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DETERMINANTS OF AWARENESS ON OWNERSHIP DECISION FOR TAKAFUL MEDICAL POLICY AMONG YOUTH IN MALAYSIA

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MASTER OF SCIENCE (FINANCE)

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DETERMINANTS OF AWARENESS ON OWNERSHIP DECISION FOR TAKAFUL MEDICAL POLICY AMONG YOUTH IN MALAYSIA

By

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Thesis Submitted to

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Pusat Pengajian Ekonomi, Kewangan dan Perbankan
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Abstrak

Tujuan utama kajian ini adalah untuk menentukan faktor-faktor yang mempengaruhi kesedaran dan keputusan pemilikan untuk melanggan polisi perubatan Takaful dalam kalangan belia di Malaysia. Di samping itu, kajian ini cuba mengenalpasti pemegang polisi dan membandingkannya dengan profil bukan pemegang polisi dalam faktor demografi (jantina, status perkahwinan, pendapatan, lebihan pendapatan, profesion, tahap pendidikan, sektor profesion, kumpulan umur, serta penyakit kritikal). Satu model bagi pemilikan dan keputusan bukan pemilikan juga dicadangkan dalam kajian ini. Khususnya, dua objektif diperkenalkan untuk membandingkan perbezaan antara pemilikan dan bukan pemilikan dalam kecenderungan untuk melanggan polisi perubatan Takaful. Selain itu, kajian ini juga cuba menjelaskan hubungan antara tiga faktor kesedaran dan keputusan pemilikan untuk melanggan Takaful perubatan iaitu sumber maklumat umum, ciri-ciri maklumat umum, serta agama. Kajian ini dijalankan di kalangan 324 belia berusia antara 18 tahun hingga 35 tahun di kawasan tertentu. Penemuan kajian ini menunjukkan terdapat hubungan yang signifikan antara ciri-ciri maklumat umum dan agama ke arah penentu pemilikan untuk melanggan polisi perubatan Takaful dalam kalangan belia di kawasan tertentu. Sementara itu, penemuan sumber maklumat umum menunjukkan hubungan yang signifikan terhadap keputusan bukan pemilikan untuk melanggan polisi perubatan Takaful. Kesimpulannya, penemuan kajian ini menunjukkan dengan jelas bahawa faktor pemilikan dan keputusan bukan pemilikan polisi perubatan Takaful di kalangan belia di Malaysia.

Kata kunci: Polisi perubatan Takaful, kesedaran, keputusan pemilikan

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Abstract

The main purpose of this study is to determine the factors that affect the awareness and ownership decision to subscribe Takaful medical policy among youth in Malaysia. In addition, this study attempts to profile the policyholders and compare this against the profile of non-policyholders within demographics factors (gender, marital status, income, disposal savings, profession, education level, profession sectors, age group, as well as critical illness). A model for ownership and non-ownership decision is also proposed in this study. Specifically, two objectives established to compare the different between ownership and non-ownership in tendency to subscribe Takaful medical policy. Besides that, this study also tried to clarify the relationship between three factors of awareness and ownership decision to subscribe Takaful medical policy which is source of general information, general information features, as well as religion. The study was conducted among 324 youth whom aged between 18 years old to 35 years old, residing in Kedah. The finding of this study suggests that there are significant relationship between general information features and religion towards the determinants of Takaful medical policy among youth in Kedah. Meanwhile, findings for source of general information show that there is a significant relationship towards non-ownership decision to subscribe Takaful medical policy. As a conclusion, finding of this study clearly demonstrated that factor of ownership and non-ownership decision of Takaful medical policy among youth in Malaysia.

Keywords: Takaful medical policy, awareness, ownership decision

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CHAPTER ONE: INTRODUCTION

1.1 Introduction

The concept of insurance has been around as long as human existence, the first written insurance policy appeared in ancient times on a Babylonian obelisk monument with the code of King Hammurabi carved into it (Andrew Beattie, 2018). Insurance has been widely used by traders in European and Western countries such a United Kingdom, United States of America and Canada to protect interests of their properties and businesses. There are records that show the use of insurance by traders in the early of Babylon civilization. Insurance can be defined as an economic institution based on the principle of cooperation and formed for the purposed of establishing a common fund (Lahsana, 2016).

In Malaysia, the concept of insurance had been introduced by immigrants as early as in the eighteen century. The Malaysia insurance industry has developed and streamlined after independence of Malaya. The government had enacted and approve the insurance act 1963 for the purpose of monitoring and supervise insurance industries. Takaful industry has been introduced in Malaysia and surprisingly expanded widely to the entire world. Takaful is not only viable and grows in Malaysia but it is booming ground in the South East Asia countries namely Indonesia, Brunei and in Middle East countries such as Bahrain, Kuwait, Oman, Qatar, United Arab Emirates, Saudi Arabia; Western countries such as the United States, Canada and United Kingdom (Ismail et al., 2017).

Medical or health insurance is one of the sources of funds for financing health care besides financing receive from direct taxes, public insurance and out of pocket

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payments. Private health insurance is the source of funds for medical care for many individuals in some countries such as the United States. In contrast, countries such as in the United Kingdom, the people are highly dependence on the public health insurance. Nevertheless, health care is highly accessible at the public health institutions such as government hospital for a minimal fee in Malaysia. Despite the fact, Central Bank of Malaysia reports that from year 2013 to 2017, the Takaful participant and contribution grows significantly (Muhammad, 2018). The report indicates that there is 66% of increase in participants in Malaysia Takaful market.

The global financial marketplace is experiencing a gradual transition from older group to youth group as consumers and managers. The desire for a better quality of living, lifestyle and flexibility is gradually replacing core values of hard work and security in lifetime employment (Schiffman & Kanuk, 2006). They argue that youth nowadays are found to have high self-esteem, greater willingness to take on risk which is often driven by instant gratification to enjoy life and maintain a trendy social image. Subsequently, a worrying trend among youth is lack of financial awareness and financial planning that could lead to financial disaster in the future. In Malaysia, one of the major causes of bankruptcy among younger generation is due to use of credit cards in excess of the capabilities and accumulated outstanding credit card debt.

1.2 Problem Statements

Malaysian Takaful market is estimated to be $1.44 billion, which is the largest excluding Arab market (Ernest & Young, 2017). However, TheStar (2017) reported that there is gap of awareness between the Takaful and conventional insurance coverage as 15 percent of Malaysians have Takaful coverage compared to 41 percent for conventional life insurance coverage. The concept of Takaful is grounded on

Shariah principles of business and based on the element of Tabarru[1] (donation), profit sharing to eliminate the Gharar[2] (uncertainty) and Maisir[3] (gambling) in the insurance contract (Sherif & Azlina Shaairi, 2013).

In principle Takaful system is based on mutual cooperation, responsibility, assurance, protection, and assistance between groups of participants. Existing literature on insurance suggest that awareness of the insurance products will influence the consumers' decision of ownership (Manab, Ab Rashid, & Ibrahim, 2004; Nor & Kamil, 2014). Previous studies look at the determinants of ownership of family Takaful in Malaysia (Hassan, Jusoh, & Hamid, 2014); the demand for Takaful products (Gustina & Abdullah, 2012; Redzuan, Rahman, Sakinah, & Aidid, 2009; Yazid, Arifin, Hussin, & Wan Daud, 2012), Takaful products awareness (Manab et al., 2004; Nor & Kamil, 2014), choices between conventional and Takaful policy (Nor & Kamil, 2014) and perception on Takaful policy (Ayinde & Echchabi, 2012).

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With respect to studies on Takaful product awareness, Hamid et al., (2013) find that awareness of the Takaful product is highest in Malay (85%) and among respondents with graduate level education and lowest for diploma holders and secondary school education. The study also show that the lowest monthly income group (below RM2,500) has the least awareness (26%) compared to median and high income group (20.6%). This concurs with the findings by Gustina and Abdullah (2012) whose study

[1] A contract where a participant agrees to donate a pre-determined percentage of his contribution (to a Takaful fund to provide assistance to fellow participants.

[2] Gharar is the sale of probable items whose existence or characteristics are not certain, due to the risky nature.

[3] Maisir means every form gain of money the acquisition of which depends purely on luck and chance and as opposed to others equally eligible.

show education, saving, GDP per capita and religion have positive influence on the family Takaful ownerships. Meanwhile, in more recent study from Nor & Kamil (2014) shows that the choice of Takaful policy among policy owners prefer the Shariah compliance of Takaful products and rely on the agents in explaining the benefits of having Takaful policy as a form of Ibadah (worship).

While the studies above attempt to address the awareness and ownership of Takaful products, the focus is more on family Takaful policy. To date, there is lack of studies on another Takaful products such as Takaful medical policy. As reported in online news of Free and Independent (2017), Life Insurer Association of Malaysia (LIAM) suggests the medical cost is expected to increase by 15% per year. With the increasing medical cost in Malaysia, there is a lack of study on the Takaful medical particularly among youth groups in Malaysia. As the Takaful encourages the social responsibility and protection and assistance between participants, youth groups could be the main beneficiary of having lower insurance premium compared to older group. In addition, the demand of medical care insurance is positively related to out of pocket payments borne by the insured's. (Manning et al., 1987)

In Malaysian context, Abdul Rahman & Mohd Daud (2010) study in the medical and health Takaful (MHT) report show that for every premium contribution of RM1, the Takaful operators pay between 37 cents to 40 cents on claims compared to 66 cents by the conventional insurance operators. The research also finds that the highest claim range for 44% of the subject between RM 1,000 to RM 3,000 with fever, lung disease and ENT disease. As this research focuses on claims payments between medical and health insurance (MHI) it does not address the needs for coverage among youth.

This research aims to fill the gap on reaching the youth group on the benefits of medical Takaful as a means to provide assistance for health care. Lack of financial awareness and financial planning is one of worrying trend among today's youths. This argument is supported by previous research by undergraduate students in the UK, USA and Australia who possess low financial knowledge that leads to high level of debts, risk of bankruptcy and lack of retirement planning skills among young adults (Chen & Volpe, 1998; Lusardi & Mitchelli, 2007; Pru, 2007). Nevertheless, not many studies have investigated awareness of youths in financial product or service, partly due to infrequent timing of purchase and complexity in streamlined product offerings by financial institutions (Harrison, Waite, & White, 2006).

Thus, this research will explore the determinants of awareness and demand for Takaful medical policy among Malaysian youths. This is significant because it is among the earliest study focusing on youths 'awareness of Takaful medical policy. To achieve the objective of this research, survey will be conducted and distributed to youths. The findings is expected to help Takaful operators to venture into the untapped market. It is also expected to give an insight to Takaful operators on pricing the policy to suit the needs and affordability of these group.

1.3 Research Questions

Based on the discussion above, research has been conducted with the aim to address and analyses the following questions:

1. Which awareness factors that influence the ownership decision for Takaful medical policy among youth in Malaysia?

2. Which awareness factors that affect non-ownership decision for Takaful medical policy among youth in Malaysia?

1.4 Research Objectives

The general objective of this research is to figure out the determinants of ownership and non-ownership for Takaful medical policy among Malaysian youth. Specifically this research attempts to answer the following research objective.

1. To identify the determinants of awareness for Takaful medical policy among Malaysian youths.

2. To understand factors of non-ownership in medical policy among Malaysian youth.

1.5 Significant of the Study

Takaful in Malaysia is in nascent stage but is growing very fast as the expected penetration rate is 75% by 2020. Coupled with the government initiative, such as targeted income transfers which has helped to increase the spending power of certain group of household, this research present significant awareness factors provided by various Takaful and insurance companies as subscription among them is considered low. This leads to total pools remains small making it less viable. Thus, to understand the existing situation, this research attempts to understand the factors which affect Takaful medical policy ownership decision. The findings of this study could be used by relevant parties to develop affordable medical policy to the target customers.

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1.6 Organization of Study

This study is organized by researcher into five chapters. Chapter 1 discusses about the background of the study that explains background of Takaful medical policy in general. In addition, this chapter also carried out the concept of Takaful medical policy, research question, research objective, scope of the study, and significant of the study based on the problem statement in this chapter.

Chapter 2 reviews the previous studies related to this study. It includes the definition of Takaful medical policy and continuously demonstrate the original theory of reasoned action and theory of planned behavior. The study also discusses every elements that consists in the awareness and ownership of Takaful medical policy among youths in Malaysia.

Chapter 3 explains the research methodology used in this study. It will discuss about the research design, theoretical framework, hypotheses development and operational definition. In addition, the researcher will clarify the population and sample, data collection method, procedures and data analysis technique.

The data analysis and the finding are explained in Chapter 4. The explanation from the result obtained will be analyzed and carried out the result in order to answer the listed research questions.

Finally, Chapter 5 covers summary of the whole thesis that includes the conclusion and recommendation for the future research direction.

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CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

Two renowned theories namely theory of reason action and theory of planned behavior were reviewed in this study to examine the decision of ownership Takaful medical policy. The theories discussed to support the theoretical framework in this study are Theory of Reasoned Action and Theory of Planned Behavior. These theories are important to be employed in testing variables in the research methods chapter. In the next section, previous research and literature in the field of determinants of ownership Takaful medical policy are reviewed.

2.2 Overview of Takaful Industry

In section 2.2, an overview of Takaful industry are discussed from the perspective of medical plan. The following section 2.2.1 will explain briefly on Malaysia perspective of Takaful medical market. The final section for overview of Takaful industry is explained in section 2.2.2 which is Takaful medical industry around the world.

2.2.1 Takaful Medical Industry in Malaysia

Malaysia continues to lead the Takaful industry in terms of Takaful regulations, with the country being the first market in the world to implement a risk-based capital (RBC)[4] framework for Takaful. In South East Asia, Malaysia continues to be the largest Takaful market with a 62% market share within a region, followed by

[4] Bank Negara Malaysia sets expectations for Takaful operators' maintenance of capital adequacy level to commensurate with risk profile of the Takaful operations and act as financial buffer for Takaful exposure.

Indonesia at 33% in 2015. Malaysia Takaful markets continues to demonstrate positive growth in 2015 by 5% respectively (Ismail et al., 2017).

