywords – Determinant, Customer's Intention, Medical Takaful, Public Sector, Knowledge, Health Awareness, Benefit, Medical Costs.

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LIST OF ABBREVIATIONS

| | |
|------|--|
| DV | Dependant Variables |
| IV | Independent Variables |
| SPSS | Statistical Package For Social Science |
| H | Health Awareness |
| K | Knowledge |
| C | Customer Intention |

CHAPTER 1 INTRODUCTION

1.1 Background of Studies

This chapter provides information on a research project which is Determinants of Customer's Intention to Use Medical Takaful Policy Among Public Sectors in Selangor. The part in this chapter would be the representation of the background of the study, the problems statement, objective, hypothesis, scope of the study, the significance of the study and operation definition. The outlined implementation of the requirement of the course and the suitability of the programme in the respective polytechnic.

Takaful is commonly referred to as Islamic insurance; this is due to the apparent similarity between the contract of kafalah (guarantee) and that of insurance. However, 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. (Instituted of Islamic Banking and Insurance 2021).

In the takaful industry, the assessment of the customers' intention is important for the purpose of enticing them to participate in takaful products. Accordingly, it is necessary to examine customers' purchasing attitude and behavior in order to fulfil customers' intention and satisfaction. Regarding this matter, Gillmore et al. (2002) and Abubakar et al. (2017) define intention as a relationship between behaviors and attitudes within a human action. Hence, intention can be utilized to predict how individuals behave based on their pre-existing attitudes and behavioral intentions in purchasing an item. As a result, customers' satisfaction can be achieved if the decision is accurately made within their intention.

Abdo (2003) defines health awareness as educating individuals and increasing their knowledge so as to change their behaviour and habits especially in the case of diseases' spread in community, as well as instilling habits and traditions that could enforce the health aspect such as sport practicing and nutrition.

The health awareness and promotion address behavioural factors such as the vaccination of families and pets, thorough hand washing, safe sex and practising good food hygiene. When people understand the risks of certain lifestyle choices, they know to start making changes. Communicable diseases are preventable, and as an organisation, the NICD aims to engage and empower South Africans to choose healthy behaviours and make changes to reduce the risk and spread of communicable diseases. (National Institute for Communicable Diseases 2020).

Clearly that, lack of awareness can be due to incomplete or inappropriate treatment, whereby continuing symptoms interfere with the development of awareness, and this may require change to a more effective treatment approach. Some people are reluctant to develop awareness as a result of a range of personal, social and cultural barriers, and the use of motivational interviewing may be helpful to understand and overcome these barriers. For

other people, the denial of awareness is an important coping mechanism at that time, which is a choice that needs to be respected when it is not harmful. (Australian Government, Department of Health,2006).

In addition, the knowledge of the public sector officers on takaful as well as how it affects their intention to use medical takaful policy. Past research by Rahman et al. (2008) was offered by the industry to fulfil the customers' needs in managing the risk which is in line with the shari'ah ways. The study examined the purchasing behavior and knowledge of Malaysian undergraduate students with regard to the differences between takaful and insurance products. In particular, the study emphasized the following four main factors that reflect how knowledge can affect customers' intention: services delivery, services provision reputation, electronic services, and convenience. The findings showed that undergraduate students have the intention to use insurance products because they perceived them to be better than the takaful products in all the aforementioned factors.

After reviewing the different definitions of health awareness, researchers see that health awareness implies delivering the health information to people correctly and comprehensibly so as to influence their daily life and behaviour. Enhancing the students' level of health awareness is an educational issue since the decrease in the students' health awareness level is fundamental in the educational domain, and is caused by lack of knowledge among students about how to deal with health problems properly. Thus, the unhealthy behavior is ascribed to the students' unfamiliarity with health habits and attitudes that could enable them avoid diseases (Al-Farra, 1984).

1.2 Problem Statement

Although most Malaysians may not be aware of or overlook health needs Insurance, players in the industry have said things are changing slowly. One thing for sure, the disease pattern in Malaysia such as cancer, cardiovascular disease, diabetes and hepatitis B are becoming alarming close to those in First World nations. "Ali, Noorhayati Yusof, et al. "A study on the importance of health insurance protection: the level of awareness among UITM staff". (2007).

Expenditure on health care in Malaysia has been increasing over the years and it brings a challenge not only for the government but also in insurer's provider and individual. Health care spending consumes a greater portion of the economic output in the futures; thus, Malaysian will encounter difficult decision towards health protection and other priorities.

Based on World Health Organisation (WHO) statistics its statistics shows that, national spending on health care per capita is increasing. There are internal and external factors that trigger the expenditure such as inflation and income. With the rising cost of healthcare, it has increased the demand and expectation on financial provider.

A factor that influences customer's intention is health awareness. A study by Benjamin et al. (2014) highlighted the importance of health protection for individuals who have to bear the high cost of medical expenses in the future. Indeed, Kumanyika et al. (2000) found that only

a few succeeded in maintaining a healthy lifestyle even though they initially had the intention of doing so. Webb and Sheeran (2006) indicated that good intentions influence the actual behaviour to pursue healthy behaviour in an attempt to ensure the best actual goal-oriented behaviour for public health awareness.

In Malaysia, public health care services have been experiencing establishment pressures due to the increasing demand and limited available resources. Current services have almost provided full insurance to the overall population and all civil servants. Subsequently, this causes health care services and patients to suffer from overcrowding, understaffing, lack of quality and waste of time. Meanwhile, a study by Dyah and Rizal (2006) stated that nearly 60% of Malaysians intended to seek private primary care but 73.2% could not afford the cost. Therefore, the findings of the study revealed the strong influence of health awareness towards the purchase intention of seeking medical takaful among Malaysians in Selangor.

Takaful is an alternative to conventional insurance. It is based on the principle of cooperation, mutual protection against losses of the members and social solidarity. It is a contract between people who decide to cooperatively share the liability for loss or damage that may impose on any one of them out of the fund they jointly contributed, however, in conventional arrangement loss is underwritten by the insurance company as stated by the terms and condition of the insurance policy (Maysami and William, 2011). Takaful is the model founded on the principle of shared collaboration and unity, as mentioned by Allah (SWT) in the Holy Qur'an, example in Surat Al-Maidah, verse 2 and Surat Ali Imran, verse 103 (Masud, 2011).

In contrast, the conventional insurance is a one-party risk reduction device popularly known as the insured, through the delivery of specific risks to another party, called the insurer, who propose a refurbishment, at least partly, of economic losses underwent by the insured (Naail and Norsham, 2014). Under the conventional insurance, there is no any religious limit. The key determination of insurance is for commercial purpose only in the form of protecting financial risk from the sorrow the complete cost of those activities on the natural surroundings which affect the insurer negatively (Zainuddin and Noh, 2013). The differences between Takaful and Conventional Insurance are summarised in table 1 below according to Yusuf et al. (2009).

Table 1.0 Showing Differences between Takaful and Conventional Insurance

| No. | Takaful | Conventional Insurance |
|-----|--|--|
| 1. | Takaful is established based on sympathy; therefore, any risk incurred is not transferred, but pooled by the Takaful participants. The Takaful operators manage the Takaful industry. In operation, they are equally the insurer and the insured. | In the conventional insurance, risk is transferred from the insured (the policyholder) to the insurer (the insurance company). |
| 2. | The uncertainty level (gharar) is reduced to a satisfactory level beneath Islamic sharia by portraying the participant contributions as donations (tabarru') and not a commitment to alleviate the loss incurred by any of the participants. | The conventional insurance has an element of uncertainty (gharar) which is prohibited in Islam. There is an uncertainty on the terms of the contract, because it is not clear when the loss will occur? And how much is payable to each participant as compensation for the loss suffered? |
| 3. | In Takaful, each participant pays contribution in the spirit of brotherhood to take care of the losses of the group members. Profit and loss are mutually shared by the participants. So, the Takaful operators are not affected by the loss in any way. | The conventional insurance involves gambling (maysir). The gambling is the premium paid in anticipation of compensation. And if the expected loss does not occur, the policy holder loses the amount paid as premium, but if the loss occurs the insurance company lost a huge amount of money more than the premium collected from the insured. Therefore, gambling is prohibited in Islam. |
| 4. | In Takaful, the contributions collected from the participants are invested by the Takaful operators in non-interest-based capitalization. | In conventional insurance, funds are invested by the insurance company at a fixed interest-based capitalization. The interest generated is usury (riba) and is prohibited in Islam. |
| 5. | The accrued profit in Takaful industry is repaid to the participants according to the individual contributions. | In conventional insurance, the accrued profit goes to both the insured (policyholder) and the insurer (insurance company). Though the policyholder is protected throughout the period of the policy, but is not allowed to have any profit at the end of such period. |

There is why consumer choose Takaful rather than conventional insurance. Takaful from the Islamic perspective is a pooling system of community members who dwell on the principles of shared assistance and brotherhood in which participants donate money to support people who are in need, especially in times of financial problems. Practically, Takaful is a tool for alleviating any eventuality or danger on the life, property or business ventures of moslem and even non-moslems. It is regarded as a substitute for conventional insurance (Kadir, 2011).

Profits are shared among participants (rabbul maal) who are the providers of capital and the Takaful operators (mudhārib) who are the managers of the business. The profits obtained are shared according to the ratio agreed upon between the capital providers and the managers. But, losses in the business are credited to the participants. However, to safeguard the participants' interest, Takaful operators are required to strictly abide by the requirements and they should not invest the capital in unsafe and risky business (Mahmood, 2001).

1.3 Objectives

This study aimed at the determination of the relationship between determinants of customer's intention to use medical takaful policy among public sectors in Selangor. These are the main objectives of the research:

1. To determine the relationship between health awareness and customers' intention in using medical takaful policy among public sector officers in Selangor.
2. To determine the relationship between knowledge and customers' intention in using medical takaful policy among public sector officers in Selangor.

1.4 Hypothesis

These were the hypothesis developed to answer all research objectives that being mentioned earlier.

H1 : There is a significant relationship between health awareness and customer's intention in using medical takaful policy among public sector officers in Selangor.

H2 : There is a significant relationship between knowledge and customer's intention in used medical takaful policy among public sector officers in Selangor.

1.5 Scope of Study

The scope of this study is on determinants of customer's intention to use medical takaful policy among public sectors in Selangor. This research was conducted to analyse the role of health awareness on consumer purchasing intentions in medical takaful policy in Selangor. In the case of the present study, it is crucial to note that public sector officers may not be aware of their health condition due to their work pressure. As a result, they may suffer from an illness in the future without having the chance to take any prevention. A study by Ellis (1995) reported that occupational stress can be inferred from the problems faced by the employees or from environmental interaction. More importantly, it should be noted that the consequences of this stress may manifest in terms of health problems, emotional reactions, and organizational outcomes.

1.6 Significant of Study

This study is show great benefit to the takaful industry to offer more information on the value of health awareness and the benefits. This research has benefited the general public in understanding the data on the rewards of medical takaful transactions. This, research has enabled the customers to understand the policy data in insurance on medical takaful. Purchase behaviour is a key point for consumers to access and evaluate the specific product.

For the Takaful industry, the findings of the present study encourage the Takaful operators, marketing teams, staffs, and agents to improve their performance by increasing their efficiency, creativity, innovation, and awareness of product features in developing a good impression among potential customers. This study helps the marketing team of the Takaful operators to formulate marketing strategies that can attract potential customers to participate in the medical Takaful policy, especially among the public sector of Selangor.

Second, on behalf of the public sector officers, the results of the study show the important it is to enhance the customers' purchase intention towards medical Takaful policy. Third, the suitability of factors such as health awareness, knowledge and customers' intention in the previous theory and literature on Takaful industry has been proven in the current research. This study helps the marketing team of the Takaful operators to formulate marketing strategies that can attract potential customers to participate in the medical Takaful policy, especially among the public sector officers.

1.7 Swot Analysis

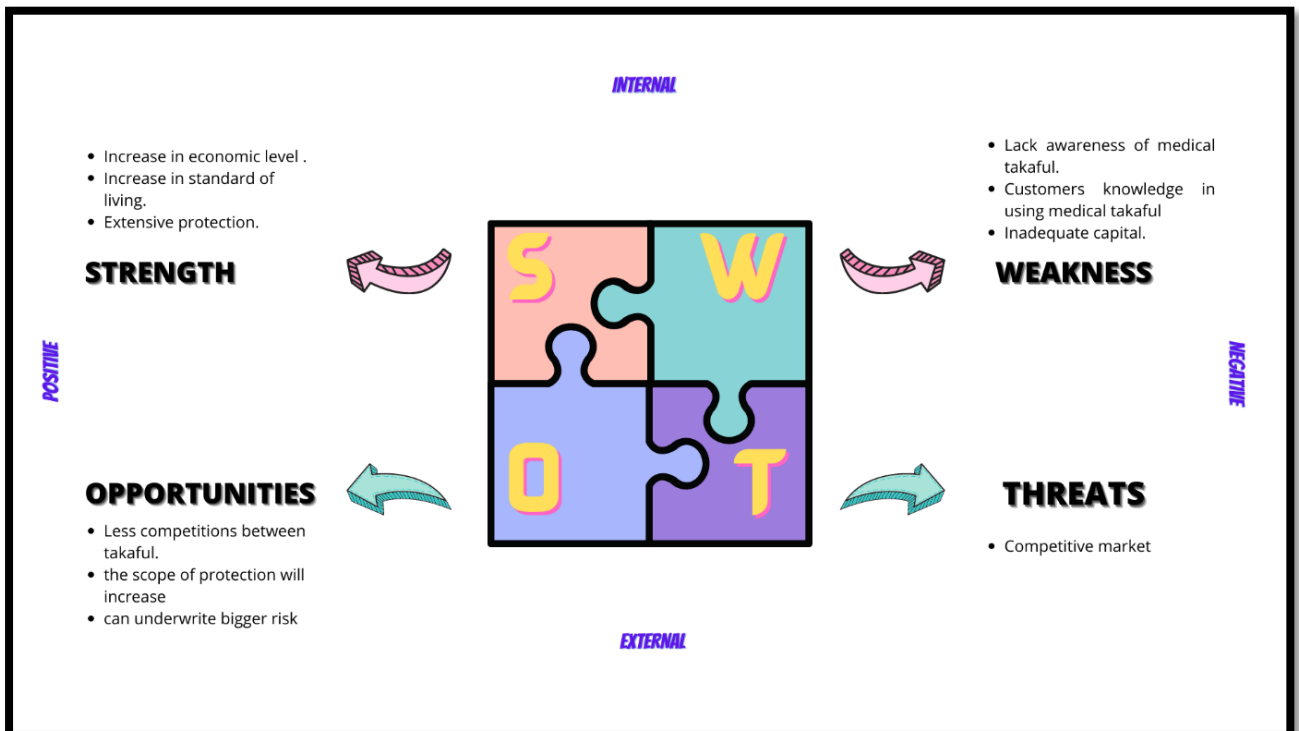


Table 1.1 SWOT Analysis

1.8 Operational Definitions

These are the terms and its operational:

A) Determinant

Determinant is an element that identifies or determines the nature of something or that fixes or conditions an outcome.

B) Health Awareness

Awareness comprises a general understanding of one's mental health, but also more specific knowledge of risk and protective factors for mental health.

C) Knowledge

Ackoff (1999) defines knowledge as conveying instructions and answering how-to questions. In addition, he describes knowledge as a combination of information and understanding with the aim of increasing efficiency. However, Brucks (1985) explains knowledge in the context of a product by defining it as customers' intention towards specific information which concerns the primary source of the product knowledge of a given product. Alnemer (2015) states that the lack of knowledge and intention about the basics and technicality of the products and services can lead to an obvious deficiency in the customer-motivated reasons to have insurance products and services. Jeddi and Zaiem (2010) found that the level of knowledge provides some impact on customers' intention.

D) Customer Intention

Richard P. Bagozzi. An intention has been defined as a person's commitment plan, or decision to carry out an action or achieve a goal (Eagly and Chaiken, 1993), and in fact has been used synonymously at times with choice, decision, and plan.

E) Medical

Medical means relating to illness and injuries and to their treatment or prevention.

F) Takaful

Takaful is a type of Islamic insurance wherein members contribute money into a pool system to guarantee each other against loss or damage.

G) Public Sector

Public sector is portion of the economy composed of all levels of government and government-controlled enterprises. It does not include private companies, voluntary organizations, and households. (2021 Encyclopaedia Britannica)

1.9 Conclusion

The implementation of this research is made within the problem statement, research objectives and research scope that was mentioned earlier throughout the period of four months starting from 8 March 2021 till June 2021. A Gantt chart has been developed for the purpose of monitoring the planning and implementation of research activities.

CHAPTER 2 LITERATURE REVIEW

2.1 Introduction

In this chapter, literature review surveys scholarly articles, books and other sources relevant to the particular area of health awareness towards purchase intention in medical takaful in Selangor. The literature review consists of concept and previous research. In previous research also consists of purchase intention towards medical takaful policy and attitudes on purchase intention towards medical takaful. The methodology that used for this research is theory planned behaviour. The last part is chapter summarize the content of this chapter.

2.2 The Development of Medical Takaful

According to Hanif & Iqbal (2014), liberalization of various Muslim countries from colonial powers in the twentieth century led the Muslim world to redesign the socioeconomic system through Islamic ideology. Various efforts were witnessed over the course of time, but the main advancement was, the conference of “Organization of Islamic Conference” held in Jeddah 1973. The main resolution was a decision to establish “Islamic Development Bank.” Later on, Muslim countries took serious considerations for the development of Islamic financial industry. The series of efforts responsible for the establishment of “Islamic Insurance Institution” in 1979 followed by the commencement of first Takaful company “Islamic Insurance Company” in Sudan back in 1979.

The development of the takaful industry in Malaysia in the early 1980s was inspired by the prevailing needs of the Muslim public for a Shariah-compliant alternative to conventional insurance, as well as to complement the operation of the Islamic bank that was established in 1983. It was, to a large extent, triggered by the decree issued by the Malaysian National Fatwa Committee which ruled that life insurance in its present form is a void contract due to the presence of the elements of Gharar (uncertainty), Riba’ (usury) and Maisir (gambling). A Special Task Force was established by the Government in 1982 to study the viability of the setting up of an Islamic insurance company. Following the recommendations of the Task Force, the Takaful Act was enacted in 1984 and the first takaful operator was incorporated in Malaysia in November 1984.

The Malaysian takaful industry has experienced rapid growth and transformation since its inception 37 years ago. It has grown from an industry comprising of a single player with limited basic products to become a viable industry that has been integrated into the mainstream financial system. This was achieved through the concerted efforts of Bank Negara Malaysia and the takaful operators in developing a dynamic, resilient and efficient takaful industry.

2.3 Medical and Health Takaful Malaysia

Takaful products are different from conventional one's insurance. It is because knowledge of the differences of the two products is important because it allows customers to compare things better before choosing for a protection policy that suits them. Research by Saif (2012) states that around 80% of existing customers turn to takaful when Yemen's conventional insurance the company introduced takaful products in 2008. However, Saif also opined that the insurance sector realizes the importance of takaful products in terms of attracts customers and investors from Yemen because of its content and takaful product policies are transparent as compared to any that are not Syariah elements. Medical and Health are generally designed to cover cost of private medical treatment such as hospitalisation and healthcare service. The policy is provided by a licensed takaful company.

Salman et al. (2017), the results of the study indicate that non-Muslim insurance policyholders are not aware that insurance the practice involves uncertainty, gambling, and interest. Unaware of this, the majority of non-Muslims are not believe that the practice of insurance violates their religious teachings and should be banned. It is common and mostly believes that what is shared between the majority of Muslims and non-Muslims is that ethics is important in insurance practice. Therefore, it can be said that Indians have very low awareness and knowledge of Takaful.

Further, is that this health awareness greatly contributes to an individual's intention to roll in a medical takaful scheme in preparation in the event of an unforeseen event. Zuriah and Rosylin (2008) mention the intention allows most people to realize that medical takaful in an effort to compensate each other after suffering an unintentional loss and make the insured financial loss. A man in troubler suffer losses may not be due to enmity between human beings which can usually result in current death during an unexpected event such as a natural death, relatively chronic health problems, unemployment and dangerous diseases. A possible explanation for this the problem may be because insurance is in fact a very important tool and it helps solve many social responsibilities. Mohamed (2008) mentions that intention takaful is to require funds to be distributed for consolidation purposes a more aggressive health care system and targeting the poorest and rural population an area as well as those who lack understanding of takaful.

2.4 Knowledge

Knowledge can be interpreted in several ways. Among them Ackoff (1999) defines that knowledge as a medium of conveying instructions and answering manner questions. In addition, can describe knowledge as a combination of information and understanding with the purpose of increasing efficiency.

However, Brucks (1985) explains that deep knowledge product context by defining it as the customer's intention toward a specific information concerning the main source of product knowledge a given product. In addition, it also covers the customer experience with actual products and advertisements with a goal that can influence customers product selection

decisions (Rao & Monroe, 2020). Furthermore, Burton et al. (2009) determined the position of consistent product knowledge as the most factors that are so important as well as can influence customer's intention in relation to them purchasing behavior.

A large number of studies show that the intention to buy life insurance is influenced by an individual's knowledge (Yin et al., 2010). Jeddi and Zaiem (2010) have found that the level of knowledge had little effect on customer's intention. Therefore, it can be concluded that a high level of knowledge is related to the ability to understand the benefits of risk management and long-term saving. As a result, this leads to high accuracy in positive risk assessment correlates with the desire to claim any product (Beck & Webb, 2003; Lo et al., 2011; Sherrick et al., 2004).

In a similar statement, other researchers argue it has also emphasized its importance knowledge. Hamid and Othman (2011) have emphasized that level knowledge and understanding among Muslims in Malaysia can contribute to increased customer intention to purchase takaful products. Next, Naail and Norsham (2014) mention that customer buying intentions are based on takaful knowledge that can be acquired through reading, the Internet, and promotions given by takaful agents. A study by Lin and Chen (2006) shows that customers are also easily influenced by knowledge of products and services during purchase intentions and purchase decisions. Therefore, the study has implicit intensive., the customer's purchase intention and purchase decision under different products engagement tends to have a positive impact on product knowledge.