The current situation occurs in many Asian economies is the skyrocketed of medical expenses. Medical costs are expected to increase by 11.5% against an inflation rate of 2.1% in Asia (Mercer Marsh Benefits, 2015). The worrying condition would adversely affect the society who are mainly still not aware of the needs to own medical policy. Therefore, there must be some mechanism to provide financial support on medical expenses if they were to be hospitalized. Takaful operators is said to be capable in meeting the demand for this group. This is due to the principle of Takaful where contribution from all participants is accumulated from which compensation is given to participants suffering a defined loss. It is predicted that the Malaysian Takaful market is set to grow at an average rate of 19.6 percent annually and this is much higher than the conventional insurance market at 8.4 percent (Rahman, 2009).

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2.2.2 Takaful Medical Industry around the World

In 2015, global Takaful gross written contribution (GWC), comprises of both general Takaful, is estimated to be US$ 14.9 billion. This represents a compound annual growth rate (CAGR) of 13% between 2012 and 2015. Such exceptional growth levels are not usually witnessed within the conventional insurance industry and are in part of due to the relative immaturity of the Takaful market in many jurisdictions, along sustained growth in the Gulf Cooperation Council (GCC) countries and South East Asia.

GCC countries continues to dominates the global Takaful market with a 77% market share, followed by South East Asia at 15%, Africa and other remaining countries are

relatively new to the Takaful market and their GWC is small at US$ 0.7 billion and US$0.5 billion, but these regions continues to demonstrate strong growth in 2015 in percentage terms given the relatively small starting GWC (Ismail et al., 2017).

2.3 Theoretical Literature Related to Decision Making

The theory underpinning the determinants of ownership for insurance has received considerable scholarly attention and is equally applicable for Takaful medical policy. The relevant theories are the Theory of Reasoned Action and Theory of Planned Behavior.

2.3.1 Theory of Reasoned Action

The theoretical argument on the determinants of ownerships for Takaful Medical perhaps can explored from non-academic theory. The theory of Reasoned Action (TRA) was developed by A. Fishbein & Ajzen (1975) who explain about attitude and behavior of human. This theory claimed that individual behavior is determined by the individual intention towards the behavior. It is used to explain behavior rather than predicting the behavior itself. A. Fishbein & Ajzen (1975) theory of reasoned action, affirmed that one's intentions influence direct behavior. Intention in turn, is influenced by the attitude towards performance the behavior and the subjective norms. In purchasing behavior, this theory pointed there is a variation in the way consumer encounter purchasing decision.

2.3.2 Theory of Planned Behavior

Theory of Planed Behavior (TPB) is a theory that is developed from the main theory that is Theory of Reasoned Action. Ajzen (2002) introduces an additional variables

into the theory of Planned Behavior which is “control belief and perceived behavioral control” to account for the fact that some individual lacks of volitional control on intended actions.

This theories of reasoned action and theory of planned behavior are comprehensive theories of many behaviors that specify a limited number of psychological variables that can influence a behavior, namely (1) intention; (2) attitude toward the behavior; (3) subjective norm; (4) perceive behavioral control; and (5) behavioral, normative and control believe (Albarracín, Johnson, Fishbein, & Muellerleile, 2001). Behavior on the offer hand, is determined by the individual intention to perform the behavior. Although the theory of reasoned action typically provides an excellent account of volitional behaviors (Ajzen, 1991).

A variables of interest that can be derived from Theory of Reasoned Action and Theory of Planned Behavior is the influence of social norms, in this case it can be proxies by religion and race. In Malaysia, the population comprises of different ethnicities and religions. While majority of Malaysian population are Muslim Malays, many of them are still not aware or fully understand the extent of the coverage of the Takaful coverage that are relatively new relative to conventional insurance. Theory of reason action and theory of planned behavior suggests that attitude towards behavior and this case is the attitude towards buying or ownership of Takaful medical policy. An individual or a person might believe that having a medical policy could cover their medical needs or protect their financial securities, thus leading them to own Takaful medical policy. Theory of Planned Behavior could be used in marketing field because it could explain and help to answer why people buy and own Takaful medical policy for non-economic reason.

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2.4 Literature Review

In this section, dependent and independent variables are reviewed and discussed from related literatures to get depth understanding towards the research that currently been conducted.

2.4.1 Prior Studies on Ownership of Takaful

Ownership a Takaful medical policy could be a tough decision made by a consumer. This is because subscribing into Takaful medical policy will impose additional cost to their financial burden although by having the policy it could help them to cover the medical expenses whenever the needs occur. There are several factors that could affect the buying and ownership decision of a consumer in the market. Past studies indicate that consumer behavior to purchase and own a product and services is associated with process involved within individuals or groups. (Hawkins & Mothersbaugh, 2007; Menon & Solomon, 2009; Schiffman & Kanuk, 2006; Solomon, Bamossy, Askegaard, & Hogg, 2006). For instance, family and friends are found to be significant in groups 'decision of consumer. Besides, knowledge of the products could be determinants that influence the decision making of consumer to buy the product and service or vice versa.

According to the study by Armstrong & Kotler (2002), personal psychological cultural and social characteristic strongly influence characteristic consumer buying and ownership behavior. In decision making process, study by Nicosia (1966) and Engel, Kollat, & Blackwell (1968), reveal that consumer buying process involves five stages of linear process. The first stage of buying or ownership decision making process requires recognition of problem, followed by information research. Next, buying decision making process would take place when individual would evaluate existing

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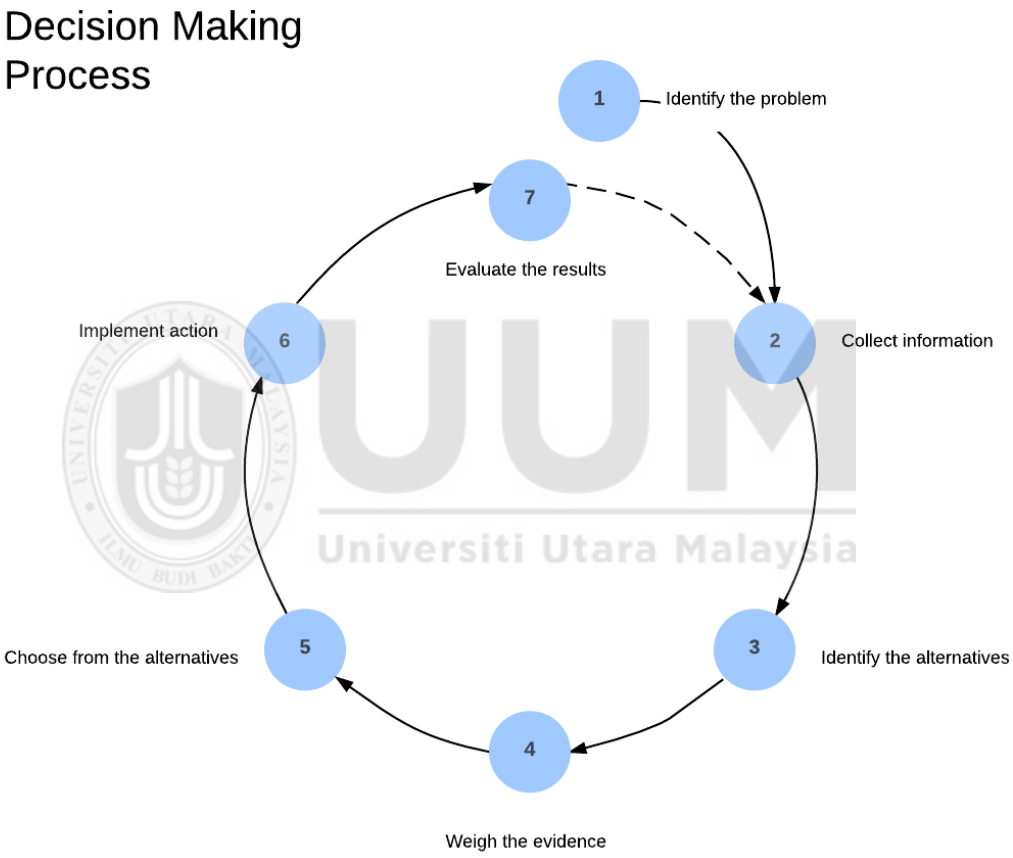
alternatives. Finally, after considering the cost-benefit on each evaluation, the decision of purchase or non-purchase is made. The final stage of the purchase and ownership behavior is post purchase behavior that is customers make decision whether he or she is satisfied with the product and service that they own.

Figure 2.1: Flow of decision making process



Source: Adopted from Lucid Chart (2017)

Study by Manab et al., (2004) on the ownership of family Takaful among Muslim community in Malaysia indicates that only 11.8 percent of the respondents are aware of the existence of Family Takaful Scheme. The low percentage of ownership indicates that the low participation among Muslim in the Family Takaful Schemes. Result

indicates that most significant factor that affect ownership decision is lack of interest in scheme and financial constraints.

2.4.2 Prior study on Awareness of Takaful

Study by Akhter & Hussain (2012) in order to determine the level of Takaful awareness show that almost 90.8% of the respondent are unaware of Takaful. The study by Akhter & Hussain (2012) also show that there are significant relationship between the level of Takaful awareness and the perception of customers about Takaful as a business based on Shariah principles. Another study that is performed by Yazid et al., (2012) in Singapore market indicates that less than 30% of the Singaporean aware of Takaful contract. This indicates that the awareness of Takaful among people still on the lowest level. Lack of awareness among consumers will be affected the marketer in term of profitability of the company as well as to retain their business productivity.

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Soualhi & Shammari (2015) research on indicators of Takaful Awareness among Kuwaitis indicates that 52% of the respondents are not aware and not heard of Takaful. Awareness among consumers is important to marketer in order to get customers' attention and interest towards the product Takaful Medical policy that they provided. Lack of awareness towards the Takaful medical policy could bring impact to the marketers in term of profitability and stability in the market segment for insurance of Takaful medical policy in Malaysia. Study by Patel (2004) reveal that consumers awareness towards the Takaful are more to cost of in cost of product such as premium that need to be paid to subscribe Takaful. The study also reveal that the awareness of people is more on the different kind of products and they tend to know about Life insurance product rather than others. Consistently, findings by Gowda, Manjunath,

and Krishna (2015) indicates that 38% of consumer are aware of life insurance which is considered as low level to achieve the significant uses of insurance or Takaful in the market.

The lack of knowledge of respondents as an awareness factor is also evident in study conducted in Saudi Arabia market. Al Nemer (2015) conducted the study to examine awareness of the participants towards Takaful products and service. The finding indicates that although the respondent demonstrated a high awareness on the existing of Takaful products, a dominant level of knowledge seems to be low even though Saudi Arabia can be considered as Islamic hub of the world.

In Malaysian context, study by Manab et al., (2004) on the awareness of Takaful Family Scheme indicates that almost half of the respondents or 51.1 % are aware of the existence of the scheme. The main sources of information that creates the awareness to the respondent are Takaful agent, company's personnel and mass media. Nevertheless, findings of the study shows that awareness does not influence the ownership of Takaful whereby only 11.8 % of the respondents who are aware of the existing of the Takaful Family Scheme subscribes to the policy. The awareness of Takaful in Malaysian studies was further supported by Nor and Kamil (2014). The analysis was based on qualitative research approach from Klang Valley area in Malaysia which indicates that, Takaful customers have a clear concepts of Takaful and the requirement of Shariah compliance. Most of the Takaful customer that subscribe the Takaful over conventional insurance have awareness on the relationship between Takaful and religion in contemporary business. Perhaps more comparable study from the Malaysia market was that of Hamid, Osman, & Nordin (2009) as they examined the awareness of the respondent towards Islamic life insurance such as Family Takaful

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Schemes (FTS) in Malaysia. In the study, from 126 usable (valid and completed) questionnaires, only one demographics factor that show a significant relationship with the participant of Family Takaful Schemes that is income level, while the other demographics show insignificant relationship to the awareness of Family Takaful Schemes.

2.4.3 Prior Studies on Knowledge level of Takaful

Takaful policy ownership is one of important decisions. The rational of decision made by an individual requires appropriate education or knowledge level. For instance, in purchasing decision action, knowledge about the product and service is important. Study by Lin and Chen (2006) clearly indicates that knowledge about product and service influence the customer's intention and decision on buying a product. The study also implies that consumer purchase intention as well as purchase decision under different product clearly have significant positive effect with product knowledge. However, some consumers who still ignore about the product and service knowledge especially about the Takaful or coverage that could hinder the consumer from involving with the scam and fraud of insurance in Malaysia (States, Entities, Molina, Pirc, & Selby, 2013).

Study by Deni (2015) indicates that in his study there are relationship between factors of customer's knowledge with tendency to buying insurance. The result show that most of the Takaful policyholder have a less knowledge about the Takaful system although they already own a Takaful policy. Therefore there are significant relationship between the knowledge level of the consumer towards the products and their tendency to own Takaful policy. Study by Manab et al., (2004) on the awareness and ownership of the Family Takaful Scheme indicates that knowledge level or

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understanding on the operation aspects and concepts of Takaful scheme one of the factor that affect respondent awareness and ownership decision making.

In Hashem A. AlNemer (2015), knowledge level or educational background was found to be significant information to the awareness of Takaful products and services. The finding was based on the analysis of the individual knowledge and awareness of 420 respondent of Takaful companies in Saudi Arabia. Research findings indicate that participants have weak knowledge about information from Takaful operators.

Meanwhile, in the study of economics, demographics, and institutional determinants of life insurance consumption across countries by Beck (2003) find that education appear to have no robust association with life insurance consumption. The other study by Redzuan et al., (2009) on consumer buying behavior and claim pattern of medical and health insurance (MHI) or medical and health Takaful (MHT) policies indicates that customers have fewer tendencies and low knowledge level towards their polices during the claiming stage.

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Taken together, arguments based on relationship of source of general knowledge and available knowledge of variants of Takaful products, two research hypotheses are developed based on previous literature:

H1: There is significant relationship between sources of general information towards ownership of Takaful medical policy.

H2: There is significant relationship between general information features towards ownership of Takaful medical policy.

2.4.4 Prior Studies on Religion of Takaful

Religion could be one of the factors that leads consumers to own the Takaful medical policy. Religious elements in the study are rarely discussed and the still cannot determine customer purchasing behavior in the market. Despite that fact, religious elements is not only factor that could influence the customers purchasing decision making. Based on previous study in the Malaysian context, most of the Muslim respondents who represent the sample size are less likely to purchase or subscribe health insurance coverage compared to other religion or race. This findings is supported from evidence from the study by Browne & Kim, (1993) in Middle Eastern countries who indicates that the ownerships of life insurance was significantly less among Muslims rather than others.

The influence of social norms that could be derived from the Theory of Reasoned Action and Theory of Planned Behavior show that religious and race could be the proxy that determined that influence of social norms. The Malaysian population which comprises of different religions and races could be a perfect places to conduct a research to determine whether religiosity could affect the ownership decision of Takaful Medical policy. Study by Arifin, Yazid, & Sulong (2013) show that Islamic religious belief is one of the most important factors that determine bank selection in Bahrain. The other study by Muhamad & Mizerski (2013) also indicates that religiosity is one of the factor that influence the buyer and consumer purchasing behavior in the market. On the contrary, study by Mohamad, Nik Mutasim, Noor Inayah, & Rubayah (2010) show that there are some Muslims who do not prioritize in their selection when buying or using Islamic products and or Islamic service respectively. Based on the study by Mohamad et al., (2010), they can be divided into two groups of Muslim, the first group which is really interested and care about the

Islamic financial and economics and they really involve their religion in decision making to buy and uses an Islamic product thus they live with Islam way and Islamic life regulation. While the other group of Muslim, tend to make a comparison between Islamic and conventional product solely on economic basis before they make ownership decision. If the Islamic product that were provided more convincing, they will tend to choose Islamic product and service. The study and findings by Mohamad et al., (2010) indicates that person who has Islamic religiosity belief has a relationship with customer ownership decision.

Most of empirical studies on the factors influencing choice of Takaful in Malaysia market concentrate on religion aspects. In particular, they examine whether customer really understand their Takaful policy or scheme that they subscribes (Nor & Kamil, 2014) presented evidence that Takaful customers have awareness on the relationship between Takaful and religion in contemporary business. The customer of Takaful also have a clear concept of Takaful and the requirement of Shariah compliance because as a Muslim Takaful is necessary replacement for conventional insurance.

Based on previous literature on religion toward ownership and non-ownership decision of Takaful medical policy research a hypothesis is developed:

H3: There is a significant relationship between Shariah compliance in Takaful medical policy with ownership of the policy

2.4.5 Prior Studies on Demographics

Consumer purchasing behavior tends to be different in terms of their demographic factors. The purchasing power of the consumer play a crucial role in marketplace.

Demographic factors could be used by marketer to find their market segmentation and their customer that suit their product preference. Previous study below shows that influence of customer demographic could be affected their purchasing and ownership decision of a product and service.

2.4.5.1 Gender

The study by Soualhi & Shammari (2015) on the intention to subscribes Takaful products argues that female are generally more aware in Takaful compared to male. Study by Chen & Volpe (1998) often found that females possess less financial knowledge and interest compared to males. Meanwhile, study on awareness about health insurance in rural population of south India indicate that 89.9 percent of male respondents were aware about health insurance compared to 77.1 percent of female respondents (Gowda et al., 2015).

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2.4.5.2 Race

A variable of interest that can be derived from Theory of reason action and Theory of Planned Behavior is the influence of social norms, in this case it can be proxies by race and religion. The Malaysian population comprises of different religion and ethnicities. The majority of Muslim Malay population are not inclined to subscribe insurance coverage perhaps due inconformity to Islamic principles. Study by Browne & Kim (1993) in their intentional analysis of insurance demand reported that the demand for life insurance is less in predominantly Muslim countries. Although there are Takaful products (Islamic insurance contracts), the market penetration is still low.

2.4.5.3 Marital Status

Study by Mahdzan & Peter Victorian (2013) show that socio-demographics variables had a significant impact on the demand of an insurance. One findings that the researcher found in her study is single individuals are found to have highest demand for the life insurance, as opposed to married and divorced people. The possible explanation behind this findings is that single individuals have less financial commitments, hence have excess funds to allocate into life insurance scheme.

2.4.5.4 Age

Based on the report by J.D Power and Associates (2011) there are different level of satisfaction among insurance policyholders. Study result show that older policy holder whom ages between 35 and 44 show that they are least satisfied towards the policy claims and the policyholders who are age more than 65 have the highest level of satisfaction compared to other group of ages. Meanwhile, policy holders who consider youth whom ages from 18 years old to 34 years old are more likely to rely on the recommendation of their family and friends and utilize online service such as social media for it.

Age of respondents also influence the preference factor study by Amin (2008) showed that consumers aged less than 20 years tend to choose Islamic home financing with low monthly payment as a main criteria in selecting the best product and service followed by professional advice, and 100% financing, meanwhile the consumer those aged between 21 and 30 years old prefer to choose lower monthly payment as their main criteria and then Shariah principle as the second preference factors.

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2.4.5.5 Profession

Other demographics factors, individual's employment characteristics are also found to influence Takaful medical policy purchase. Study by Propper (1989) employment of the head of family and spouse was found to be positively associated with the probability of health insurance purchase compared to the unemployment while self-employment was found to be negatively associated with purchase as opposed to employed workers. Similar finding was reported in (Gruber & Poterba, 1994) although the study was conducted in a different market namely the US market.

2.4.5.6 Profession Sector

Study by Hamid (2013) focused their study on the ownership of Islamic Insurance (Takaful) in Malaysia. They found that income level has a significant relationships with the participants of Family Takaful Schemes. The data set comprises of respondents who were the public servants from the selected governments departments in Federal Territory of Kuala Lumpur and Putrajaya, Malaysia from different gender, age groups, education level, type of occupations and income level. Findings of this study also indicates that level of awareness of respondents were low although Malaysia can be categorized as country with fastest growth of Takaful in the world.

2.4.5.7 Education Level

Education level of individuals plays a crucial role in one's life as it particularly making important decision. Previous researchers have also found that differences exist in the demand for health insurance among those with various educational attainments. Individuals with higher level of education were more likely to own health insurance (A. J. Auerbach & Kotlikoff, 1989). Education has been widely perceived as one of

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the importance socio demographics determinants of health insurance purchase, most probably because the highly educated were better informed of their health related risk thus become more risk averse. Moreover, they are more aware of benefits and have access of information of health insurance coverage.

2.4.5.8 Monthly Income

Previous researchers find that income is a significant factor affecting the demand for health insurance (D. Auerbach & Ohri, 2006; Besley, Hall, & Preston, 1999; Buchmueller & Ohri, 2006; Propper, 1989). Study by Propper (1989) show that family income was found to be positively associated with the probability of insurance purchase. The finding was based on the analysis of the individual demand for private health insurance in the UK using an annual cross sectional survey from the General Household Survey (GHS) which represent about 12,000 household in England and Wales.

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2.4.5.9 Number of Family Members

Household size is also found to be a significant determinants of health insurance purchase (Besley et al., 1999; Cutler & Gruber, 1996). Study by Besley et al., (1999) found that families with larger household size are less likely to have health insurance coverage as they usually have a lower standard of living indicating an income effect. Perhaps large family size allows for higher reliance on other household member on financial assistance and supports as evident in (Jowett, 2003). Similarly, Cutler &

Gruber, (1996) found that household with fewer people were more likely to have private health insurance compared to Medic aid or being uninsured.

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CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

Chapter 2 had laid the foundation and support topic of this research through the review of the current literatures and develop a theoretical framework for this research. This chapter will describes how this research would be carried out to find out and address the research issues within the context of the preliminary theoretical framework develop in previous chapter.

Research framework and hypotheses are developed based on past literature. This chapter consists of theoretical framework described in Section 3.2, research hypotheses in section 3.3, research design in section 3.4, target population in section 3.6, sampling technique in section 3.8, and discussion of questionnaire design in section 3.9. Meanwhile section 3.10 and 3.11 describes on techniques of data analysis and pilot test.

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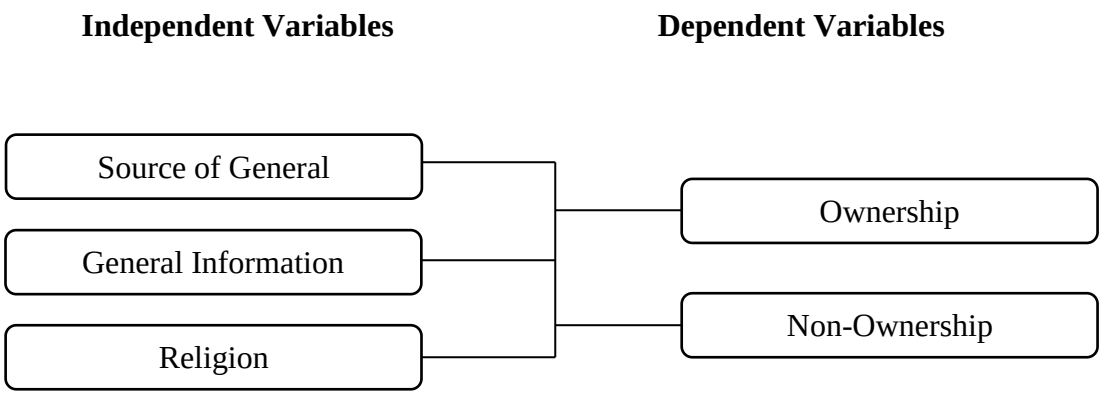
3.2 Theoretical Framework

The main purpose of this research is to identify the determinants of ownership decision for Takaful medical policy among Malaysian youth. The theoretical framework would describe how entire research project is based. It would elaborate the connection between each variables. From the theoretical framework that has been developed and past studies literatures, several hypotheses are constructed for this study. The variables that have been used in this current research have been studied by other past researcher to for it could improve the result in this research.

Figure 3.1: Ownership Decision Model



Regression model

Multiple regression model is used to show significant relationship of dependent variable to any other elements of independent variables. The model is as follows:

Economics Function

Ownership = f (Source of General Information, General information Features, Religion)

Model Specification

$$Y = \beta_0 + \beta_1 X_1 + \beta_2 X_2 + \beta_3 X_3 + \varepsilon$$

Where,

y = 1 = own Takaful medical policy
y = 2 = do not own Takaful medical policy
β = coefficients / scalars
χ = regressors / predictors

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From the model above, the factors or determinants that affect the individual ownership decision for Takaful medical policy can be determined. The table below lists the explanatory variables to be used in model 1. Previous chapter has provided an extensive discussion of Takaful medical policy ownership decision and related theories that could be used in order to prove the related studies. Besides that, empirical evidence also has been discussed to guide the selection of these independent variables.

3.3 Research Hypotheses

According to Sekaran (2003), hypothesis is defined as a logical relationship between two or more variables in the form of a statement that can be tested. After an extensive literature that are discussed in Chapter 2, relevant hypotheses are established. Recall from Chapter 2, hypotheses are rewritten:

H1: There is significant relationship between sources of general information towards ownership of Takaful medical policy.

H2: There is significant relationship between general information features towards ownership of Takaful medical policy.

H3: There is a significant relationship between Shariah compliance in Takaful medical policy with ownership of the policy

For non-ownership model, since the relationship is unclear it is proposed that the three factor has significant relationship but in opposite directions with the ownership model.

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3.4 Research Design

The research design is the overall structure design used to conduct the entire research. This study is a quantitative research (survey) which seeks to obtain and collect information by submitting a set of questions to individuals that were selected from the population. Quantitative Research commonly used to investigate issues that are wider scope in order to measure or describe any kind of generalization. (Cohen, Manion, & Morrison, 2007). Babbie, (2007) notes that quantitative research would facilitate analysis of the data conducted, check the validity of data collected and reinforces the understanding of a phenomenon being studied. The researcher chose this approach because it is appropriate to answer the research questions that are constructed and to achieve the objectives of this study.

According to the introduction in the first chapter and literature reviews in the second chapter, the conceptual framework that has been established in this research will be tested to determine the relationship between each of the variables in this model. It involves examination of the relationship between source of general information, general information features, religion towards ownership and non-ownership decision of Takaful medical policy.

3.5 Data Collection Method

In this study, all the data were collected to address the research objectives were from primary sources. Primary source mean information obtained from the first hand on variables of interest for the purposes of the survey. Self-administered questionnaire was used by researcher in data collection method. Time to answer the questionnaire ranged from ten to fifteen minutes. Then, the questionnaire will be returned to

researcher after all answered by respondent. This method took a month starting from February 2018 to March 2018.

3.6 Target Population

This research focus on a population among Malaysian youths. The population are referring to the total number of collection data which can be categorized as group of people and good. The main target for this study is those who are from 18 years old to 35 years old. The research definition by Petry (2002), who defines age by three categories, young adults (18-35 years), middle-aged adults (36-55 years), and older adults (55 years and above). According to Sekaran (2003), identifying the target population was one of the processes of sampling. The correct population will determine an accuracy of our findings to simplify the findings of the research.

The researcher has chosen youths around mostly locations in Kedah such as shopping malls and others as respondents. According to the latest data from Department of Statistic Malaysia the data for state of Kedah Darul Aman showed that there are total of 2,046,200 people who lived in Kedah in 2014. Based on report by Institute for Youth Research Malaysia there are total of 862,100 youth that lives in Kedah in 2014. Kedah is chosen as the area of study because is one of the nearest city to the researcher and it would be convenient for researcher to collect the data and sample.

3.7 Sample Size

The population of youths currently stay in Kedah is estimated around 862,100 (Department of Statistic Malaysia Kedah Darul Aman, 2014). Based on Krejcie & Morgan (1970) in determining the sample size for the finite population in one places, if the target population is greater than 1 million of population size the required sample

size that would be need to represent a population in that area is 384 sample size based on (Krejcie & Morgan, 1970) table.