Therefore, Ghazali et al. (2011) and Ahmad et al. (2010) have pointed out that most poor knowledge and understanding of insurance and takaful products in Malaysia, in turn, it also influences the intention of customers to use the service. Therefore, this study was aimed to examine the impact of knowledge on customers intentions among public sector officials.

2.5 Health Awareness

Health is translated as the level of functional efficiency or metabolism of life organism. In humans, the health of the body is the ability of an individual or society to adapt in managing themselves when they face physical, or, social challenges (Huber et al., 2011). In 1948, the WHO constitution, stipulates health more broadly with a sense of a stable state of physical, mental and social well-being and just have an illness or diseases. One another note, the Health Belief Model (HBM) was developed to help understand why people did or did not use preventive services offered by public health departments in the 1950's, and has evolved to address newer concerns in prevention and detection (e.g., mammography screening, influenza vaccines) as well as lifestyle behaviors such as sexual risk behaviors and injury prevention. The HBM theorizes that people's beliefs about whether or not they are at risk for a disease or health problem, and their perceptions of the benefits of taking action to avoid it, influence their readiness to take action. Alnemer, H. (2015). Participant's or insured's perception of the takaful operator exposure systems: An empirical study of Saudi Arabia. Islamic Finance, Performance and Efficiency. V (3). Gerlach Press. Germany. Amim, M. O. (2000). Factors that have influenced government perception service takaful as one of the

alternatives associated with conventional insurance. Thesis (M.o.M). International Islamic University Malaysia (IIUM). Gombak. Selangor.

However, a large number of individuals or communities have yet to take action towards more important preparation. Drechsler and Jütting (2007) through WHO (2006) defines the urgent need to obtain public health related awareness a stool that help for health financing to reduce higher amounts of spending out of pocket payments as well as unforeseen events related to the health of the disaster the world is building. In contrast, a study by Fletcher and Hastings (1984),Kunreuther and Pauly (2005) and Oluyemi (1995) it reveals estimates constraints are one of the reasons that influence customer's intentions not to take opportunities and share join an insurance scheme. Overall, most people give the reason that they are faced with various expenses that result in them not having a fixed and stable income to pay insurance premiums.

In other cases, consciousness can also be defined in a variety of ways. Kjeldskovand Skov (2004) it defines awareness as the ability to adapt to change100 Journal of International Banking and Finance, Vol. 14, 2018-2019: 95-116 responding conditions as well as according to the context of use.

Meanwhile, Neaton et al. (1993) he defines consciousness as knowledge about hypertension which is often acquired through healthy employees. Gregory et al. (1996) it explains awareness of several factors that can influence a healthy lifestyle, including the effects of publicity on health subjects that can be with diet. According to the study, most Asians can described through individuals who are less aware of its importance changes in benefits in health awareness, especially in relation to food content provided by public health campaigns, media publicity and advertising programs In other cases, consciousness can also be defined in a variety of ways. Kjeldskovand Skov (2004) it defines awareness as the ability to adapt to change100 Journal of International Banking and Finance, Vol. 14, 2018-2019: 95-116 responding conditions as well as according to the context of use. Meanwhile, Neaton et al. (1993) he defines consciousness as knowledge about hypertension which is often acquired through healthy employees. Gregory et al. (1996) it explains awareness of several factors that can influence a healthy lifestyle, including the effects of publicity on health subjects that can be with diet. According to the study, most Asians can described through individuals who are less aware of its importance changes in benefits in health awareness, especially in relation to food content provided by public health campaigns, media publicity and advertising programs.

2.6 Customer Intention

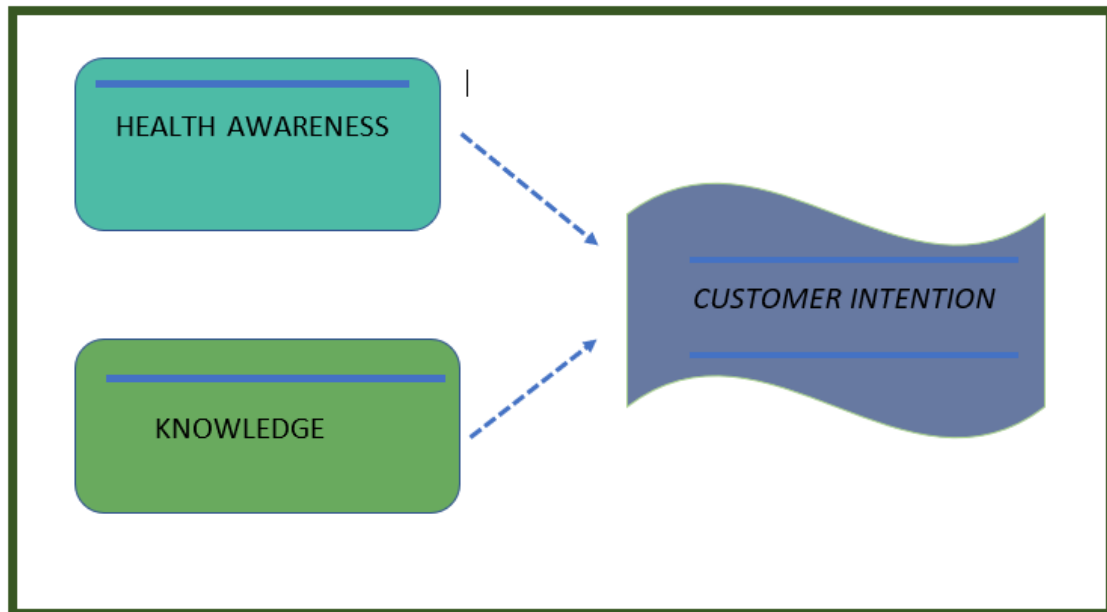
The theory of rational action (TRA) model developed by Martin Fishbein and Icek Ajzen in 1975 has been commonly and often used in psychology by classic models of persuasion in order to explain the relationship between behaviour, attitude, purpose and belief in human behaviour (Md-Taib et al., 2008). In addition, Gillmore et al. (2002) demonstrated that this hypothesis was used to predict and establish an inference about how individuals are acting on the basis of their pre-existing attitudes and behavioral intent. In short, it can be understood

that if a person has the intent to conduct a certain action, he or she can make the decision to do something. Data from published research have shown that the relationship between health awareness and buyer intent is positive and substantial. This statement is further supported by numerous studies, including research by Montano et al. (1997), who have shown that health awareness is significantly correlated with intention, while Elmanan (2005) found that medical treatment has a positive correlation with the intention of the customers. A number of past studies found an essential positive relationship between awareness and the intention of the customers. This claim is consistent with previous research conducted by Burton et al. (2009), which found that product awareness is associated with consumer buying behaviour. Meanwhile, Alnemer (2015) described a lack of awareness as having a positive relation with intention because consumers are hesitant to take part in insurance products and services. Intention-behaviour theories, i.e., theory of reasoned action (Ajzen and Fishbein, 1975) and theory of planned behaviour (TPB) (Ajzen, 1988), postulate that individual's behaviours are determined by their intentions. Various definitions of intentions exist in the literature. Ajzen (2005) defined intention as individual's readiness to buy a certain product. In intention-behaviour theories, intentions are referred as behavioural intentions (Ajzen, 2005). It is to what extent an individual is willing to try and exert effort to perform behaviour. In other words, behavioural intention is the probability that an individual will perform certain behaviour. It is the behavioural intentions that lead towards the actual behaviour (Ajzen and Fishbein, 1980). Purchase intentions are described as consumer's willingness to purchase a certain product or services (Shao et al., 2004). Purchase intentions provide a linkage between willingness to purchase a product or service (Karim et al., 2011). Past studies have proven that purchase intentions are the primary determinants of the actual purchase behaviour (Van der Heijden et al., 2003). Purchase intentions are the basis of many consumers behaviour models (Morwitz et al., 2007). According to Fishbein and Ajzen (1975), intentions are the most effective way to identify the actual behaviour and the stronger the intentions are, it is most likely that the actual behaviour will be performed. Madan and Yadav (2018) further pointed out in the context of mobile shopping that positive behavioural intentions lead to actual product purchase. The present study looked into factors that determine intention to purchase medical takaful insurance schemes.

2.7 Importance of Medical Takaful

Medical takaful plan is a takaful product listed under family takaful. The participants of this plan do not have to spend money to pay the medical bill, since the takaful operator will pay for it, if he or she is diagnosed with certain illness or are involved in an accident. Basically, medical takaful plan offers coverage for hospital services and professional fees, hospitalization benefits and critical illness. Certain takaful operators offer to cover up to 36 critical illnesses and the list of illnesses covered can be read in the brochure provided by takaful operators, such as HSBC Life Select Single plan. Additional basic coverage is death cover and total permanent disability (TPD) cover. If a participant wants to get more benefits, he or she has to add on any rider(s) offered under the medical takaful plan he or she chooses.

2.8 Conceptual Framework



2.1 Table of Figures

In Malaysia, there are an estimated 36 insurance firms. There is a total of 14 companies for the life insurance sector, and there are 22 companies for the general insurance company. There are many insurance firms that offer medical and health insurance, including Great Eastern Takaful, Takaful Ikhlas Berhad, Zurich Takaful Malaysia, AIA Takaful and others. The type of coverage offered by medical insurance can be thoroughly comprehensive, such as compensating for surgical operations, and medical diseases but some may only provide basic coverage, such as covering expenses of hospital rooms and minor medical conditions. A medical takaful will help you to pay for various hospitalization and medical expenses that you will incur if you become ill or injured. These expenses will include a hospital room, professional and surgery fees and medical supplies and services. A medical insurance policy will also help you if can no longer work and earn an income because of illness or injury.

2.9 Conclusion

- The Takaful insurance concept is based on solidarity and shared responsibility. It is an Islamic way of protection providing an alternative to conventional insurance. The inclusion of competitive elements against conventional insurance makes Takaful more desirable for consumers. Since its inception over last three decades, it is rapidly growing in the international market. People are well aware of the concept and adopting Takaful insurance in different regions of the international market. Takaful insurance system works under Islamic Sharia laws and also violates the unlawful elements of the conventional insurance system. Therefore, Muslims from all over the globe have great opportunity to get benefits from Takaful insurance. The worlds Muslim population today has reached to 1.8 billion which sets

a great potential for Takaful business. The solidarity concept and ethical contributions not only attract Muslim consumers but also other people from different communities as well. The main challenge for Takaful market is awareness of Takaful concept to the potential market. A large no of people still unaware of the concept and fruits of Takaful business. Similarly, the conventional insurance market is leading to more innovation and market share. Therefore, there is a need to develop more innovative and competitive products which could compete with conventional insurance market. - Mohammed Alam (2016). " Customer buying intension towards health insurance: An empirical evidence from the UAE.

The Takaful industry, with its rapidly evolving landscape, is currently facing numerous regulatory and technical challenges. The industry is constantly seeking improvements in its effort to improve competitiveness and to meet Shariah requirements as well as treating customers and Takaful operators fairly. It must also survive side-by-side with the conventional insurance industry. The lack of suitable human resources means that actuaries can add significant value to assist Takaful operators in tackling these current issues faced by the industry. Mutuality is a concept that has existed for centuries in the insurance world. Actuarial expertise and knowledge in the management of mutual insurance business can be adopted within Takaful to enhance its success. The Takaful industry is continuously striving to develop best practices in the management and valuation of the business. Actuarial principles and practices in the conventional insurance context such as embedded value calculations, asset liability management, enterprise risk management, capital management, surplus determination, and distribution methodologies have direct application to the Takaful industry. In addition to technical challenges, there are also regulatory challenges within the industry. Due to the varying degrees of Shariah interpretation, there are difficulties in developing global Takaful standards or regulations, although the IFSB has issued Takaful consultation papers in an attempt to achieve some consistency in the industry. Actuaries can work closely with the regulators to develop a framework that is appropriate and relevant to Takaful. With the conventional insurance industry moving towards a risk-based capital assessment regime, and with the current changes in the global accounting standards, considerations need to be given to their application to Takaful. Researchers have explained about the concept and theory research that are related to this reach.

CHAPTER 3 RESEARCH METHODOLOGY

3.1 Introduction

This chapter focuses on research methodology. The methodology here refers to variety methods and techniques used during the course of this research. This chapter discusses and highlights the methodology used to analyse the data collected, how research is conducted. In this chapter, proper research procedures are indeed followed. This chapter covers several sub-sections such as research design, population and samples, questionnaires, pilot tests, reliability and validity and chapter summaries. Key completing this research, the most appropriate research design was used for ensure the reliability and validity of the information provided. In research methods play an important role. It covers research design, sampling techniques, instruments, research procedures and data analysis. This is because, those who do not exercise rights methods, unable to collect or analyse data perfectly suited to our roles and problems.

3.2 Research Design

Research comes in many forms and shapes. It uses qualitative, quantitative and or mixed methods depending on the research question posed. Data also comes in many forms and shapes and not all of them qualify as 'research' or 'evidence'. Without attempting a summary of the published literature on the nature, quality, conduct and use of research. we use questionnaires to obtain data from users around Selangor.

According to Trochim (2020), research design "provides the glue that holds the research project together. A design is used to structure the research, to show how all of the major parts of the research project work together to try to address the central research questions." The research design is like a recipe. Just as a recipe provides a list of ingredients and the instructions for preparing a dish, the research design provides the components and the plan for successfully carrying out the study. To complete all the research problem.

The research design is the "backbone" of the research protocol. This research design was start with collecting the literature review from the past research. The literature review was based on the term that the researcher used in this research. To complete this research, two methods are used to getting the information or data. All the method was more likely to be quantitative basis.

The survey that the researcher used is distributed the questionnaires to the respondents. The respondents were from public sectors in Selangor. The researcher used the SPSS system to analyses data that have been collected from the respondents. The final results were in percentage and mean according to the SPSS system. There was only one method used for data collected, which is primary data.

3.2.1 Primary Data

In our research study, the questionnaire survey method is based on the main data collection method as the main source of information. Researchers will distribute a total of 388 copies of the questionnaire through online methods or distribute survey forms randomly to be completed by the public sectors in Selangor. This method will facilitate us at the final stage for data coding, data analysis and data interpretation by making the process simple and easy. Such a data collection method chosen for use because of its reliability, moderate, direct, eastern response to reach and use multiple choice questions can reduce the likelihood of uncertainty in the results.

3.3 Population and Sampling

This study adapts a questionnaire based on a survey conducted on public sectors in Selangor. It has been stated that, this table is used to simplify the process of determining the sample size for a finite population, Krejcie & Morgan (1970), create a table using the sample size formula for a finite population.

By using a quantitative based study, the size of this sample can be determined using specific calculation procedure taking into account the sampling instrument, significance level, and also confidence level and often the researcher chooses to use an error at 5% sampling, with a 95% confidence level (Rosmawati 2012).

Table 3.1

Table for Determining Sample Size of a Known Population

| N | S | N | S | N | S | N | S | N | S |
|----|----|-----|-----|-----|-----|------|-----|---------|-----|
| 10 | 10 | 100 | 80 | 280 | 162 | 800 | 260 | 2800 | 338 |
| 15 | 14 | 110 | 86 | 290 | 165 | 850 | 265 | 3000 | 341 |
| 20 | 19 | 120 | 92 | 300 | 169 | 900 | 269 | 3500 | 346 |
| 25 | 24 | 130 | 97 | 320 | 175 | 950 | 274 | 4000 | 351 |
| 30 | 28 | 140 | 103 | 340 | 181 | 1000 | 278 | 4500 | 354 |
| 35 | 32 | 150 | 108 | 360 | 186 | 1100 | 285 | 5000 | 357 |
| 40 | 36 | 160 | 113 | 380 | 191 | 1200 | 291 | 6000 | 361 |
| 45 | 40 | 170 | 118 | 400 | 196 | 1300 | 297 | 7000 | 364 |
| 50 | 44 | 180 | 123 | 420 | 201 | 1400 | 302 | 8000 | 367 |
| 55 | 48 | 190 | 127 | 440 | 205 | 1500 | 306 | 9000 | 368 |
| 60 | 52 | 200 | 132 | 460 | 210 | 1600 | 310 | 10000 | 370 |
| 65 | 56 | 210 | 136 | 480 | 214 | 1700 | 313 | 15000 | 375 |
| 70 | 59 | 220 | 140 | 500 | 217 | 1800 | 317 | 20000 | 377 |
| 75 | 63 | 230 | 144 | 550 | 226 | 1900 | 320 | 30000 | 379 |
| 80 | 66 | 240 | 148 | 600 | 234 | 2000 | 322 | 40000 | 380 |
| 85 | 70 | 250 | 152 | 650 | 242 | 2200 | 327 | 50000 | 381 |
| 90 | 73 | 260 | 155 | 700 | 248 | 2400 | 331 | 75000 | 382 |
| 95 | 76 | 270 | 159 | 750 | 254 | 2600 | 335 | 1000000 | 384 |

Note: N is Population Size; S is Sample Size *Source: Krejcie & Morgan, 1970*

Figure 3.1: Krejcie and Morgan table

The population targeted for this study is the public sectors in Selangor. Respondent will be picked randomly as the population is big and consist of multiple races and religions. Sampling by using Krejcie, R.V and Morgan D.W. The sampling is involving 388 individuals in public sector in Selangor. The samples are not required to provide their names in the questionnaire to ensure the confidentiality of all respondents, all information and data collected from or about community are protected.

3.4 Questionnaire

Questionnaire was used to collect data from the respondents. This section will discuss on how to construct questionnaire. The questionnaires are divided into four sections, which are Section A, Section B, Section C and Section D.

Table 3.1: Questionnaire

| SECTION | CONSTRUCT | QUESTIONS | SOURCES |
|----------|-------------------------------|--|--|
| A | DEMOGRAPHIC | <ol style="list-style-type: none"> 1. Gender 2. Marital status 3. Age 4. Ethnicity 5. Highest Educational Level 6. Job's Category 7. Monthly Income | Asma Binti Mohd Tajuddin "Determinants Of Customer's Intention To Use Medical Takaful Among Public Sectors In Alor Setar" (2019) |
| B | DV: CUSTOMER INTENTION | <ol style="list-style-type: none"> 1. I am interested to use Medical Takaful. 2. I am interested to use Medical Takaful in the future. 3. I will to use Medical Takaful financing someday. 4. I like to use Medical Takaful. 5. I will definitely recommend Medical Takaful to others | Asma Binti Mohd Tajuddin "Determinants Of Customer's Intention To Use Medical Takaful Among Public Sectors In Alor Setar" (2019) |
| C | IV: HEALTH AWARENESS | <ol style="list-style-type: none"> 1. Workers under enormous pressure, fatigue and stress leading to accidents/ critical disease. 2. Pressure from management/ supervisor. 3. I suffer from related ill such as backache, stress, and Repetitive Strain Injury. | Asma Binti Mohd Tajuddin "Determinants Of Customer's Intention To Use Medical Takaful Among Public Sectors In Alor Setar" (2019) |

| | | | |
|----------|-----------------------|--|---|
| | | <ol style="list-style-type: none"> 4. I have impression that I am repeatedly picked on or discriminated against at work. 5. Fatigue is an issue for me. I have caught myself making mistakes on the job when I was tired. | |
| D | IV : KNOWLEDGE | <ol style="list-style-type: none"> 1. Takaful medical card system similar to conventional insurance medical card. 2. Someone has to pay higher contributions to get a takaful medical card compared with conventional insurance medical card. 3. Only Muslims can have a takaful medical card. 4. Cards conventional medical insurance more readily available in my area than takaful medical card. 5. Managing medical claims delayed by a takaful medical card companies compared to conventional insurance medical card. | <p>Asma Binti Mohd Tajuddin “Determinants Of Customer’s Intention To Use Medical Takaful Among Public Sectors In Alor Setar” (2019)</p> |

3.5 Pilot Test

In general, a pilot precedes and is closely related to a larger study (Prescott & Soeken, 1989; Lancaster, Dodd, & Williamson, 2004; Eldridge et al., 2016). A pilot is often viewed synonymously with a “feasibility study intended to guide the planning of a large-scale investigation” (Thabane et al., 2010, p. 1). In effect, pilots are comprising a risk mitigation strategy to reduce the chance of failure in a larger project. The word pilot has several different meanings in the research literature; however, as Eldridge et al. (2016) points out, definitions of pilot studies usually focus on the experiment, project, or development undertaken in advance of a futures wider experiment, project, or development. In other words, a pilot study facilitates decision-making, and therefore serves as “a small-scale experiment or set of observations undertaken to decide how and whether to launch a full-scale project” (Collins English Dictionary, 2014, para 1).

Before the questionnaire is distributed to the actual respondents, the pilot study is done to estimates the qualities of level the questionnaire. The research has distributed 28 questionnaires to the respondents which is the public sector officer Selangor. Besides, the pilot study was held on week 9, after a proposal defend are finished and the topic is already being confirmed by the evaluator. The purpose of pilot study is:

- i) To examine that the public sector in Selangor can understand the question well.
- ii) To analyse whether the question is related with the correspondents.
- iii) To examine whether the objective of research will be achieving through questionnaires.

3.6 Reliability and Validity Analysis

A total of respondents from the public sectors officers in Selangor were selected to participate in the pilot test prior to the distribution of the final questionnaire. The purpose of the pilot test is to ensure the clarity of the questionnaire’s statements to the respondents as well as to detect other possible weaknesses in the questionnaire. Therefore, the pilot study was aimed to provide some feedback that could help the researcher to improve the questionnaire. In particular, some of the improvements involved the restructuring of the statements in simpler words in order to ensure the ease of comprehension. This paper adopts a quantitative approach by using an extended Theory of Reasoned Action (TRA) model. More importantly, the pilot test was also used to examine the question flow as well as to determine whether or not to remove or improve several questions prior to the large-scale implementation. Moreover, this idea is supported by Bryman and Bell (2007) who stated that it could assist in obtaining extra information and accurate responses from the respondents.