3.8 Sampling Techniques

There are several sampling technique that can be used as a process of collecting data. Sampling techniques involve several decision to be made because it would affect the research that would be done. Sampling technique or method can be classified as a process of analyzing the characteristics of the known and finite population by selecting the right elements from the population. There are two categories of sampling which is probability sampling and non-probability sampling. Probability sampling is a representatives samples which is the sample that are selected in such a way that it is a representative of the population that were been selected.

The other type of sampling techniques is non-probability samples which indicates that the sample are not truly represent the population. Non-probability samples are less desirable than probability samples because it does not define the population itself. However for this research, due to large sample size of population and restricted time to conduct the probability sampling. The non-probability sampling discuss the technique is used on the personal judgement of the researcher rather than chance to select sample elements. Commonly used non-probability sampling techniques include the convenience sampling, judgmental sampling, quota sampling, simple random sampling, and snowball sampling (Sekaran, 2003). For this study the simple random sampling has been used to collect the data. Simple random sampling is a sampling procedure that assures each element in the population has an equal chance of being selected.

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3.9 Questionnaires Design

Designing a questionnaire is a critical part in the research process. Questionnaires plays an important roles in the process of survey research to collect the data. Study by Zikmund, Babin, Carr, & Griffin (2013) shows that the questionnaires design is a crucial part to identify and meet the criteria of relevance and accuracy. The question of this study is divided into six section which is Section A for the demographics information of the respondents, Section B describes factors affecting ownership of Takaful medical policy among respondents who have the Takaful. Section C summarize potential reason for not ownership a Takaful medical policy. Section D, E, and F attempts to gather possible factors that represent respondents' awareness on factors such as source of general information and Shariah compliance of Takaful medical policy respectively. (Refer to Appendix A of page 93-100 for the details of each section).

In the demographics information section, there are twelve fundamental question on the respondent's personal information which are gender, race, marital status, age, profession, profession sector, education level, monthly income, disposal savings, number of family members, critical illness and ownership of Takaful medical policy. The purpose of demographics information section is to provide data regarding research participants and it's necessary for the determination of whether the individuals in a particular study are a representative sample of the target sample for generalized purposes.

The respondent are requested to answers the question that are related to each variables measured in each section by using the five-point Likert Scale. Questionnaires are developed and designed clearly so that respondent could easily answer the question.

In order to achieve that, researcher had approach an academic expert of the Takaful area to examine the preliminary questions. The questions are also reexamined by two industrial expert. After questionnaires have been finalized, a pilot test is conducted in which 28 questionnaires are distributed to respondent at random.

Rensis Likert develop a scale that could be used by researcher to measures the variables and it named as Likert Scale in conjunction with the developer. Likert Scale widely used in research area to indicate the degree of agreement and disagreement with each of the statements in the questionnaire that has been design. In the questionnaires that has been design to measure the dependent and independent variables in this research, each scale has five response categories ranged from 1 as "strongly disagree" to scale of 5 that is "strongly agree". There are several advantages using Likert Scale as a measurement in questionnaire such as it is easy to conduct and administer.

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Table 3.1 Five Point Likert Scale Measurement

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1	2	3	4	5

Source: (Zikmund et al., 2013)

Table 3.2 Questionnaires Layout

Section	Number of Questions	Study Aspects	Scale
A	12	Demographics Information	Nominal, Ordinal
B	7	Ownership Factor for Takaful	Likert
C	6	Non Ownership Factor for Takaful	Likert
D	6	Source of General Information	Likert
E	6	General Information (Features of Takaful)	Likert
F	7	Awareness on Compliance of Shariah	Likert
Total	44		

3.9.1 Demographics

In the questionnaires constructed Section A consist of 12 demographics items which are gender, race, marital status, age, profession, profession sector, education level, monthly income, disposal savings, number of family members, critical illness and ownership of Takaful medical policy.

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3.9.2 Factor affecting ownership decision of Takaful Medical Policy

Section B consists of factor that affect ownership decision of purchase Takaful medical policy that play as dependent variable in this research and the questionnaires include item 1 to 7 based on their preferences. Following item listed in the table below are used to measure the ownership of Takaful medical policy among Malaysian youth.

Table 3.3 Factor affecting ownership decision for Takaful Medical Policy'

Construct	Measurement Items
Ownership decision on Takaful medical policy	Shariah compliant plans encourage me to have a Takaful medical policy. The need to protect family members is a factor that drives me to purchase Takaful medical policy. Reasonable payment or premium rates is my main factor in choosing a Takaful medical policy. Confident in Takaful agent or representative is one of the factor for choosing a Takaful medical policy. The coverage amount is preferred factor in choosing a Takaful medical policy. The need to reduce financial risk is one of the motive for subscribing to the Takaful medical policy. Exemption from tax payments is a motive for me to subscribe to Takaful medical policy.

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3.9.3 Factor affecting non-ownership of Takaful Medical Policy

Item 1 to 6 in Section C in the questionnaires design measures factor that affecting Malaysian youth not purchase or owned a Takaful medical policy. Respondents are

asked whether the variable influence customers' decision not to own a Takaful medical policy.

Table 3.4 Factor affecting non-ownership of Takaful medical policy

Construct	Measurement Items
	Not getting clear information about Takaful has caused me not to join Takaful medical policy.
	Unaffordable to subscribe Takaful medical policy is one of the factors that cause me not to participate in Takaful medical policy
Factor affecting non-ownership of Takaful medical policy	The factor that makes me not to subscribe Takaful medical policy is because of the overpriced Takaful protection contribution.
	Never been approached by Takaful agent cause me not joined the Takaful medical policy
	The doubts of a Takaful company cause me not to join any Takaful medical policy.
	Uncertainty with the ability of Takaful agents cause me not to join any Takaful medical policy

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3.9.4 Sources of General information on Takaful Medical Policy

Sources of general information is depicted in item 1 to 6 of Section D. Respondent asked the source of information obtained on Takaful medical policy. The following table shows the items to measure the source of general information.

Table 3.5 Source of General information on Takaful medical policy

Construct	Measurement Items

Sources of General Information	Information about Takaful medical policy is obtained from mass media
	Information about Takaful medical policy is obtained from printed media.
	Information about Takaful medical policy is obtained from social media.
	Information about Takaful medical policy is obtained from family members who have a Takaful medical policy.
	Information about Takaful medical policy is obtained from friends that subscribe Takaful medical policy.
	Information about Takaful medical policy is obtained from Takaful agents suggested by family members or partner.

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3.9.5 Awareness on General Information of Takaful medical policy

For awareness on general information, respondent needed to answer item 1 to 6 which is related to information on Takaful medical policy. The item that ask to know whether respondents are aware with the information about Takaful medical policy. The item were listed on the table below.

Table 3.6 General Information of Takaful medical policy

Construct	**Measurement Items**

General information of Takaful Medical policy.	Takaful medical policy funds contributed by the participants may be used to protect other participants from the risks. Takaful medical policy plan can be used as a savings plan for old age. Contribution or premium is determined based on the age of subscriber's in Takaful medical policy. Contribution or premium is determined based on customer's health condition for Takaful medical policy. Part of the contribution from contributors to Takaful medical policy will be invested into Shariah-compliant investments. (For Investment-Linked Plans) The profit derived from investment of Takaful medical policy is owned by fund contributors. (For Investment-Linked Plans)

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3.9.6 Awareness on compliance of Shariah in Takaful medical policy

For religiosity variable, respondents are needed to scale their awareness level which is related to awareness of respondent towards the Compliance of Shariah in Takaful medical policy. The items to measure the variable were listed as below.

Table 3.7 Awareness on compliance of Shariah in Takaful medical policy

Construct	**Measurement Items**
Awareness on compliance of Shariah	Conventional medical policy is a non-Shariah compliant product. Takaful medical policy schemes are offered to Muslims and non-Muslims.

	Takaful medical policy does not involved with “gharar” elements (uncertainty), “maisir” (gambling) and usury. I choose medical policy regardless of whether the policy complies with Shariah or not. The choice to own a Takaful medical policy is due to the transparency of information on the use of funds from medical policy. (For Investment-Linked Plans) Conventional medical policy is based on the concept of "exchange contract", whereby the Takaful medical policy is based on the concept of "co-operation" and “tabarru” or contract between participants. The contribution money or premium paid by contributors is not counted as a company's money.

3.10 Technique of data analysis

Data which is collected is analyzed using SPSS 20. (The Statistical Package for Social Science). Demographics information of respondents is analyzed to carry out frequency analysis in descriptive analysis. In addition, several other analysis are applied such as factor analysis, correlation and multiple regression. The factor analysis would be used in this study to analyze the validity of measurement.

3.10.1 Frequency Analysis

In this analysis, data is analyzed to identify the demographic profile of respondents. This analysis summarizes how many percentage of respondent that would have different gender, race, marital status, age, profession, profession sector, education level, monthly income, disposal savings, number of family members, critical illness and ownership of Takaful medical policy.

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3.10.2 Reliability Test Analysis

In order to measure the validity, reliability and consistency of the data, Cronbach alpha has been used in this test to measure the reliability. To indicate how well the factors are positively correlated to each other variable, reliability coefficients will be used in this study. Sekaran (2003) indicates that Cronbach's Alpha that nearest to 1 is the good internal consistency reliability. While the value of 0.5 or less generally indicates unacceptable internal consistency reliability.

Table 3.8 Measurement of Reliability Test Analysis

Cronbach's Alpha	Internal Consistency
a > 0.9	Excellent
0.8 < a < 0.9	Good
0.7 < a < 0.8	Acceptable
0.6 < a < 0.7	Questionable
0.5 < a < 0.6	Poor
a < 0.5	Unacceptable

Source: (J. F. Hair, Money, Mike, & Samouel, 2007)

3.10.3 Descriptive Analysis

In descriptive statistic, independent and dependent variable was carried out in this test. In these test, the scale that is used as measurement is 5 point-Likert Scale which indicates 5 as the highest weight and 1 as the lowest weight.

3.10.4 Factor Analysis

Factor analysis was used to identify complex interrelationships among items and group items that are part of unified concepts. Results from factor analysis would be able to confirm whether or not the theorized dimensions emerge (Sekaran & Bougie, 2012). In factor analysis, the communality value, the Kaiser-Meyer-Olkin (KMO) and

Bartlett's Test of Sphericity have to be focused. Communality value is considered as acceptable if the value is above 0.5 and for KMO value must exceed the recommended value of 0.6. The Bartlett's Test of Sphericity must reach statistical significance (Kim & W. Mueller, 1989). As for this study, interrelationship among items in dependent variable and independent variables had been tested.

Table 3.9 Values of Kaiser-Mayer-Olkin (KMO) and Variance

KMO Values	Degree of Common Values
0.90 – 1.00	Excellent
0.80 – 0.89	Very good
0.70 – 0.79	Appropriate
0.60 – 0.69	Medium
0.50 – 0.59	Weak
0.00 – 0.49	Unacceptable

Source: (Tabachnick & Fidell, 2007)

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3.10.5 Pearson Correlation Analysis

The Pearson correlation was used to examine the relationship between dependent and independent variables, to predict the strength of the relationship as well as the direction of the relationship. (Gliner, Morgan, & Leech, 2009) recommended that Pearson correlation can vary from -1.0 to + 1.0, -1.0 is considered as negative positive correlation, (0.0) no correlation and (+1.0) perfect the correlation. The coefficient scale and relationship strength of correlation has been lined out by J. F. Hair et al., (2007) to interpret the relationship between two variables as shown in Table below:

Table 3.10 Table Coefficient Range Value

Strength of Association	Coefficient, r
Strong relationship	(-1.0 to 0.5) or (0.5 to 1.0)

Moderate relationship	(-0.5 to -03) or (0.3 to 0.5)
Weak relationship	(-0.3 to -0.1) or (0.1 to 0.3)
No/Weak Relationship	(-0.1 to 0.1)

Source: Adapted from Pallant (2010)

In order to determine the significance between two variables, it can be seen through the significant value. If the significant value, $p<0.05$, therefore, there is correlation between the variables. If the value is above the sign value, it can be concluded that the variable is not significant and there is no relationship between the variables involved (Sheridan & Lyndall, 2007).

3.10.6 Normality Analysis

The most important assumption in conducting multivariate analysis is normality. The normality test was required to ensure normal distribution of data and inspection of the outliers (J. Hair, Black, Babin, & Anderson, 2009). They added that the outliers would be eliminated and the result could be obtained through the graphical analysis and statistical test of normality. Generally, the data normality can be evaluated through a straight diagonal line where the plotted data values are in line or parallel to the diagonal line (Sheridan & Lyndall, 2007). In addition, normality also can be analyzed through skewness and kurtosis. The z-values for skewness and kurtosis between -2 and +2 are considered acceptable in order to prove normal univariate distribution (George & Mallery, 2010). The statistical value (z) for skewness and kurtosis can be calculated by dividing the value of skewness and kurtosis by the appropriate standard error of each skewness and kurtosis (J. Hair et al., 2009).

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3.10.7 Regression Analysis

The purpose of implementing test is to see how much of the variance in the dependent variables being influenced by the independent variables. A value of R square is used to interpret the data in terms of variance explained of both variables (Gliner et al., 2009). This test was also required to achieve the second objective of the study. Multiple regressions analysis was applied to analyses the best predictor among the student satisfaction toward Islamic banking service quality.

To determine the influence of independent variables on dependent variables, it can be seen through the significant value provided in the regressions table. If the value is below the significant level of $p<0.05$, this means that the independent variable highly influences the dependent variable. In contrast, if the value is above the sign value, it indicates that there is no influence between the independent and dependent variables (Gliner et al., 2009).

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Therefore, the multiple regressions analyses is conducted to determine determinants of ownership decision of Takaful medical policy. Model 3.1 shows the formulation of multiple regressions. It was assumed that β (coefficient) was positive, meaning that all the variables positively influenced sustainable performance.