Reliability Statistics

Table 3.2: Reliability Statistics

| Variable | No. of Items | Item deleted | Cronbach's Alpha Pilot test |
|--------------------|--------------|--------------|-----------------------------|
| Health Awareness | 5 | - | 0.737 |
| Knowledge | 5 | - | 0.835 |
| Customer Intention | 5 | - | 0.957 |

Table 3.2 shows the result interpreted using the Cronbach's Alpha value obtained from the pilot test. The outcome obtained was in the range of 0.737 to 0.957. According to Sekaran and Bougie (2010), the items are considered good if the value is in the range of 0.70 to 0.9, while the items are considered excellent if the value is more than 0.90. In the case of this study, the items were reliable to be tested since the value was more than 0.70 ($\alpha > 0.7$).

3.7 Chapter Summary

In conclusion, the researcher has explained about the research design that has been use in this research. The researcher stated that this research is use questionnaires as the instrument. The pilot study was also successfully done with the Cronbach's Alpha more than 0.7 based on SPSS system and the researcher can run with the further research. The present study aimed to achieve two main objectives. First, the current research attempted to identify the significant relationship between health awareness and customer's intention. The results illustrate a significant positive relationship between both factors. Finally, the second objective was to examine the significant relationship between knowledge and customer's intention. The results revealed that both independent variables, namely health awareness and knowledge had significant positive relationships with the dependent variable (customer's intention).

CHAPTER 4 DATA ANALYSIS AND RESEARCH FINDINGS

4.1 Introduction

This chapter explains about the method used by the researcher while conducting this research. This chapter shows the result from statistical analysis conducted and collected from the study sample and in addition to the clarification of outcome with hypothesis that was done by the researcher. Firstly, it contains the design of research and followed by the sampling design, data collection, and questionnaire design. Also, followed with the description on measurement scales and results of research which was analysed through SPSS system.

4.2 Reliability and Normality Analysis

The reliability of each item in the instruments was measured using the Cronbach's Alpha Coefficient. Each dimension of the questionnaire was calculated separately to facilitate clear understanding. The reliability analysis is then conducted to derive the consistency of a measuring instrument in measuring whatever concept it is measuring. Reliability of measure is an indication of the stability and consistency with which the instrument the concept and helps to assess the "goodness" of a measure.

Table 4.1 Reliability test for each variable (N=388)

| Variable | No of Item | Cronbach's Alpha |
|--------------------|-------------------|-------------------------|
| Health Awareness | 5 | 0.716 |
| Knowledge | 5 | 0.730 |
| Customer Intention | 5 | 0.844 |

As stated in table 4.1 above, all Cronbach's Alphas were more than 0.6. According to the rules of Thumb for Cronbach's Alpha, values which were above 0.6 were considered acceptable and 0.8 is the most appropriate and acceptable stated by Pallant J., (2011).

More or less this result also showed that the questionnaire is understandable and align with the situation. The coefficient alpha for the dimension of Customer Intention pursuing high coefficient values of 0.844, followed by the Knowledge in the second placed with the coefficient values of 0.730 and Health Awareness of 0.716 in the third place. Because of the

questionnaire is adopted based on previous studies, adapted process being implement, and a few amendments have been done on the wording of the items. The amendments were trusted not to change the original means of the questions and this was proven with the tremendous of coefficient values.

Table 4.2 The Assessment for Normality of Data Distribution

| Variables | Skewness | Kurtosis | Distribution status |
|--------------------|----------|----------|---------------------|
| Health Awareness | -0.766 | 0.283 | Normal |
| Knowledge | 0.454 | -0.472 | Normal |
| Customer Intention | -1.762 | 4.256 | Normal |

Table 4.2 describes the results of the normality test for the constructs in the measurement model. The results of the main assumptions in the maximum likelihood Estimation (MLE) method, which is based on skewness and kurtosis. The skewness ranged from -1.762 to 0.454 whereas the kurtosis ranged from -0.472 to 4.256. The acceptable values of skewness fall between -3 and +3, and kurtosis is acceptable from range of -10 to +10 (Brown,2006).

4.3 Descriptive Analysis: Respondent Demographic Profile

The purpose of descriptive analysis is a branch of analysis which is focused on summarization and description data that was collected from the survey (Vikas Yellapu 2018). In other hand, descriptive statistics was used to explore the data collected from respondents, summarize and described the data collected (Coakes, 2008) This part provides analysis on the demographic characteristics of the respondent that was obtained from the survey and used the analysis to make general observations on the data. This survey consists of 8 questions of respondent's demographic profile which are gender, marital status, age, ethnicity, educational level, job type, monthly income and medical takaful participation. It was useful as it enables researchers to have an overview of the demographic statistics. Data collected from respondents was examined using the SPSS.

Table 4.3 Table of content based on demographic profile

Profile of respondents (N = 388)

| DEMOGRAPHIC | VARIABLE | FREQUENCY | PERCENTAGES % |
|-------------------------------|---------------------------|------------------|--------------------------|
| Gender | Male | 176 | 45.3% |
| | Female | 212 | 54.7% |
| Marital Status | Single | 159 | 41.0% |
| | Married | 201 | 51.8% |
| | Divorce | 28 | 7.2% |
| Age | Less than 25 years | 92 | 23.7% |
| | 25-35 years | 174 | 44.5% |
| | 36-50 years | 82 | 21.1% |
| | 51 and above | 40 | 10.3% |
| Ethnicity | Malay | 264 | 68.0% |
| | Indian | 68 | 17.5% |
| | Chinese | 53 | 13.7% |
| | Others | 3 | 0.8% |
| Highest Educational Level | SPM | 53 | 13.6% |
| | Bachelor | 138 | 35.6% |
| | STPM & Equivalent | 34 | 8.8% |
| | Diploma & Equivalent | 118 | 30.4% |
| | Master | 44 | 11.3% |
| | Others | 1 | 0.3% |
| Job's Category | Professional & Managerial | 243 | 62.6% |
| | Supportive Groups | 145 | 37.4% |
| Monthly Income | Below RM1500 | 46 | 11.9% |
| | RM1500 - RM2999 | 123 | 31.7% |
| | RM3000 - RM3999 | 118 | 30.4% |
| | RM4000 and above | 101 | 26.0% |
| Medical Takaful Participation | Personal | 158 | 40.7% |
| | Children | 49 | 12.7% |
| | Spouse | 70 | 18.0% |
| | No participant | 111 | 28.6% |

Table 4.3 shows the profile of respondents in the study. The total of all respondents obtained from the questionnaires through Google Form were 388 respondents. By referring to the table, the result shows female respondents are ahead than male respondents which occupy 45.3% of the total respondent. Furthermore, 54.7% of the total respondents are female respondents.

For marital status, 159 respondents (41.0%) are single, while 201 (51.8%) are married and 28 of the respondents (7.2%) is divorced.

The range age of the respondents was high for respondents by the age group under 25 years old which of comprises of 92 respondents (23.7%). This is followed by the age group of 25 – 35 years old with a total number of 10 (32.3%) respondents. The next age group is 36 – 50 years old with a total number of 8 (25.8%) respondents. The least number of respondents are in the age group of 51 years old and above with 2 (6.5%) respondents.

The next point is the ethnicity of the respondents. A total of 264 respondents are Malay, or 68.0% of them. Though Indian, 68 or 17.5% of respondents replied to the questionnaire. For a total of 53, or 13.7% was Chinese.

Furthermore, the higher education level among respondents is categorised into six different categories. With a total of 53 or 13.6%, the first is SPM. Next, with a total of 118 respondents or 30.4%, the second type of education is a diploma. Thirdly, the total of 138 respondents or 35.6% is under the type of education which is degree. The fourth education group is a master group with a total of 44 or 11.3% of respondents. The fifth group is PHD which are total of 138 respondents or 3.1%. The last is STPM which are total of 34 or 8.8%.

Next, the job category of the respondents is categorized into two major which is professional and managerial and supportive group. Of the total sample of 388, 243 respondents were professional and managerial, or 62.6% of the total respondents. Although 37.4% of the total of 145 respondents are respondents which in the supportive group.

Next, the monthly income among respondents. With a total of 46 or 11.9% for income below RM 1500. Next, with a total of 123 respondents or 31.7% for income RM 1500 to RM 2999. Next is income RM 3000 to RM 3999 with a total of respondent 118 or 30.4%. Lastly, income RM 4000 and above which are total of 101 respondents or 26.0%.

Lastly, the medical takaful participant of respondents. The respondents for personal is 158 or 40.7%. The next respondent for children is 49 or 12.7%. Respondent for spouse is 70 or 18.0%. Lastly, respondent for no participant 111 or 28.6%.

4.4 Descriptive Statistics

The descriptive statistics were also calculated for each item and variables to investigate their level among the respondents. The acceptable values of skewness fall between -3 and +3, and kurtosis is acceptable from range of -10 to +10 (Brown, 2006).

Table 4.4 Descriptive Statistics

| Descriptive Statistics | | | | | | | | | |
|------------------------|-----------|-----------|-----------|-----------|----------------|-----------|------------|-----------|------------|
| | N | Minimum | Maximum | Mean | Std. Deviation | Skewness | | Kurtosis | |
| | Statistic | Statistic | Statistic | Statistic | Statistic | Statistic | Std. Error | Statistic | Std. Error |
| Awareness | 388 | 2.00 | 5.00 | 3.9990 | .61673 | -.766 | .124 | .283 | .247 |
| Knowledge | 388 | 2.00 | 4.80 | 3.1938 | .61938 | .542 | .124 | -.472 | .247 |
| Customer_Int | 388 | 1.60 | 5.00 | 4.5036 | .54757 | -1.762 | .124 | 4.256 | .247 |
| Valid N (listwise) | 388 | | | | | | | | |

The analysis concerned 388 distributions for respondent with a sample size ranging from -10 to +10. Measures of health awareness, knowledge and customer intention variables were included. Mean for health awareness is the results showed that skewness ranged between -1.762 to 0.542. The values of kurtosis ranged between -0.471 to 4.256. The skewness for health awareness is -0,766, while skewness for knowledge is 0.542 and skewness for customer intention is -1.762. Then, the kurtosis for awareness is 0.283, while kurtosis for knowledge is -0.472 and the kurtosis for customer intention is 4.256. The skewness is considered acceptable in order to prove normal univariate distribution considering skewness and kurtosis together the results indicated that were close to expected values under normality. Although extreme contamination does not seem to be very frequent, the findings are consistent with previous research suggesting that normality is not the rule with real data.

4.5 Central Tendencies Measurement of Contrast

According to (Krishnakumar, 2016) central tendency refers to the statistical measure that identifies a single value as representative of an entire distribution. It aims to provide an accurate description of the entire data. The three level of categories to the mean consists of low (1.00 -2.33), medium (2.34 - 3.67) and high (3.68 - 5.00) (Mohd Najib Abd Ghafar,2003)

Table 4.5: Central Tendencies measurement of contrast (N=388)

| CONSTRUCT | MEAN | STD.IV | LEVEL |
|---|-------------|---------------|--------------|
| Health Awareness | | | |
| H1 : Workers under enormous pressure, fatigue and stress leading to accidents / critical disease. | 4.33 | 0.754 | High |
| H2 : Pressure from management / supervisor. | 3.95 | 0.845 | High |
| H3 : I suffer from work related ill such as backache, stress and Repetitive Strain Injury (RSI). | 3.87 | 0.987 | High |
| H4 : I have the impression that I am repeatedly picked on or discriminated against at work. | 3.71 | 0.979 | High |
| H5 : Fatigue is an issue for me. I have caught myself making mistakes on the job when I was tired. | 4.13 | 0.918 | High |
| Knowledge | | | |
| K1 : Takaful medical card system similar to conventional insurance medical card. | 4.12 | 0.876 | High |
| K2 : Someone has to pay higher contributions to get a takaful medical card compared with conventional insurance medical card. | 3.67 | 1.147 | Medium |
| K3 : Only Muslims can have a takaful medical card. | 3.05 | 1.530 | Medium |
| K4 : Cards conventional medical insurance more readily available in my area than takaful medical card. | 4.06 | 1.007 | High |
| K5 : Managing medical claims delayed by a takaful medical card companies compared to conventional insurance medical card. | 3.49 | 1.305 | High |

| CONSTRUCT | MEAN | STD.DV | LEVEL |
|--|-------------|---------------|--------------|
| Customer Intention | | | |
| C1 : I am interested to use Medical Takaful. | 4.56 | 0.677 | High |
| C2 : I am interested to use Medical Takaful in the future. | 4.41 | 0.743 | High |

| | | | |
|---|------|-------|------|
| C3 : I will use Medical Takaful financing someday. | 4.48 | 0.720 | High |
| C4 : I like to use Medical Takaful | 4.51 | 0.672 | High |
| C5 : I will definitely recommend Medical Takaful to others. | 4.55 | 0.674 | High |

According to Gravetter and Wallnau (2000), central tendency refers to statistical measure that identify a single value which act as representative of an entire distribution and aims to provide accurate description of the entire collected data. In this study, mean is used to measure the central tendency while dispersion is described by using standard deviation (Saunders, Lewis, & Thornhill, 2009).

H1 has the highest mean value at 4.33 with standard deviation of 0.754 while H4 shows the lowest mean value at 3.71 with standard deviation of 0.979.

K1 recorded the highest mean score 4.12 with standard deviation of 0.876, while the lowest mean score 3.05 is achieved by K3 with standard deviation of 1.530.

C1 recorded the highest mean value 4.56 with standard deviation of 0.677, while C2 has the lowest mean value 4.41 and appear to have standard deviation of 0.743.

4.6 Inferential Analysis

4.6.1 Pearson Correlation Analysis

Table 4.6.1 Correlations : Knowledge

| | | Knowledge | Customer_Int |
|--------------|---------------------|-----------|--------------|
| Knowledge | Pearson Correlation | 1 | .215** |
| | Sig. (2-tailed) | | .000 |
| | N | 388 | 388 |
| Customer_Int | Pearson Correlation | .215** | 1 |
| | Sig. (2-tailed) | .000 | |
| | N | 388 | 388 |

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

Table 4.6.2 Correlations : Health Awareness

| | | Customer_Int | Awareness |
|--------------|---------------------|--------------|-----------|
| Customer_Int | Pearson Correlation | 1 | .064 |
| | Sig. (2-tailed) | | .206 |
| | N | 388 | 388 |
| Awareness | Pearson Correlation | .064 | 1 |
| | Sig. (2-tailed) | .206 | |
| | N | 388 | 388 |

Table 4.6.2 and 4.6.1 shows the result of Pearson correlation between the independent variables health awareness and knowledge and the dependent variable, which is customer's intention towards Medical Takaful policy among the public sectors in Selangor. The Pearson correlation among independent variable is below 0.9 and between 0.064 and 0.215.

To the table 4.6.1, the concern over knowledge and the customer's intentions of medical takaful among the public sectors in Selangor are positive relationship. Moreover, the correlation coefficient value between those variables is 0.215. This proves that the concern over increasing health awareness moderately influences the customer intentions of Medical Takaful policy.

Also, according the table 4.6.2 shows that health awareness and customer's intention of Medical Takaful policy among public sector in Selangor are positive relationship. The table states that the correlation coefficient value is 0.064, this means that health is moderately influencing the customer intentions among public sectors in Selangor.

In conclusion, we can conclude that the most influencing factor of the customer's intention towards Medical Takaful policy among the public sectors in Selangor is knowledge.

4.7 Multiple Regression

With reference to (Weiers, 2010), a multiple regression analysis was an analysis which involved one dependent variable and two or more independent variables. In other words, it was an analysis of association in which the effects of two or more independent variables on a single, interval-scaled dependent variable are investigated simultaneously (Zikmund, 2010).

Table 4.7.1 Model Summary

| Model | R | R Square | Adjusted R Square | Std. Error of the Estimate |
|-------|-------------------|----------|-------------------|----------------------------|
| 1 | .274 ^a | .075 | .070 | .52796 |

a. Predictors: (Constant), Knowledge, Awareness

Multiple regression analysis was conducted to determine the significant influence of health awareness and knowledge on customers' intention to use medical takaful policy.

The result in table 4.7.1, indicated that the value of (R square) was 0.075 or 7.5%. Hence, the present study indicated that 7.5% of the variance in customers' intention to use medical takaful policy was significantly explained by the two independent variables of the study, namely health awareness and knowledge. On the other hand, 92.5% of the variance was explained by other untested factors.

Table 4.7.2 ANOVA^a

| Model | | Sum of Squares | df | Mean Square | F | Sig. |
|-------|------------|----------------|-----|-------------|--------|-------------------|
| 1 | Regression | 8.717 | 2 | 4.359 | 15.637 | .000 ^b |
| | Residual | 107.318 | 385 | .279 | | |
| | Total | 116.035 | 387 | | | |

a. Dependent Variable: Customer_Int

b. Predictors: (Constant), Knowledge, Awareness

The Table 4.7.2 above presented the significant value for customer's intention with knowledge and health awareness is significant value is at 0.000 ($p < 0.05$). The alternative hypothesis as the 2 independent variables were significant explained the customer's intention is supported by the data and had been accepted.

Table 4.7.3 Coefficients

| Model | | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|-------|------------|-----------------------------|------------|---------------------------|--------|------|
| | | B | Std. Error | Beta | | |
| 1 | (Constant) | 3.007 | .292 | | 10.286 | .000 |
| | Awareness | .167 | .048 | .188 | 3.479 | .001 |
| | Knowledge | .260 | .048 | .294 | 5.436 | .000 |

a. Dependent Variable: Customer_Int

From Table 4.7.3, coefficients show the higher beta the most important determinants of customer's intention to use medical takaful policy among public sectors in Selangor. Factors of influence between knowledge and customer's intention in medical takaful policy in Selangor the result shows knowledge is the most important factors that influence community's customer intentions because of carries beta of 0.260.

Yet, concern health awareness over using medical takaful policy is the least of determinants that influence public sectors customer's intention which having beta of 0.167.

The result of table 4.7.3 coefficient shows the knowledge and customer's intentions are influencing the public sectors to used medical takaful policy in Selangor.

$$C1 = 3.007 + 0.167(H) + 0.260 (K)$$

Whereas:

C1= Customer Intention towards Medical Takaful policy in Selangor

A = as constant, Value of Y when X become zero

H = Health Awareness

K = Knowledge

4.8 Test of Significant

Hypothesis I

H₀: Knowledge has no relationship towards customer's intention in using medical takaful policy among public sectors officers in Selangor.

H₁: Knowledge has relationship towards customer's intention in using medical takaful policy among public sector officers in Selangor.

Based on table 4.7, the knowledge (p = 0.000) p-value is lower than the significant level of 0.05. Therefore, since the p-value is lower than 0.05, H₀ is rejected and H₁ is accepted. In this case, knowledge has positive significant relationship towards customer's intention in using medical takaful policy among public sector officers in Selangor.

Hypothesis II

H₀: Health awareness has no relationship towards customer's intention in using medical takaful policy among public sector officers in Selangor.

H₁: Health awareness has relationship towards customer's intention in using medical takaful policy among public sector officers in Selangor.

Based on Table 4.7, the health awareness ($p = 0.001$) p -value is higher than significant level of 0.05. Therefore, since the p -value is lower than 0.05, H_0 is accepted and H_1 is rejected. In this case, health awareness has positive significant relationship towards customer's intention in using medical takaful policy among public sectors officers in Selangor.

4.9 Discussion of Major Finding

The demographic variables include gender, income, and type of business, while knowledge categorized into knowledge on policies, products, financial security and financial benefits of life insurance (GEOGRAFIA Online Malaysian Journal of Society and Space 15 issue 4 (92-105): Rubayah Yakob, Hafizuddin-Syah B.A.M, Nurfarhana Hani Badrul Hisham). Yellaiah (2012) also found that level of education, annual income, employment, religion and family type significantly affect health insurance awareness. Moreover, many researchers considered gender and age as important factors that affect customer's intention (Zhang, 2005; Riquelme & Rios, 2010; Jun et al., 2008; Dewan et al., 2009; Singh, 2014). Meanwhile, a study by Maizaitulaidawati and Asmak (2013) revealed that demographic variables are crucial in determining customer's intention to participate in a family takaful scheme.

Accordingly, the demographic analysis showed that most of the public sector officers who participated as respondents in the present study were mature people (25 - 35 years old). Moreover, another large segment of the customers was in the age less than 25 years old (young people). Furthermore, the results revealed that the majority of the respondents possessed professional and managerial positions (388 respondents)

The outcomes revealed that there was a significant positive relationship among all the independent variables (health awareness and knowledge) and the dependent variable (customers' intention). In the case of the present study, the positive value ($r = 0.064$) signified a weak relationship between health awareness and customers' intention. The result is in line with previous studies which stated that health awareness has a positive relationship with customers' intention (Montano et al., 1997; Elmanan, 2005; Zuriah & Rosylin, 2008; Piviki, 2002).

However, the present study revealed a positive relationship between knowledge and customers' intention with a value of 0.000 ($p < 0.01$, Sig.2-tailed). The value ($r = 0.215$) signified a strong relationship between knowledge and customers' intention. Moreover, the result is consistent with prior research (Dettmann & Dimitri, 2007; Burton et al., 2009; Hamid & Othman, 2009; Alnemer, 2015)

There is more variables that influence the data result. One of the variables is about the religion. Religion also shapes people's knowledge, beliefs and attitude (Shabbir, 2010). Md Husin and Ab Rahman (2016), Souiden and Jabeur (2015), Mukhtar and Butt (2012). The religion is an antecedent factor in buying Takaful. With the awareness of obligation as Muslims, Takaful is becoming an increasingly important topic of discussions contemporary literature as well as in their daily life. (Journal of Islamic Finance, Vol. 3 No. 2 (2014) 001 – 014. IIUM Institute of Islamic Banking and Finance, Nail Mohammed Kamila, Norsham Binti Mat nor). Religion can influence consumer behaviour by affecting their product information

evaluation, choice of products and services, as well as their consumption patterns (McDaniel and Burnett, 1990; Mokhlis, 2009; Echchabi and Aziz, 2012).