3.10.8 Pilot Test

Pilot test is a small-scale experiment where a small scale of respondents has been used and comment on mechanics of the test. Pilot test has been used to measure the reliability. This test will show out any problems related with the test instructions, where items are not clear, typographical errors and other issues. Once the issues have been addressed, then the large scales are ready to distribute. The main purpose of pilot

test is to construct on initial picture of reliability and test validity of the research. 28 set of questionnaire are distributed to the respondent. Based on the returned questionnaires, one question in section factors of ownership in Takaful medical policy is excluded from the questioners because it affect the reliability for ownership variables. The questions is “Takaful plan which has more hospital network is one of the factors that make me choose Takaful medical policy”. Items shows that all items achieve their reliability as Cronbach alpha is greater than 0.6.

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Table 3.11 Reliability Analysis for Pilot Test

Variable	**Item**	**Cronbach’s Alpha**	**Internal Consistency**
Ownership Factor for Takaful	7	0.758	Acceptable
Not Ownership Factor for Takaful	6	0.746	Acceptable
Source of General Information	6	0.815	Good
General Information (Features of Takaful)	6	0.715	Acceptable
Awareness on Compliance of Shariah	7	0.686	Moderate

3.11 Conclusion

In conclusion, this chapter describes the research methods that are used mainly in the form of conducting empirical research. The research framework and research design

are also discussed in this chapter. In addition, this chapter also describes procedures for sampling and survey data collection process. There are six hypotheses have been developed based on the findings of previous investigations.

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CHAPTER FOUR: DATA ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter presents the analysis and testing of hypotheses through statistical methods that have been described in the methodology chapter. In this section, the profile of respondents that has been collected were analyzed according to those who own Takaful medical policy and who do not own Takaful medical policy. This chapter discuss finding of this research through test that already been done using SPSS analysis. The data analysis involved pilot study, factor analysis, reliability test, and normality test. In addition, this chapter also address the findings from respondent background. Finally, the results obtained from the diagnostic test correlation, regression and pilot test explained in order to identify the relationship and influence among the variables.

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4.2 Pilot Study

A pilot study was conducted on February 2018. The purpose of the pre-test is to identify ambiguity in the instruments. Total of 30 questionnaires for pilot test are sent by hand to the respondent in various districts Kedah. The pilot test requires about 30 to 50 people and is considered adequate to identify any weaknesses or errors in the study (Tools4Dev, 2014). The time to answer the question for each questionnaire is ranged between 10-15 minutes. The SPSS program has been used in determining the reliability (Cronbach' alpha) for independent and dependent variables. The results of reliability shows Cronbach's alpha is was (0.970) which means that all variables are positive with each other. Thus, the reliability coefficient for the pilot study is considered a very good distribution and thus the questionnaire can be used in getting the required information.

4.3 Factor Analysis

Table 4.1 shows the result of factor analysis for the independent variables consisted of source of general information, general information features and religion. The independent variables were measured using 19 items in three dimensions using SPSS. Principal component analysis is performed to determine the factors of the construct (J. Hair et al., 2009). They added that the main objective of factor analysis in reduce a vast number of variables into an interpretable and meaningful set of factors.

Communality values for each item of all four variables should be more than (0.6) (see Appendix) as suggested by Kim and Mueller (1994), therefore none of the 19 items had to be deleted in order to increase factor's loadings. As shown in Table 4.1, four factor's loading of variable representing the factor of ownership decision are lower than 0.6 while the other three items are higher than 0.6. The higher value Kaiser-Meyer-Olkin Measure of Sampling Adequacy (KMO) is reliability (0.800), while the lowest KMO value is shows by tangible (0.772).

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These results exceed the recommended value of 0.6 (J. Hair et al., 2009) and Bartlett's Test of Sphericity also reach statistical significance, supporting the factorability of the dimensions. The PCA also reveals the presence of components with eigenvalues exceeding 1.0 for all three independent variables.

Table 4.2 shows the dependent variables, ownership of Takaful medical policy and non-ownership of Takaful medical policy, which is measured by 13 item in two dimension and was subjected to principal component analysis (PCA) using SPSS Version 20. Inspection of the factor's loading for every dimension reveals the presence of value (0.6) can be considered as acceptable by Kim and Mueller (1994). The KMO

value for ownership is (0.658) and for non-ownership of Takaful medical policy is (0.712). The KMO value for this dimensions exceed the recommended value of 0.6 (J. F. Hair et al., 2007) and Bartlett's Test of Sphericity reach statistical significance, this result supporting the factorability of the dimensions as suggested by (Kim & W. Mueller, 1989).

Table 4.1 Factor Analysis for all questions

Item No	**Factor Loading**
Factor affecting ownership of Takaful	
Shariah compliant plans encourage me to have a Takaful medical policy.	0.529
The need to protect family members is a factor that drives me to purchase Takaful medical policy.	0.632
Reasonable payment or premium rates is my main factor in choosing a Takaful medical policy.	0.405
Confident in Takaful agent or representative is one of the factor for choosing a Takaful medical policy.	0.739
The coverage amount is preferred factor in choosing a Takaful medical policy.	0.513
The need to reduce financial risk is one of the motive for subscribing to the Takaful medical policy.	0.605
Exemption from tax payments is a motive for me to subscribe Takaful medical policy.	0.406
Factor affecting non-ownership Takaful	

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Not getting clear information about Takaful has caused me not to join Takaful medical policy.	0.484
Unaffordable to subscribe Takaful medical policy is one of the factors that cause me not to participate in Takaful medical policy	0.386
The factor that makes me not to subscribe Takaful medical policy is because of the overpriced Takaful protection contribution.	0.542
Never been approached by Takaful agent cause me not joined the Takaful medical policy	0.772
The doubts of a Takaful company cause me not to join any Takaful medical policy.	0.763
Uncertainty with the ability of Takaful agents cause me not to join any Takaful medical policy	0.680
Sources of General Information	
Information about Takaful medical policy is obtained from mass media	0.804
Information about Takaful medical policy is obtained from printed media.	0.669
Information about Takaful medical policy is obtained from social media.	0.594
Information about Takaful medical policy is obtained from family members who have a Takaful medical policy.	0.689
Information about Takaful medical policy is obtained from friends that subscribe Takaful medical policy.	0.747
Information about Takaful medical policy is obtained from Takaful agents suggested by family members or partner.	0.794

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Awareness on General Information Features	
Takaful medical policy funds contributed by the participants may be used to protect other participants from the risks.	0.415
Takaful medical policy plan can be used as a savings plan for old age.	0.331
Contribution or premium is determined based on the age of subscriber's in Takaful medical policy.	0.508
Contribution or premium is determined based on customer's health condition for Takaful medical policy.	0.593
Part of the contribution from contributors to Takaful medical policy will be invested into Shariah-compliant investments. (For Investment-Linked Plans)	0.527
The profit derived from investment of Takaful medical policy is owned by fund contributors. (For Investment-Linked Plans)	0.573
Awareness on Compliance of Shariah in Takaful Medical policy	
Conventional medical policy is a non-Shariah compliant product.	0.476
Takaful medical policy schemes are offered to Muslims and non-Muslims.	0.515
Takaful medical policy does not involved with "gharar" elements (uncertainty), "maisir" (gambling) and usury.	0.537
I choose medical policy regardless of whether the policy complies with Shariah or not.	0.671
The choice to own a Takaful medical policy is due to the transparency of information on the use of funds from medical policy. (For Investment-Linked Plans)	0.530
Conventional medical policy is based on the concept of "exchange contract", whereby the Takaful medical policy is based on the concept of "co-operation" and "tabarru" or contract between participants.	0.580
The contribution money or premium paid by contributors is not counted as a company's money.	0.498

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4.4 Reliability Analysis

Reliability test should be tested to measure goodness of the data consistency and stability of item. The main purposes of reliability test used to measure the goodness of data includes internal consistency and stability of items.

Table 4.2 Cronbach's Alpha for each variable

Item	Cronbach's Alpha	Original Cronbach's Alpha
Ownership	0.686	0.756
Non – Ownership	0.709	0.746
Source of General Information	0.814	0.815
General Information Features	0.788	0.715
Religion	0.694	0.686

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Table 4.2 indicated the Cronbach's Alpha for each variable in this study. As a result, Source of general information records the highest rate (0.814). This is followed by general information features (0.788), non-ownership factor (0.719), religion (0.694), and ownership (0.686). Overall those variables are significant, which suggest there are relationship between the variables involved.

4.5 Normality Test

After applying the reliability test, the data must undergo a screening process which is known as normality test. The normality test was required to ensure normal distribution of data and inspection of the outliers (J. Hair et al., 2009). The distributions of data in this study are normal. Besides, the assessment of normality had already proved that

the data used in this study was also normally distributed by using the Q-Q plot (see Appendix C). Table 4.3 represents the normality test result:

Table 4.3 Normality Test

Variable	Mean	Skewness	Kurtosis	z-value (Skewness)	z-value (Kurtosis)
Ownership	4.1545	-0.337	-0.327	0.218	0.433
Non-Ownership	3.7079	-0.652	1.108	0.171	0.341
Gen. Inform	3.4660	-0.531	0.658	0.135	0.270
Gen. Inform Feat.	3.8508	-0.598	1.446	0.135	0.270
Religion	3.6014	0.217	-0.159	0.135	0.270

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Based on the Table 4.3, the mean for Ownership is (4.1545), skewness (-0.337) and kurtosis (-0.327). Followed by the mean for Non-ownership with (3.7079), skewness (-0.652), Kurtosis (1.108). For source of general information, the mean value is (3.4660), skewness (-0.531) and kurtosis (0.658).The mean for general information features in (3.8508), skewness (-0.598) and kurtosis (1.446). As for Religion, the mean value is (3.6014) with skewness of (0.217) and kurtosis of (-0.159).

Overall, the value for skewness and kurtosis for each variable is near to zero as suggested by Hair et al. (2010) in determining normal distribution of data.

Furthermore, the z-value for both skewness and kurtosis of each variable is between the range of -2 and +2, considered to be acceptable in order to prove normal univariate distribution (George & Mallery, 2010).

4.6 Descriptive Analysis

The descriptive statistics of the samples are presented next.

4.6.1 Analysis of Respondent's Demographics Characteristic

The socio-demographic of the respondent for Takaful medical policy are displayed in the table 4.4 and 4.5. The total number of respondent used this study is 324.

Table 4.4 Model Socio-Demographics of sample own and did not own Takaful Medical Policy

Variables	**Full Sample N = 324**	
	(N)	(Percent)
Gender		
Male	121	37.3
Female	203	62.7
Race		
Malay	281	86.7
Chinese	12	3.7
Indian	18	5.6
Others	13	4.0
Marital Status		
Single	245	75.6
Married	78	24.1
Single Mother	0	0
Single Father	1	0.3
Divorce	0	0
Age		
18-20	37	11.4
21-23	79	24.4
24-26	124	38.3
27-29	27	8.3
30-32	21	6.5
33-35	36	11.1

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Profession		
Finance and Banking	33	10.2
Education	29	9.0
Engineering	11	3.4
Law Enforcement	0	0
Public Administration	16	4.9
Health	6	1.9
Not Working (Student)	139	42.9
Not Working (House Wife)	5	1.5
Others	85	26.2
Profession Sector		
Government	62	19.1
Private	108	33.3
Others	154	47.5
Education Level		
SPM	56	17.3
STPM	56	17.3
Diploma	32	9.9
Bachelor Degree	163	50.3
Master Degree	12	3.7
Doctor of Philosophy	1	3
Others	4	1.2
Monthly Income		
Less than RM1,000	162	50.0
RM 1,000-RM2,999	111	34.3
RM3,000-RM4,999	38	11.7
RM5,000- RM6,999	10	3.1
RM7,000- RM8,999	1	0.3
RM9,000-RM10,999	2	0.6
More than RM11,000	0	0

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Disposal Saving		
Less than RM100	147	45.4
RM 100-RM299	86	26.5
RM300-RM499	43	13.3
RM500- RM699	16	4.9
RM700- RM899	15	4.6
RM900-RM1099	4	1.2
More than RM1100	3	4.0
Number of Family Members		
1-3 Persons	57	17.6
4-6 Persons	172	53.1
7-9 Persons	74	22.8
More than 10 Persons	21	6.5
Critical Illness		
Yes	104	32.1
No	220	67.9
Ownership of Takaful Medical Policy		
Yes	123	38.0
No	201	62.0

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In Table 4.4 will summarize the socio-demographics of the total respondent who participate in this research. From 324 person that fill up the questionnaires 121 or thirty seven (37.3%) of them were male respondent while sixty two percent or 203 were female. Majority of the respondent were Malays and seventy five percent (75.6%) from the respondent were single. Thirty eight percent (38.3%) of the youth respondent are age 24-26 years old, followed by 21-23 years old respondents by twenty four percent (24.4%). From 324 total of respondent, 139 or forty two percent (42.9%) of the respondent were not working or students and other respondent were working in other sector such as finance, education, health and 108 from the were working in private sector and 62 of the in government sector.

In term of education level, the highest frequency of education level is bachelor degree which is 163 respondent that is half of the total respondent, and follow up by SPM and STPM which is both show the same frequency that is 56 person or seventeen percent (17.3%). The smallest frequency in education level is Doctor of Philosophy indicates which only one respondent in the sample. In term of income level and disposal saving, the highest frequency for income is below than RM1000 and disposal saving is also below than RM 100 per month. More than 50 percent of the respondent having a family members four to six person a family. In terms of critical illness in their family, there are 104 or thirty two percent (32.1%) of the family members have a critical illness while the other 220 respondent does not have family member who have critical illness. Out of 324 respondent were collect out, 123 of them have Takaful medical policy while the other 201 or sixty two percent (62%) of the respondent does not have Takaful medical policy.

Table 4.5 Descriptive Analysis

	N	Minimum	Maximum	Mean	Std. Deviation
Gender	324	1	2	1.63	.484
Race	324	1	4	1.27	.742
Marital Status	324	1	4	1.25	.455
Age	324	1	6	3.07	1.430
Profession	324	1	9	6.23	2.675
Profession Sector	324	1	3	2.28	.767
Education Level	324	1	7	3.12	1.316
Income	324	1	6	1.71	.887
Disposable Savings	324	1	7	2.17	1.543
Family Member	324	1	4	2.18	.795
Critical Illness	324	1	2	1.68	.468
Non Own Takaful	324	1	2	1.62	.486
Valid N (listwise)	324				

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4.6.2 Profiles of Policyholders and Non Policyholders

In this section, the respondents' profiles were segmented according to the Takaful medical policyholders and non-policyholders. The representation are used to compare the profiles of individual respondent with and without Takaful medical policy. As the main purpose is to describe the profile only minimal discussion would be given in order to avoid redundancy as detailed discussion will be given once the model is fitted in the following section.

Table 4.6 Profiles of Policyholders and non-Policyholders according to gender

Gender		Takaful Medical Ownership		Total
		Own Takaful Medical	Do Not Own	
Male	(N)	46	75	121
	Percent	37.4	37.3	100
Female	(N)	77	126	203
	Percent	62.6	62.7	100
Total	(N)	123	201	324
	Percent	100	100	100

Table above represents the profile of policyholder and non-policyholder Takaful medical policy among youth in Malaysia according to gender. The result from the table above indicates that women respondent are more likely to purchase or subscribe Takaful medical policy compared to male respondents.

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Table 4.7 Profiles of Policyholders and non-Policyholders according to race

		Takaful Medical Ownership		Total
		Own Takaful Medical	Do Not Own	
Malay	(N)	110	171	281
	Percent	89.4	85.1	86.7
Chinese	(N)	0	12	12
	Percent	0	6.0	3.7
Indian	(N)	7	11	18
	Percent	5.7	5.5	5.6
Others	(N)	6	7	13
	Percent	4.9	3.5	4.0
Total	(N)	123	201	324
	Percent	100	100	100

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Table above portrays the distribution of Takaful medical policy ownership by race. The proportion of the insured was less than the uninsured across all race categories. The result from table above indicating a significant different between race and ownership o0f Takaful medical policy that more on Islamic insurance rather than conventional insurance than more familiar with non-Muslim.

Table 4.8 Profiles of Policyholders and non-Policyholders according to Marital Status

		Takaful Medical Ownership		Total
		Own Takaful Medical	Do Not Own	
Single	(N)	79	166	245
	Percent	64.2	82.6	75.6
Married	(N)	44	34	78
	Percent	35.8	16.9	24.1
Single Father	(N)	0	1	1
	Percent	0	0.5	0.3
Total	(N)	123	201	324
	Percent	100	100	100

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In terms of marital status of respondent the highest frequency in this sample is single with the proportion of seventy five percent (75.6%) from total respondent. For single respondent the result show that almost fifty percent of the single categories were uninsured while for married categories the respondent who married have a higher frequencies on own a Takaful medical policy rather than non-own a Takaful medical policy. This indicates that, marital status could affect the Takaful medical policy ownership decision of an individual respondent.

Table 4.9 Profiles of Policyholders and non-Policyholders according to age group

		Takaful Medical Ownership		Total
		Own Takaful Medical	Do Not Own	
18-20	(N)	9	28	37
	Percent	7.3	13.9	11.4
21-23	(N)	16	63	79
	Percent	13.0	31.3	24.4
24-26	(N)	47	77	124
	Percent	38.2	38.3	38.3
27-29	(N)	16	11	27
	Percent	13.0	5.5	8.3
30-32	(N)	8	13	21
	Percent	6.5	6.5	6.5
33-35	(N)	27	9	36
	Percent	22.0	4.5	11.1
Total	(N)	123	201	324
	Percent	100	100	100

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From age group perspective, all categories show a difference in the proportion of insured and uninsured except for the age group 27-29 and 33-35. This two age group of respondent show that they have a high proportion of respondent insured rather than uninsured which indicates that the higher the age categories will effect ownership decision towards Takaful of protection towards themselves of families. While, the youth age group from 18-20, 21-23, 24-26 show the proportion of uninsured

respondent lower than insured respondent. This result also could be affected by income of age group that would have difference income level according to age and working experience.

Table 4.10 Profiles of Policyholders and non-Policyholders according to profession

		Takaful Medical Ownership		Total
		Own	Do Not Own	
Finance and Banking	(N)	24	9	33
	Percent	19.5	4.5	10.2
Education	(N)	18	11	29
	Percent	14.6	5.5	9.0
Engineering	(N)	3	8	11
	Percent	2.4	4.0	3.4
Public Administration	(N)	8	8	16
	Percent	6.5	4.0	4.9
Health	(N)	4	2	6
	Percent	3.3	1.0	1.9
Not Working (Student)	(N)	37	102	139
	Percent	30.1	50.7	42.9
Not Working (Housewife)	(N)	1	4	5
	Percent	0.8	2.0	1.5
Others	(N)	28	57	85
	Percent	22.8	28.4	26.2
Total	(N)	102	203	324
	Percent	100	100	100

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The distribution of policyholders and non-policyholders according to occupation or profession. For respondent who involve in finance, education, public and health service sector, the result show that respondent were in this categories have a high proportion on insured person rather than uninsured respondents. Meanwhile in the other categories such as non-working (students), non-working (housewife) and others show that individual or respondent were less insured because of the monthly repayment that could not afford or does not have a stable income. The result show that there were association between the types of occupation or profession towards awareness and ownership decision to own a Takaful medical policy.

Table 4.11 Profiles of Policyholders and non-Policyholders according to education level

		Takaful Medical Ownership		Total
		Own Takaful Medical	Do Not Own	
SPM	(N)	13	43	56
	Percent	10.6	214	17.3
STPM	(N)	10	46	56
	Percent	8.1	22.9	17.3
Diploma	(N)	14	18	32
	Percent	11.4	9.0	9.9
Bachelor Degree	(N)	79	84	163
	Percent	64.2	41.8	50.3
Master Degree	(N)	7	5	12
	Percent	5.7	2.5	3.7

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Doctor of Philosophy	(N)	0	1	1
	Percent	0	0.5	0.3
Others	(N)	0	4	4
	Percent	0	2.0	1.2
Total	(N)	123	201	324
	Percent	100	100	100

In terms of education level of the respondents, only master degree portrays more insured respondent rather than uninsured respondent, while the other education level such as SPM, STPM, Diploma, Bachelor Degree, Doctor of philosophy and other show that more uninsured respondent rather than insured respondent. Two highest distribution of policyholders and non-policyholders in terms of education level is SPM and STPM. This could indicates that the education level of respondent might affect the awareness and ownership of respondent towards Takaful medical policy among youth in Malaysia.

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Table 4.12 Profiles of Policyholders and non-Policyholders according to income level

		Takaful Medical Ownership		Total
		Own Takaful Medical	Do Not Own	
Less than RM1,000	(N)	41	121	162
	Percent	33.3	60.2	50.0
RM 1,000-RM2,999	(N)	44	67	111
	Percent	35.8	33.3	34.3

RM3,000-RM4,999	(N)	25	13	38
	Percent	20.3	6.5	11.7
RM5,000-RM6,999	(N)	10	0	10
	Percent	8.1	0	3.1
RM7,000-RM8,999	(N)	1	0	1
	Percent	0.8	0	0.3
RM9,000-RM10,999	(N)	2	0	2
	Percent	1.6	0	0.6
More than RM11,000	(N)	0	0	0
	Percent	0	0	0
Total	(N)	123	201	324
	Percent	100	100	100

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Table above show the different between policyholder and non-policyholder of Takaful medical in terms of income level. From the table above the result show that most of the respondent that have income more than RM5000 per month would purchase or subscribe the Takaful medical policy. Meanwhile the highest different proportion between policyholder and non-policyholder were in lowest income level than is lower than RM1000 per month. This might because the premium that could not be afford by respondent or youth that earn less than RM100 per month. The result indicates that there is a significant association between income level and Takaful medical ownership.

Table 4.13 Profiles of Policyholders and non-Policyholders according to disposal saving level

		Takaful Medical Ownership		Total
		Own Takaful Medical	Do Not Own	
Less than RM100	(N)	39	108	147
	Percent	31.7	53.7	45.4
RM 100-RM299	(N)	39	47	86
	Percent	31.7	23.4	26.5
RM300-RM499	(N)	15	28	43
	Percent	12.2	13.9	13.3
RM500-RM699	(N)	10	6	16
	Percent	8.1	3.0	4.9
RM700-RM899	(N)	8	7	15
	Percent	6.5	3.5	4.6
RM900-RM1099	(N)	2	2	4
	Percent	1.6	1.0	1.2
More than RM1100	(N)	10	3	3
	Percent	8.1	1.5	4.0
Total	(N)	123	203	324
	Percent	100	100	100

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Table above present about policyholder and non-policyholders according to disposal saving per month. From the table above, all categories show a high different proportion of insured and uninsured except for disposal saving range from RM900-RM1099 per

month. Based on the table and analysis, the result indicates that respondents who own Takaful medical policy is lower than those who do not own Takaful medical when their saving is lower than RM499 per month. Meanwhile, for respondent whose saving are more than RM500 per month show that the proportion of insured are higher than uninsured respondent. That means disposal saving of respondent could affect the awareness and ownership decision towards Takaful medical policy.

Table 4.14 Profiles of Policyholders and non-Policyholders according to family member who have critical illness

		Takaful Medical Ownership		Total
		Own Takaful Medical	Do Not Own	
Have Critical Illness	(N)	46	58	104
	Percent	37.4	28.9	32.1
Does not have critical illness	(N)	77	143	220
	Percent	62.6	71.1	67.9
Total	(N)	123	201	324
	Percent	100	100	100

This table portrays the different between policy holders and non-policyholders in term of respondent or family member who had a critical illness that would require high cost of medical. This could be ask to know whether the respondent aware to own a Takaful medical policy if they experience own family member experience a critical illness. Based on the table below, the result indicates that frequency between respondent who insured and uninsured almost the same although they had or experience critical illness

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own a Takaful medical policy. Meanwhile, the frequency for the respondent who does not have critical illness higher on uninsured respondent rather than insured respondent.

4.7 Pearson's Correlation Analysis

The correlation analysis was carried out to determine the type and the strength of relationship between variables in the hypothesis. In order to achieve the first objective of the study, the Pearson's correlation is used to examine the relationship between independent variables (source of general information, general information features and religion) toward ownership and non-ownership decision of Takaful medical policy. Two-tailed tests are used since the statements of hypotheses stipulate the directions of the relationships are positive or negative. Table 4.15 and 4.16 represents the result of Pearson's correlation analysis.

Table 4.15 Correlation between Independent Variables and Ownership Decision (N=123)

Variables	Pearson Correlation
Source of General Information	**.248****
General Information Features	**.597****
Religion	**.498****

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

Table 4.16 Correlation between Independent Variables and Non-Ownership Decision (N=201)

Variables	Pearson Correlation
Source of General Information	**.276****
General Information Features	**.243****
Religion	**.140****

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

According to Table 4.15, the correlation analysis shows that source of general information has positive relationship with ownership decision at significant level. As well as general information features and religion also show that has positive relationship with ownership decision. Meanwhile for Non-ownership decision, the result also show that all three independent variables has positive relationship with non-ownership decision. The result also shows that the strength of the relationships is moderate for this study. According to (J. F. Hair et al., 2007), when the coefficient scale is between ±0.41 and ±0.70, the relationship strength is considered as moderate.

4.8 Multiple Regression Analysis

Multiple regression analysis was applied to identify the best predictor influencing among independent variables toward ownership decision of Takaful medical policy among youth in Malaysia. The variables of source of general information, general information features and religion were tested using multiple regression to achieve the objective of this study. If the value is below the significant level of $p<0.05$, this means that the independent variable influences the dependent variable. In contrast, if the value is above the sign value, it indicates that there is no influence between the independent and dependent variables (Gliner et al., 2009).

Table 4.17 Multiple Regression Result

R	R Square	Adjusted Square	R Std. Error of the Estimate	F	Sig
0.643	0.413	0.398	0.36359	27.907	.000
Dependent Variable: Ownership Decision					
Model		**Standard Coefficient Beta**		**T**	**Sig**
(Constant)				6.757	0.000
Source General Information		0.088		1.201	0.232
General Information Features		0.456		5.558	0.000
Religion		0.238		2.844	0.005

The regression result in Table 4.17 shows that independent variables consist of source of general information, general information features and religion explained 39.8% of the variance in predicting ownership decision towards Takaful medical policy among youth. The model proposed is significant level at 0.00 level (F=27.907, p=0.000). Two from three variables have been found to statistically significant associations with ownership decision. The variables are general information features (Beta=0.456, p=0.000) and religion (Beta=0.238, p=0.005).

The largest beta coefficient obtained was 0.456 for general information features and this corresponds with the highest t-statistics of 5.558. This means that the variable makes the strongest unique contribution in explaining the dependent variable, ownership decision when the variance explained by all other predictor variables in the model as controlled for. It suggested that one standard deviation increase in general information features is followed by 0.456 standard deviation in ownership decision. The Beta value for religion is second highest with 0.238 and followed by source of general information.

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As a conclusion, the hypothesis represented general information features and religion has significant relationship and the most influence in ownership decision towards Takaful medical policy and this result supports previous studies (see for example Hashem A. AlNemer, 2015; Nor & Kamil, 2014). However, source of general information is not significant relationship which is bigger than 0.05. It indicates that those variables are not the main factors and not influence the ownership decision.

Table 4.18 Multiple Regression Result

R	**R Square**	**Adjusted Square**	**R Std. Error of the Estimate**	**F**	**Sig**
0.299	0.089	0.075	0.66197	6.468	.000
Dependent Variable: Non-Ownership Decision					
Model		**Standard Coefficient Beta**	**T**		**Sig**
(Constant)			8.329		0.000
Source General Information		0.219	2.778		0.006
General Information Features		0.126	1.482		0.140
Religion		-0.005	-0.058		0.953

Table 4.18 above shows the regression result for the second model that is the independent variables source of general information, general information features and religion towards the non-ownership decision of Takaful medical policy among youth that age 18-35 years old in Malaysia. This model explained 7.5% of the variance in predicting the ownership decision with the significant at 0.00 level (F=6.468, p=0.000). One variables has been found significant associations with non-ownership decision.