However, an attitude is a relatively enduring organisation of beliefs, feelings and behavioural tendencies towards socially significant objects, groups, events or symbols (Hogg and Vaughan, 2005) or it is a psychological tendency that is expressed by evaluating an entity with some degree of favour or disfavour (Eagly and Chaiken, 1993). When people are offered different options to choose, people tend to choose the one with higher appraisal of attitude (Arvola et al., 1999). Many previous studies have proven that attitude influences choice of products or services (Md Taib et al., 2008; Jamal and Ahmed, 2007; George, 2002).

4.10 Implication of Study

The finding of this study helps in understanding the factors influencing the customer's intention to use medical *takaful* policy among public sectors in Selangor. Through this understanding of study, it is applicable to improve the understanding of the community purchase intention towards medical *takaful* policy.

The results offered several significant methods that can be adopted to pique the intention of potential customers towards the medical *takaful* coverage facility. First, *takaful* operators should keep afloat customers' needs and preferences to ensure a creative and innovative marketing strategy.

4.11 Conclusion

In conclusion, different analysis methods have been used in order to analyse the different types of data obtained. Firstly, descriptive analysis has been used for interpreting data on respondent's general information. The general information where descriptive analysis method has been used includes respondent's gender, age, marital status, education level, job's category, monthly salary and who is participated in medical *takaful*.

Besides that, reliability analysis has been used in order to test the reliability of the one independent variables. The data collected are tested for their measure of customer intention. From the analysis, customer intention has emerged as the higher data and prominent variable.

On the other hand, the data has been analysed using the Pearson Correlation Coefficient, which is the strength of the degree of association among the variables. In addition, analysis has also been done based on Multiple Regression.

The Multiple Regression is a statistical measure on the degree of relationship between the independent variables with the dependent variable. It's used to determine how a variable of interest, or a dependent variable, is affected by one or more independent variables. In a nutshell, all the analysis has proven that all the independent variables have significance on the customer's intention of medical *takaful* policy among public sectors in Selangor.

CHAPTER 5 CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter discussed the overall summary of statistical analyses in chapter 4. It described the discussion of major findings, stated the implications of the study, highlight the limitations of the study, and provide recommendation for future research. Furthermore, conclusion was made for entire research also stated in this chapter 5.

5.2 Summary Of Scale Measurement

For the reliability test, questions for independent variables (health awareness and knowledge) and the dependent variable (customer intention) are proved to be reliable since each test stated its value to be more than 0.7. Thus, all of the variables (health awareness, knowledge and customer's intention) are reliable.

5.2.1 Summary Of Inferential Analysis

5.2.1.1 Pearson Correlation Test

There is no multicollinearity problem in all the independent variables as the correlation values are less than 0.9. Pearson correlation test are used to measure the relationship between each individual independent variable and the dependent variable. All the independent variables prove significant relationship with the dependent variable as their p-values are less than 0.05. All in all, all the independent variables establish positively relationship towards customer intention using Medical Takaful policy among public sectors in Selangor. The relationship between 'Knowledge and Customer Intention is low correlation (0.215). The relationship between 'Customer Intention and Health Awareness Is very low(0.064).

5.2.1.2 Multiple Linear Regression (MLR)

As stated by the output of MLR, where $R^2=0.075$ implies 7.5% of the variation of customer's intention towards medical takaful policy among public sectors can be explained by the two independent variables in this research. All two independent variables established significant positive relationship with customer's intention. On the other hand, MLR also stated that knowledge is the greatest significant towards the customer's intention toward the public sectors in Selangor. The regression equation can be formed as follow:

$$\text{Customer Intention} = 3.007 + 0.167(H) + 0.260(K)$$

5.3 Summary Discussion Of Major Findings

While the previous section of this chapter focuses more on the summary description of the whole descriptive and inferential analyses, in order to validate the research objectives and hypothesis, this section focuses more on the discussion on significant results.

The demographic variables include gender, income, and type of business, while knowledge categorized into knowledge on policies, products, financial security and financial benefits of life insurance (GEOGRAFIA Online Malaysian Journal of Society and Space 15 issue 4 (92-105): Rubayah Yakob, Hafizuddin-Syah B.A.M, Nurfarhana Hani Badrul Hisham). The result is in line with previous studies which stated that health awareness has a positive relationship with customers’ intention (Montano et al., 1997; Elmanan, 2005; Zuriah & Rosylin, 2008; Piviki, 2002).

The value ($r = 0.264$) signified a weak relationship between knowledge and customer’s intention. Moreover, the result is consistent with prior research (Dettmann & Dimitri, 2007; Burton et al., 2009; Hamid & Othman, 2009; Alnemer, 2015). There is more variables that influence the data result. One of the variables is about the religion. Religion also shapes people’s knowledge, beliefs and attitude (Shabbir, 2010).

Table 5.1 Summary of Statistical Analysis

| HYPOTHESIS | SIGNIFICANT | CONCLUSION |
|---|-------------|------------|
| H1: There is a significant relationship between health awareness and customer’s intention in using medical takaful policy among public sector officers in Selangor. | 0.001 | Supported |
| H2: There is a significant relationship between knowledge and customer’s intention in used medical takaful policy among public sector officers in Selangor. | 0.000 | Supported |

5.3.1 Relationship Between Health Awareness And Customer’s Intention In Using Medical Takaful Policy Among Public Sectors Officer In Selangor.

According to the table in Chapter 4, the significant level of health awareness is at 0.001 which is higher than alpha value 0.05. So, H1 shows that health awareness has a massive influence on customer’s intention in using medical takaful policy among public sectors officers in Selangor. The results indicate that the P-value is 0.000 and the β -value is 0.167, showing that H1 is supported. The second hypothesis investigates the relationship between health awareness and customer intentions for Medical Takaful. From the results obtained and the through statistical analysis, it shows that there is a significant relationship between health awareness and customer intentions towards public sectors officers in Selangor. This result

also supports by International Journal of Business & Law Research 6(1) 1:1-7 Jan.-Mar., 2018. The author simply mentions All the dimensions of consumer knowledge posted positive and statistically significant relationship with customer's intention, with consumer expertise posting the strongest relationship with customer intention. The study concludes that customer intention depends on consumer expertise, experience and product familiarity and recommends that healthcare product marketers that desire increased patronage for their products should strive to enhance consumer knowledge through consumer education that builds consumer expertise and improve their experience and familiarity with the product. At the same time, this clearly signifies to us that health awareness are a variable that has a direct impact on the customer's intention towards public sectors in Selangor. Hence, H1 is fully supported.

5.3.2 Relationship Between Knowledge And Customer's Intention In Using Medical Takaful Policy Among Public Sectors In Selangor.

- According to the table in Chapter 4, the significant level of knowledge is at 0.000 which is higher than alpha value 0.05. So, H2 shows that knowledge has significant impacts on Medical Takaful towards to customer's intention. The findings show that the P-value is 0.000 and the β -value is 0.260, showing that H2 is supported. Few previous researches support this hypothesis too. According Zuriah and Rosylin (2008) mentioned that intention enables people to be aware of medical takaful in the attempt to compensate one another after sustaining an accidental loss. A person in distress or experiencing loss may not be brought about by animosity between humans which is usually observed during unexpected events such as natural death, health adversity, unemployment and sickness. Therefore, the customer intention for Takaful is related positively to health awareness, H2 is fully supported.

5.4 Summary Implication of the Study

The finding of this study helps in understanding the factors influencing the customer's intention to use medical takaful policy among public sectors in Selangor. Through this understanding of study, it is applicable to improve the understanding of the community purchase intention towards medical takaful policy.

5.4.1 Managerial Implications

Based on the analysis and the discussion in the previous chapter, it is clear to us that the knowledge has the highest significant impact on public sector towards customer's intention. The knowledge and health awareness have a direct influence on the customer intention of public sector. From the survey done and the results obtained, high percentage of community agreed that knowledge have many benefits that can help the community to used medical takaful policy. These strong perceived positive benefits of the knowledge with customer intention. This is also likely to induce more people to understand the knowledge and

customer intention to purchase medical takaful policy. Besides that, concern over health awareness is also one of the major determinant's customer intention to use medical takaful policy common reason that many people give for the increase in customer intentions. Knowledge is the important to influence customer intention. Lastly, knowledge is also a variable that proves to have a significant relationship with the customer intention of public sectors. Knowledge has a Cronbach's Alpha vale in the strong level. This shows that knowledge has a strong significance on customer intention. Most of the public sector know that medical takaful will cover medical expenses based on the policy. It shows that they are aware about medical takaful and from that it can help them to know the importance of having medical takaful.

5.5 Limitation of the Study

The research is focused only to the final year students in Polytechnic Sultan Salahuddin Abdul Aziz Shah, Commerce Department, which is limited to our scope of research for this study. For the future this research can be expanded to other Polytechnic or other university students. Other limitation is time constraints and difficult to interview the respondent directly during the pandemic of Covid-19, faced during the making of this study. As a student, researchers also have limitation when the government have set the new norms that limited the numbers of people in a place for examples our Independence Day celebrations had been suspended for this year.

5.6 Recommendations for Future Research

There are several recommendations for the researchers in the future. First and foremost, it is recommended to do the research in a larger geographical coverage because the finding will be more accurate and represent the overall country instead of just focusing on one geographical area for instance in Selangor only such as by including all the states in Malaysia. In the previous study, researchers are more focused on public sectors in Selangor for the determinants influencing the customer's intention to use medical takaful policy. Thus, it is best to include all the states in the country when conducting the research because it tends to increase the number of people and they will have different opinions about the benefits or usage of medical takaful.

Moreover, future researcher can consider other variable, which may carry more strong relationship to determine determinants influencing the customer's intention to use medical takaful policy. After that, future researcher can further their study by incorporate other independent variables that can determine the customer's intention to use medical takaful policy in Selangor. However, future researchers must be more cautious when choosing the independent variables as only the right variable can improve the value of R2.

Finally, the researchers are recommended to use interview method approach when conducting the survey. The usage of interview will reduce the limitation by using questionnaire where respondents can directly understand, and request inquire for further explanations on the question asked by the researchers rather than distributing online questionnaire questions. This will reduce the misunderstanding of the people when interpreting the questionnaire.

5.7 Conclusion

In conclusion, this research study is to determine the factor influencing the customer's intention to use the medical takaful policy among the public sectors in Selangor. There are two independent variables identified and examined in this study, which is knowledge and health awareness. However, all the hypotheses were supported, and it showed that knowledge was the most influential customer's intention to use medical takaful among public sectors in Selangor. In addition, limitations and recommendation for prospect research was included in the study to assist the medical takaful industries to provide understanding towards the customer's needs and wants in medical takaful. This had formulated effective strategies to retain customers and thus increase profitability. This research will also contribute to academic who wish to conduct study in related field to gain deeper insights.