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The variables is source of general information with Beta of 0.219 and p value 0.006. The largest beta in this model is source of general information which is 0.219 and this corresponds with the highest t-statistics of 2.778. This means that this variables makes the strongest unique contribution in explaining non ownership decision towards Takaful medical policy. It suggests that one standard deviation increase in source of general information is followed by 0.219 increases in standard deviation of non-ownership decision.

As a conclusion for the second model that proposed for non-ownership dependent variable. Source of general information is the one and only independent variables that were significant towards non-ownership decision. However, the other two independent variables that is general information features and religion were not significant towards the non-ownership decision which is bigger than 0.05.

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4.9 Hypotheses testing and objective of the Study

The first objective of this study is to determine the relationship between source of general information, general information features and religion towards ownership and non-ownership decision for Takaful medical policy among youth in Malaysia. Out of 384 questionnaires distributed by hand, the researcher receive back a total of 324 questionnaires from the respondents. Table 4.19 summarized the hypotheses testing results of this study.

Table 4.19 Result of the Hypotheses Testing of the Study

Research Questions	***Research Objectives***	***Predicted Relationship***	***Finding***
Which determinants of awareness that influence the ownership decision for Takaful medical policy among youth in Malaysia?	*To identify the determinants of awareness for Takaful medical policy among Malaysian youths.*	*V1a Positive* *V2a Positive* *V3a Positive*	***V1a Not Significant*** ***V2a Significant at 1%*** ***V3a Significant at 1%***
Which factors that affect non-ownership decision for Takaful medical policy among youth in Malaysia?	*To understand factors of non-ownership in medical policy among Malaysian youth.*	*V1b Positive* *V2b Positive* *V3b Negative*	***V1b Significant at 1%*** ***V2b Not Significant*** ***V3b Not Significant***

OWN = Ownership
NOWN = Non-Ownership
GI = Source of General Information
GF = General Information Features
R = Religion

The first objective is to identify the determinants of awareness (source of general information, general information features, and religion) for Takaful medical policy among youth in Malaysia. The findings from multiple regression test revealed that the general information features and religion have a significant influence with the ownership decision for youth to own Takaful medical policy. Meanwhile, source of

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general information does not show a significant influence to the ownership decision for Takaful medical policy.

The second objective of this study is to understand the factors (source of general information, general information features, and religion) of non-ownership in medical policy among youth. The findings from regression analysis test find that source of general information has significant relationship with non-ownership decision for Takaful medical policy among youth in Malaysia. Meanwhile, for the other two variables that is general information features and religion does not have significant relationship with non-ownership decision.

4.10 Conclusion

This chapter deliberates on the findings congregated from the data analyses. The validation of instruments was conducted through factor analysis. After testing the reliability and normality of data, descriptive test was prepared. Finally, correlation and multiple regression tests were done to answer the research questions and to achieve the research objectives. Most of the findings under Pearson's correlation were as expected and in concurrent with previous findings. For the next chapter will describes limitation of the study and the recommendation for future research.

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CHAPTER FIVE: CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter is divided into five sections. In section 5.2, the discussion of this study is provided. Section 5.3 is the limitation of this study and recommendation to Takaful operator become the next explanation in Section 5.4. Recommendation for future research are discussed in Section 5.4 and finally the conclusion of this study will be explained in Section 5.6.

5.2 Discussion

Table 5.1 Summary of result

Dependent **Variables**	**Independent Variables**	**Coefficient Model**	**Multiple Regression Model**
Source of General Information	Ownership	Positive	Not Significant
General Information Features	Ownership	Positive	Significant at 1%
Religion	Ownership	Positive	Significant at 1%
Source of General Information	Non - Ownership	Positive	Significant at 1%
General Information Features	Non - Ownership	Positive	Not Significant
Religion	Non - Ownership	Negative	Not Significant

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This section summarized the finding from the analysis performed in chapter four, implication and direction for future research. The main purpose of this study is to seek and reveal evidence on the determinants of awareness towards ownership decision for Takaful medical policy among youth in Malaysia. A total of 324 of youth respondents whose age group from 18-35 which from Kedah state has been analyzed to know the result for this study.

Three factor are examined in view of awareness and ownership decision towards Takaful medical. Six hypotheses are developed for this study. Through demographics response, result for this research has shown that most respondents have not own or subscribe Takaful medical policy. Result has implies that 62.0% or 201 respondents did not hold Takaful medical policy while only 38.0% or 123 hold Takaful medical policy in their life.

From the results of Pearson correlation analysis, each independent variable has a significant relationship between ownership decisions towards Takaful medical policy among youth in Malaysia. In this study, general information features has the highest correlation with the ownership decision. The result further indicate that religion has the second highest relationship followed by source of general information for the ownership decision.

Second model for this research employs non-ownership decision as dependent variable in which similar independent variables as the first model is employed. For the Pearson Correlation analysis, the result indicates that all variables has significant relationship between non-ownership decisions towards Takaful medical policy among youth in

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Malaysia. Source of general information has the highest correlation, this is followed by general information features and religion.

The first objective is tested using multiple regression analysis. This test had been applied in order to identify the most significant factors that influence ownership decision towards Takaful medical policy in Malaysia. Three types of awareness dimensions namely (source of general information, features of general information and religion) were tested to, for ownership decision. The result show that awareness on general information of features has the highest influence factor of ownership decision towards Takaful medical policy, followed by awareness about religion factor in affecting ownership decision. Source of general information shows that there is no relationship with the ownership decision.

The second objective for this study to determine the factor that affects non ownership decision towards Takaful medical policy among youths in Malaysia. The result from multiple regression analysis indicates that source of general information has the highest significant positive influence factors towards non-ownership decision. The result for the other two variables which is general information features and religion does not affect the non-ownerships decision towards Takaful medical policy among youth in Malaysia.

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5.3 Limitation of the Study

The shortcoming faced in beginning of this research is to determine the information on the number of youth in Kedah as the respondent group in this study. The problem emerge in obtaining current data of youth population in the website of Department of Statistic Malaysia for Kedah Darul Aman as it is not updated since 2014. Therefore,

the study uses the latest published information which may result in less accurate and current number of youth population in Kedah.

The other limitation of the study is the cooperation from the respondent to answer the questionnaires. Some of the respondent does not give cooperation when researcher attempts to approach and ask them to fill up the questionnaires. Some of them refuse to answer the questionnaires and this will make the task for data collecting tough to the researcher. Thus, to fulfill the sample size for the respondent, this study is also complimented by using online survey from google forms.

5.4 Contribution and implication of study

In this section, the practical contribution and theoretical contribution are described in section 5.4.1 and section 5.4.2 respectively.

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5.4.1 Regulators, Policy Makers and Takaful Industry Players

Based on study conducted, some of the things may be proposed to the Takaful operator and policy makers in Takaful industry in order to emphasize the factors that can influence the youth who become customers in the future. The recommendation are divided into the following dimensions of awareness and ownership that are found in this study.

The agent or the company who are involved in Takaful industry can use the information provided by this study to enhance their marketing skills towards targeted customer such as youth. As we can see, source of general information is a significant factors towards non-ownership decision which means most of the consumers are not aware with the existence of the product. This suggest that Takaful industry players

should find an alternatives to capture the market among customers particularly youth group by equipping Takaful agent with sufficient knowledge on at least the salient features of Takaful product

Based on the findings which show general information features is significant in influencing ownership of Takaful medical but insignificant towards no ownership, Takaful industry players should be more aware on products that are affordable for their targeted market such as youth market whom ages below than 35 years old. More innovative and affordable package could be designed to customer in subscribing the Takaful medical policy especially in Malaysian market.

On the religion aspect, the findings highlight that the religion has a significant influence on ownership decision to subscribe Takaful medical policy among youth. An awareness of Takaful has shown to be achieved due to the fact that Takaful medical policy is one of the Shariah compliant financial product. For example Takaful companies could provide more transparent information such as disclosure of all the Shariah committee and allocation of the fund for investment linked medical policy. In particular, investment linked medical plan should provide in detail on investment type in which fund is involved.

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5.4.2 Theoretical implication

This research finding could give the contribution theoretically with respect factor or determinants that influence the awareness and ownership decision to subscribe Takaful medical policy among youth in Malaysia. This study is among the first who examine the relationship of Takaful medical policy among youth in Malaysia. Thus,

it could be used by other researcher to investigate more factors that could create the awareness for non-ownership customers.

5.5 Recommendation to Future Research

This study examines the awareness and ownership decision of Takaful medical policy among youth in Malaysia. With this, it is proposed that the survey from this study is extended to obtain the views of other specific potential customers such as from non-Muslims groups. In particular, future study can examine their perception on subscribing Takaful medical policy.

Besides that, this study also can be conducted among youths in other areas and jurisdictions. While it can be replicated to other states, a better comparison of youths' awareness on Takaful medical health could be captured base on their surroundings. Further research could also be done by comparing the level of awareness and ownership in Malaysia with other countries such as GCC countries Takaful medical market has a considerably high penetration market. This allows us to know the level of awareness and ownership among youth in other countries.

5.6 Conclusion

In general, the study examines two objectives in view of relationship and influence of determinants towards awareness and ownership and no-ownership of Takaful medical policy among youth in Malaysia with a specific case in Kedah.

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Appendix A Questionnaires

No Siri: _____

Pusat Pengajian Ekonomi, Kewangan dan Perbankan
Kolej Perniagaan
Universiti Utara Malaysia
06010 Sintok
Kedah
http://www.sefb.uum.edu.my

Responden yang dihormati,

Kami adalah penyelidik dari Universiti Utara Malaysia, menjalankan penyelidikan bertajuk **"Faktor–Faktor Kesedaran terhadap Keputusan Pemilikan Polisi Perubatan Takaful di Kalangan Belia Malaysia"**. Tujuan kajian ini adalah untuk mengenalpasti faktor-faktor yang menjadi kesedaran dan keputusan pembelian polisi perubatan Takaful di kalangan Belia Malaysia. Ini kerana, berdasarkan laporan dari Takaful Ikhlas Malaysia (Utusan Malaysia, 8 December 2016) menyatakan bahawa kadar penembusan Takaful berada di tahap rendah iaitu sekitar 13 peratus sahaja berbanding produk insurans konvensional sekitar 40 peratus ketika ini. Berdasarkan laporan yang dikeluarkan oleh Takaful Ikhlas menunjukkan tahap kesedaran rakyat Malaysia terutama golongan belia masih berada di tahap yang rendah.

Oleh itu, kami amat berbesar hati menjemput anda mengambil bahagian dalam soal selidik ini. Soal selidik ringkas ini mengambil masa antara 10 hingga 15 minit untuk dijawab. Semua maklumat peribadi adalah sulit dan tidak akan didedahkan di mana-mana penerbitan. Maklumat ini hanyalah untuk tujuan akademik sahaja.

Sila kembalikan borang soal selidik yang telah dilengkapkan kepada pembantu penyelidik dengan kadar segera. Segala bantuan dan penglibatan anda dalam penyelidikan ini amatlah dihargai.

Terima kasih atas kerjasama anda.

Yang Benar,
Hanita Kadir @ Shahar
Adilah Bt Azhari
Universiti Utara Malaysia
E-mel: hanita@uum.edu.my
Pejabat: 04-9286841

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FAKTOR –FAKTOR KESEDARAN TERHADAP KEPUTUSAN PEMILIKAN POLISI PERUBATAN TAKAFUL DI KALANGAN BELIA MALAYSIA

Soal Selidik

Untuk Geran Universiti (Universiti Utara Malaysia)

Soal selidik ini mempunyai enam bahagian, A-F. Sila jawab semua bahagian. Tiada jawapan yang betul atau salah. Tindak balas spontan dan jujur anda adalah penting kepada kejayaan kajian ini.

SEKSYEN A: Maklumat Demografik

Soalan di bawah adalah berkaitan dengan maklumat peribadi anda. Sila tandakan (**√**) pada petak yang sesuai.

1. **Jantina** ☐ Lelaki ☐ Perempuan
2. **Bangsa** ☐ Melayu ☐ Cina ☐ India ☐ Lain-lain _____
3. **Taraf perkahwinan** ☐ Bujang ☐ Berkahwin ☐ Ibu Tunggal ☐ Bapa Tunggal ☐ Bercerai
4. **Kumpulan umur** ☐ 18-20 ☐ 21-23 ☐ 24-26 ☐ 27-29 ☐ 30-32 ☐ 33-35

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5. **Pekerjaan** ☐ Kewangan/Perbankan ☐ Pendidikan ☐ Kejuruteraan ☐ Penguatkuasa Undang2
☐ Pentadbiran Awam ☐ Kesihatan ☐ Tidak Bekerja (Pelajar)
☐ Tidak Bekerja (Suri Rumah) ☐ Lain-lain_____

6. **Sektor pekerjaan** ☐ Kerajaan ☐ Swasta ☐ Lain-lain _____

7. **Pendidikan tertinggi** ☐ SPM ☐ STPM ☐ Diploma ☐ Ijazah ☐ Sarjana ☐ Doktor Falsafah
☐ Lain-lain _____

8. **Pendapatan bulanan**

☐ Kurang dari RM1,000 ☐ RM1,000-RM2,999 ☐ RM3,000-RM4,999 ☐ RM5,000-RM6,999
☐ RM7,000-RM8,999 ☐ RM9,000-RM10,999 ☐ Lebih RM11,000

9. **Lebihan simpanan bulanan ***
* Simpanan bersih setelah ditolak semua caruman dan bayaran wajib

☐ Kurang dari RM100 ☐ RM100-RM299 ☐ RM300-RM499 ☐ RM500-RM699
☐ RM700-RM899 ☐ RM900-RM1099 ☐ Lebih RM1100

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10. **Bilangan Ahli Keluarga**

☐ 1 – 3 orang ☐ 4 – 6 orang ☐ 7 – 9 orang ☐ Lebih dari 10 orang

11. **Adakah anda atau keluarga terdekat pernah mengalami penyakit kritikal?**

☐ Ada ☐ Tiada

12. **Adakah anda memiliki / pernah memiliki polisi perubatan Takaful?**

☐ Ada ☐ Tiada

Sekiranya anda **MEMILIKI / PERNAH MEMILIKI** polisi perubatan Takaful, sila lengkapan **kesemua seksyen kecuali Seksyen C.**