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APPENDIX



We are the final year students of Diploma in Insurance from Politeknik Sultan Salahuddin Abdul Aziz Shah, Shah Alam. We are conducting a study to explore the determinants of customer's intention to use Medical Takaful, focusing among public sectors in Selangor. This is part of our Diploma research work. Currently we are in the process of collecting data. The study is under the supervision of Puan Azlida Binti Abdullah from the Commerce Department, Politeknik Sultan Salahuddin Abdul Aziz Shah, Shah Alam, Selangor. Kindly answer all the questions as the information obtained from this questionnaire is very important for the researcher to meet the research objectives. The survey should only take 5-10 minutes, and your responses are completely anonymous. All information will be treated in strict confidence and your responses will only be analysed in aggregate forms. Your kind participation in this study is highly valued and appreciated.

Sincerely yours

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QUESTIONNAIRES

DETERMINANTS OF CUSTOMER'S INTENTION TO USE MEDICAL TAKAFUL POLICY AMONG PUBLIC SECTORS IN SELANGOR.

PART A / BAHAGIAN A

Please tick (✓) the appropriate answer with your background.

Sila tandakan pada jawapan yang sesuai dengan latar belakang anda.

1. Gender / Jantina:

| | |
|--------------------|--|
| Male / Lelaki | |
| Female / Perempuan | |

2. Status / status:

| | |
|---------------------|--|
| Single / Bujang | |
| Married / Berkahwin | |
| Divorce / Cerai | |

3. Age / Umur:

| | |
|---|--|
| Less than 25 years / Kurang dari 25 tahun | |
| 25 – 35 years / 25 – 35 tahun | |
| 36 – 50 years / 36 – 50 tahun | |
| 51 and above / 51 dan ke atas | |

4. Ethnicity / Bangsa:

| | |
|--------------------|--|
| Malay / Melayu | |
| Indian / India | |
| Chinese / Cina | |
| Others / Lain-lain | |

5. Highest Educational Level / Pendidikan tertinggi:

| | |
|-------------------------|--|
| SPM | |
| Bachelor / Sarjana Muda | |
| STPM & equivalent | |
| Diploma & equivalent | |
| Master / Sarjana | |
| Others / Lain-lain | |

6. *Job's Category* / Kategori pekerjaan:

| | |
|---|--|
| <i>Professional & Managerial /</i> <i>Profesional & Pengurusan</i> | |
| <i>Supportive groups /</i> Kakitangan sokongan | |

7. *Monthly Income* / Pendapatan bulanan:

| | |
|--|--|
| <i>Below RM1500 /</i> Bawah RM1500 | |
| <i>RM1500 – RM2999</i> | |
| <i>RM3000 – RM 3999</i> | |
| <i>RM4000 and above /</i> RM4000 dan ke atas | |

8. *Who is participated in Medical Takaful?* / Siapakah yang menyertai Takaful Perubatan?

| | |
|--|--|
| <i>Personal /</i> Persendirian | |
| <i>Children /</i> Anak | |
| <i>Spouse /</i> Pasangan | |
| <i>No participation /</i> Tiada penyertaan | |

PART B / BAHAGIAN B

Factors of influencing the customer's intention to use Medical Takaful among public sectors in Selangor. Please indicate (√) your degree of strength agreement or disagreement on the following statement.

Faktor-faktor yang mempengaruhi niat pelanggan untuk menggunakan Takaful Perubatan dalam kalangan sektor awam di Selangor. Sila nyatakan (√) tahap setuju atau tidak setuju anda mengenai kenyataan berikut.

| | | | | |
|--|--------------------------------|--|-----------------------|---------------------------------------|
| <i>Strongly Disagree / Sangat tidak setuju</i> | <i>Disagree / Tidak setuju</i> | <i>Neither Agree or Disagree / Tidak pasti setuju atau tidak</i> | <i>Agree / Setuju</i> | <i>Strongly Agree / Sangat setuju</i> |
| 1 | 2 | 3 | 4 | 5 |

| IV | HEALTH AWARENESS | SD | D | N | A | SA |
|-----------|--|-----------|----------|----------|----------|-----------|
| 9 | <i>Workers under enormous pressure, fatigue and stress leading to accidents / critical disease.</i> Pekerja di bawah tekanan yang tinggi, keletihan dan stres boleh membawa kepada kemalangan / penyakit kritikal. | 1 | 2 | 3 | 4 | 5 |
| 10 | <i>Pressure from management / supervisor.</i> Tekanan daripada pihak pengurusan / penyelia. | 1 | 2 | 3 | 4 | 5 |
| 11 | <i>I suffer from work related ill such as backache, stress and Repetitive Strain Injury (RSI).</i> Saya menderita dengan kerja yang membawa kepada sakit seperti sakit belakang, stres dan Beban Kecelakaan Berulang-ulang (RSI). | 1 | 2 | 3 | 4 | 5 |
| 12 | <i>I have the impression that I am repeatedly picked on or discriminated against at work.</i> Saya mempunyai tanggapan bahawa saya berulang kali dipilih atau didiskriminasi di tempat kerja. | 1 | 2 | 3 | 4 | 5 |
| 13 | <i>Fatigue is an issue for me. I have caught myself making mistakes on the job when I was tired.</i> Keletihan adalah satu isu untuk saya. Saya sedar bahawa diri saya telah melakukan kesilapan di tempat kerja ketika saya dalam keadaan letih. | 1 | 2 | 3 | 4 | 5 |

| IV | KNOWLEDGE | SD | D | N | A | SA |
|-----------|---|-----------|----------|----------|----------|-----------|
| 14 | <i>Takaful medical card system similar to conventional insurance medical card.</i> Sistem kad perubatan takaful sama dengan kad perubatan insurans konvensional. | 1 | 2 | 3 | 4 | 5 |
| 15 | <i>Someone has to pay higher contributions to get a takaful medical card compared with conventional insurance medical card.</i> Seseorang perlu membayar dana yang lebih tinggi untuk mendapatkan kad perubatan takaful berbanding dengan kad perubatan insurans konvensional. | 1 | 2 | 3 | 4 | 5 |
| 16 | <i>Only Muslims can have a takaful medical card.</i> Hanya orang Islam boleh mempunyai kad perubatan takaful. | 1 | 2 | 3 | 4 | 5 |
| 17 | <i>Cards conventional medical insurance more readily available in my area than takaful medical card.</i> Kad perubatan insurans konvensional lebih mudah didapati di kawasan saya berbanding kad perubatan takaful. | 1 | 2 | 3 | 4 | 5 |
| 18 | <i>Managing medical claims delayed by a takaful medical card companies compared to conventional insurance medical card.</i> Urusan tuntutan perubatan ditangguhkan oleh syarikat kad perubatan takaful berbanding kad perubatan insurans konvensional. | 1 | 2 | 3 | 4 | 5 |

PART C / BAHAGIAN C

Customer's intention to use Medical Takaful among public sectors in Selangor.

Niat pelanggan untuk menggunakan Takaful Perubatan dalam kalangan sektor awam di Selangor.

| | | | | |
|--|--------------------------------|--|-----------------------|---------------------------------------|
| <i>Strongly Disagree / Sangat tidak setuju</i> | <i>Disagree / Tidak setuju</i> | <i>Neither Agree or Disagree / Tidak pasti setuju atau tidak</i> | <i>Agree / Setuju</i> | <i>Strongly Agree / Sangat setuju</i> |
| 1 | 2 | 3 | 4 | 5 |

| DV | CUSTOMER INTENTION | SD | D | N | A | SA |
|-----------|--|-----------|----------|----------|----------|-----------|
| 19 | <i>I am interested to use Medical Takaful.</i> Saya berminat untuk menggunakan Takaful Perubatan. | 1 | 2 | 3 | 4 | 5 |
| 20 | <i>I am interested to use Medical Takaful in the future.</i> Saya berminat untuk menggunakan Takaful perubatan di masa akan datang. | 1 | 2 | 3 | 4 | 5 |
| 21 | <i>I will use Medical Takaful financing someday.</i> Saya akan menggunakan Takaful Perubatan suatu hari nanti. | 1 | 2 | 3 | 4 | 5 |
| 22 | <i>I like to use Medical Takaful.</i> Saya suka menggunakan Takaful Perubatan. | 1 | 2 | 3 | 4 | 5 |
| 23 | <i>I will definitely recommend Medical Takaful to others.</i> Saya pasti akan mengesyorkan Takaful Perubatan kepada orang lain. | 1 | 2 | 3 | 4 | 5 |

Thank You / Terima Kasih.

GANTT CHART

| TASK ID | TASK DESCRIPTION | WEEK 1 (8/3 - 14/3) | WEEK 2 (15/3 - 22/3) | WEEK 3 (22/3 - 28/3) | WEEK 4 (29/3 - 4/4) | WEEK 5 (5/4 - 9/4) | WEEK 6 (12/4 - 16/4) | WEEK 7 (19/4 - 23/4) | WEEK 8 (26/4 - 30/4) | WEEK 9 (3/5 - 7/5) | MID SEMESTER BREAK | WEEK 11 (17/5 - 21/5) | WEEK 12 (24/5 - 28/5) | WEEK 13 (31/5 - 4/6) | WEEK 14 (7/6 - 11/6) | WEEK 15 (14/6 - 18/6) |
|---------|--|---------------------|----------------------|----------------------|---------------------|--------------------|----------------------|----------------------|----------------------|--------------------|--------------------|-----------------------|-----------------------|----------------------|----------------------|-----------------------|
| 1 | Discuss about the title, prepare a report and PowerPoint slides for Chapter 1. | | | | | | | | | | | | | | | |
| 2 | Search for literature review, article and journal based on title. | | | | | | | | | | | | | | | |
| 3 | Change the title of the project to "Determinants Of Customer's Intention To Use Medical Takaful Policy Among Public Sectors In Selangor" | | | | | | | | | | | | | | | |
| 4 | Search for questionnaire. | | | | | | | | | | | | | | | |
| 5 | Discuss questionnaire with supervisor. | | | | | | | | | | | | | | | |
| 6 | Revise the journal. | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | |
|----|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 7 | Find out independent and independent variable. | | | | | | | | | | | | | | | |
| 8 | Present the proposal to the Supervisor. | | | | | | | | | | | | | | | |
| 9 | Discuss for project sample and data public sector. | | | | | | | | | | | | | | | |
| 10 | Do the Gantt chart for the proposal. | | | | | | | | | | | | | | | |
| 11 | Distribute the pilot test using google form to the public sector in Selangor. | | | | | | | | | | | | | | | |
| 12 | Compile data from the questionnaire. | | | | | | | | | | | | | | | |
| 13 | Review the proposal and report. | | | | | | | | | | | | | | | |
| 14 | Calculate the data into the SPSS. | | | | | | | | | | | | | | | |
| 15 | Present chapter 4 to the Supervisor. | | | | | | | | | | | | | | | |
| 16 | Complete the pilot test data with teammate. | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | |
|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 17 | Distribute the questionnaire to the public sector using google form. | | | | | | | | | | | | | | | |
| 18 | Discuss the collected data with supervisor. | | | | | | | | | | | | | | | |
| 19 | Calculate the data collection. | | | | | | | | | | | | | | | |
| 20 | Presentation topic 4. | | | | | | | | | | | | | | | |
| 21 | Fix up the report. | | | | | | | | | | | | | | | |
| 22 | Start do the chapter 5. | | | | | | | | | | | | | | | |
| 23 | Present the final year project. | | | | | | | | | | | | | | | |