Sekiranya anda **TIDAK MEMILIKI** polisi perubatan Takaful, sila lengkapkan **kesemua seksyen kecuali Seksyen B.**

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Sila tanda pada skala untuk menunjukkan persetujuan anda dengan setiap kenyataan yang diberikan

Sangat Tidak Setuju	Tidak Setuju	Tidak Pasti	Setuju	Sangat Setuju
1	2	3	4	5

SEKSYEN B: FAKTOR PEMILIKAN POLISI PERUBATAN TAKAFUL					
Penyataan	**Sangat Tidak Setuju**				**Sangat Setuju**
1. Pelan yang mematuhi syariah mendorong saya memiliki polisi perubatan Takaful.	1	2	3	4	5
2. Keperluan untuk melindungi ahli keluarga merupakan faktor yang mendorong saya menyertai polisi perubatan Takaful.	1	2	3	4	5
3. Kadar bayaran dan sumbangan yang berpatutan menjadi faktor utama saya memilih polisi perubatan Takaful.	1	2	3	4	5
4. Kepercayaan terhadap wakil Takaful menjadi salah satu faktor pemilihan polisi perubatan bagi diri saya.	1	2	3	4	5
5. Jumlah perlindungan menjadi faktor yang diutamakan oleh saya dalam memilih polisi perubatan Takaful.	1	2	3	4	5
6. Keperluan untuk mengurangkan risiko kewangan menjadi motif untuk mencarum polisi perubatan Takaful.	1	2	3	4	5
7. Pengecualian terhadap pembayaran cukai merupakan motif untuk saya mencarum polisi perubatan.	1	2	3	4	5

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SEKSYEN C: FAKTOR PESERTA TIDAK MEMILIH POLISI PERUBATAN TAKAFUL					
Penyataan	**Sangat Tidak Setuju**				**Sangat Setuju**
1. Tidak mendapat maklumat yang jelas mengenai Takaful menyebabkan saya tidak menyertai polisi perubatan Takaful.	1	2	3	4	5
2. Belum berkemampuan merupakan salah satu faktor yang menyebabkan saya tidak menyertai polisi perubatan Takaful	1	2	3	4	5
3. Faktor yang menjadikan saya tidak mencarum polisi perubatan adalah kerana sumbangan perlindungan Takaful yang terlalu mahal.	1	2	3	4	5
4. Saya tidak pernah didekati oleh wakil Takaful menyebabkan saya tidak menyertai polisi perubatan Takaful	1	2	3	4	5
5. Keraguan terhadapat syarikat Takaful menyebabkan saya tidak menyertai polisi perubatan Takaful.	1	2	3	4	5
6. Ketidakyakinan terhadap keupayaan agen Takaful mendorong saya untuk tidak menyertai polisi Takaful	1	2	3	4	5

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SEKSYEN D: SUMBER MAKLUMAT UMUM MENGENAI POLISI PERUBATAN TAKAFUL					
Penyataan	**Sangat Tidak Setuju**				**Sangat Setuju**
1. Maklumat mengenai polisi perubatan Takaful saya perolehi daripada media massa.	1	2	3	4	5
2. Maklumat mengenai polisi perubatan Takaful saya perolehi daripada media cetak.	1	2	3	4	5
3. Maklumat mengenai polisi perubatan Takaful saya perolehi daripada media sosial.	1	2	3	4	5
4. Maklumat mengenai polisi perubatan Takaful saya perolehi daripada ahli keluarga yang memiliki polisi perubatan Takaful.	1	2	3	4	5
5. Maklumat mengenai polisi perubatan Takaful saya perolehi atas cadangan daripada rakan yang memiliki polisi perubatan Takaful.	1	2	3	4	5
6. Maklumat mengenai polisi perubatan Takaful saya perolehi atas cadangan dan rujukan daripada ahli keluarga/rakan kepada agen Takaful mereka.	1	2	3	4	5

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SEKSYEN E: KESEDARAN KEPADA CIRI -CIRI POLISI PERUBATAN TAKAFUL					
Penyataan	**Sangat Tidak Setuju**				**Sangat Setuju**
1. Dana polisi perubatan yang disumbangkan oleh peserta boleh digunakan untuk melindungi peserta lain daripada risiko.	1	2	3	4	5
2. Pelan polisi perubatan Takaful juga boleh digunakan sebagai pelan simpanan untuk hari tua.	1	2	3	4	5
3. Sumbangan atau premium ditentukan berdasarkan umur peserta polisi perubatan.	1	2	3	4	5
4. Sumbangan atau premium ditentukan berdasarkan keadaan kesihatan semasa peserta polisi perubatan.	1	2	3	4	5
5. Sebahagian daripada sumbangan pencarum polisi perubatan Takaful akan dilaburkan ke dalam pelaburan yang mematuhi syariah. (Untuk Pelan Berkaitan Pelaburan)	1	2	3	4	5
6. Keuntungan hasil pelaburan polisi perubatan Takaful adalah milik tabung kumpulan wang pencarum. (Untuk Pelan Berkaitan Pelaburan)	1	2	3	4	5

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SEKSYEN F: KESEDARAN MENGENAI PEMATUHAN SYARIAH TERHADAP POLISI PERUBATAN					
Penyataan	**Sangat Tidak Setuju**				**Sangat Setuju**
1. Polisi perubatan konvensional merupakan produk yang tidak mematuhi syariah.	1	2	3	4	5
2. Skim perubatan Takaful ditawarkan kepada orang Islam dan bukan Islam.	1	2	3	4	5
3. Polisi perubatan Takaful tidak terlibat dengan unsur gharar (ketidakpastian), maisir (judi) dan riba.	1	2	3	4	5
4. Saya memilih polisi perubatan tanpa mengambilkira samaada polisi tersebut mematuhi syariah ataupun tidak.	1	2	3	4	5
5. Pemilihan untuk memiliki polisi perubatan Takaful adalah kerana ketelusan maklumat tentang penggunaan dana daripada polisi perubatan. (Untuk Pelan Berkaitan Pelaburan)	1	2	3	4	5
6. Polisi perubatan konvensional adalah berdasarkan konsep "kontrak pertukaran", dimana polisi perubatan Takaful adalah berdasarkan kepada konsep "kerjasama bersama" dan tabarru' atau kontrak antara peserta.	1	2	3	4	5
7. Wang caruman yang dibayar oleh pencarum tidak dikira sebagai wang syarikat.	1	2	3	4	5

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Appendix B Frequencies Analysis for Total Respondent

Notes

Output Created		16-APR-2018 23:23:44
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	Cases Used	Statistics are based on all cases with valid data.
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Statistics

		Jantina	Bangsa	Perkawinan	Umur	Pekerjaan	Sektor_Pekerjaan
N	Valid	324	324	324	324	324	324
	Missing	0	0	0	0	0	0

Statistics

		Pendidikan	Pendapatan	Simpanan	Ahli_Keluarga	Penyakit_Kritikal
N	Valid	324	324	324	324	324
	Missing	0	0	0	0	0

Statistics

		Memiliki_Takaful
N	Valid	324
	Missing	0

Frequency Table

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Jantina

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	lelaki	121	37.3	37.3	37.3
	perempuan	203	62.7	62.7	100.0
	Total	324	100.0	100.0	

Bangsa

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Melayu	281	86.7	86.7	86.7
	Cina	12	3.7	3.7	90.4
	India	18	5.6	5.6	96.0
	Lain-Lain	13	4.0	4.0	100.0
	Total	324	100.0	100.0	

Perkawinan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bujang	245	75.6	75.6	75.6
	Berkahwin	78	24.1	24.1	99.7
	Bapa Tunggal	1	.3	.3	100.0
	Total	324	100.0	100.0	

Umur

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-20	37	11.4	11.4	11.4
	21-23	79	24.4	24.4	35.8
	24-26	124	38.3	38.3	74.1
	27-29	27	8.3	8.3	82.4
	30-32	21	6.5	6.5	88.9
	33-35	36	11.1	11.1	100.0
	Total	324	100.0	100.0	

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Pekerjaan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kewangan/Perbankan	33	10.2	10.2	10.2
	Pendidikan	29	9.0	9.0	19.1
	Kejuruteraan	11	3.4	3.4	22.5
	Pentadbiran Awam	16	4.9	4.9	27.5
	Kesihatan	6	1.9	1.9	29.3
	Tidak Bekerja(Pelajar)	139	42.9	42.9	72.2
	Tidak Bekerja(Suri Rumah)	5	1.5	1.5	73.8
	Lain-Lain	85	26.2	26.2	100.0
	Total	324	100.0	100.0	

Sektor_Pekerjaan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kerajaan	62	19.1	19.1	19.1
	Swasta	108	33.3	33.3	52.5
	Lain-Lain	154	47.5	47.5	100.0
	Total	324	100.0	100.0	

Pendidikan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SPM	56	17.3	17.3	17.3
	STPM	56	17.3	17.3	34.6
	Diploma	32	9.9	9.9	44.4
	Ijazah	163	50.3	50.3	94.8
	Sarjana	12	3.7	3.7	98.5
	Doktor Falasfah	1	.3	.3	98.8
	Lain-Lain	4	1.2	1.2	100.0
	Total	324	100.0	100.0	

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Pendapatan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kurang dari Rm1,000	162	50.0	50.0	50.0
	RM1000-RM2999	111	34.3	34.3	84.3
	RM3000-RM4999	38	11.7	11.7	96.0
	RM5000-RM6999	10	3.1	3.1	99.1
	RM7000-RM8999	1	.3	.3	99.4
	RM9000-RM10999	2	.6	.6	100.0
	Total	324	100.0	100.0	

Simpanan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kurang dari Rm1,000	147	45.4	45.4	45.4
	RM100-RM299	86	26.5	26.5	71.9
	RM300-RM499	43	13.3	13.3	85.2
	RM500-RM699	16	4.9	4.9	90.1
	RM700-RM899	15	4.6	4.6	94.8
	RM900-RM1099	4	1.2	1.2	96.0
	Lebih RM1100	13	4.0	4.0	100.0
	Total	324	100.0	100.0	

Ahli_Keluarga

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 – 3 orang	57	17.6	17.6	17.6
	4 – 6 orang	172	53.1	53.1	70.7
	7 – 9 orang	74	22.8	22.8	93.5
	Lebih dari 10 orang	21	6.5	6.5	100.0
	Total	324	100.0	100.0	

Penyakit_Kritikal

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ada	104	32.1	32.1	32.1
	Tiada	220	67.9	67.9	100.0
	Total	324	100.0	100.0	

Memiliki_Takaful

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ada	123	38.0	38.0	38.0
	Tiada	201	62.0	62.0	100.0
	Total	324	100.0	100.0	

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Appendix C Descriptive Analysis for Total Respondents

Notes

Output Created		16-APR-2018 23:24:10
Comments		
Input	Data	C:\Users\MohdAamiin\Desktop\MSc Finance\Research Paper Dissertation\TAKAFUL MEDICAL POLICY\Data Collection\Run Analysis\Model Run Analysis\Model 1.sav
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Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	All non-missing data are used.
Syntax		DESCRIPTIVES VARIABLES=Jantina Bangsa Perkawinan Umur Pekerjaan Sektor_Pekerjaan Pendidikan Pendapatan Simpanan Ahli_Keluarga Penyakit_Kritikal Memiliki_Takaful /STATISTICS=MEAN STDDEV MIN MAX.
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[DataSet1] C:\Users\MohdAamiin\Desktop\MSc Finance\Research Paper Dissertation\TAKAFUL MEDICAL POLICY\Data Collection\Run Analysis\Model Run Analysis\Model 1.sav

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Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Jantina	324	1	2	1.63	.484
Bangsa	324	1	4	1.27	.742
Perkawinan	324	1	4	1.25	.455
Umur	324	1	6	3.07	1.430
Pekerjaan	324	1	9	6.23	2.675
Sektor_Pekerjaan	324	1	3	2.28	.767
Pendidikan	324	1	7	3.12	1.316
Pendapatan	324	1	6	1.71	.887
Simpanan	324	1	7	2.17	1.543
Ahli_Keluarga	324	1	4	2.18	.795
Penyakit_Kritikal	324	1	2	1.68	.468
Memiliki_Takaful	324	1	2	1.62	.486
Valid N (listwise)	324				

```
COMPUTE OWNMEAN=MEAN(O1,O2,O3,O4,O5,O6,O7).
EXECUTE.
COMPUTE NONOWNMEAN=MEAN(NO1,NO2,NO3,NO4,NO5,NO6).
EXECUTE.
COMPUTE GIMEAN=MEAN(GI1,GI2,GI3,GI4,GI5,GI6).
EXECUTE.
COMPUTE GFMEAN=MEAN(GF1,GF2,GF3,GF4,GF5,GF6).
EXECUTE.
COMPUTE RMEAN=MEAN(R1,R2,R3,R4,R5,R6,R7).
EXECUTE.
FACTOR
  /VARIABLES O1 O2 O3 O4 O5 O6 O7
  /MISSING LISTWISE
  /ANALYSIS O1 O2 O3 O4 O5 O6 O7
  /PRINT INITIAL EXTRACTION
  /CRITERIA MINEIGEN(1) ITERATE(25)
  /EXTRACTION PC
  /ROTATION NOROTATE
  /METHOD=CORRELATION.
```

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Appendix D Frequencies Analysis for Ownership Respondent

Notes

Output Created		17-APR-2018 02:40:33
Comments		
Input	Data	C:\Users\MohdAamiin\Desktop\MSc Finance\Research Paper Dissertation\TAKAFUL MEDICAL POLICY\Data Collection\Run Analysis\Model Run Analysis\Model 2.sav
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	123
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics are based on all cases with valid data.
Syntax		FREQUENCIES VARIABLES=Jantina Bangsa Perkawinan Umur Pekerjaan Sektor_Pekerjaan Pendidikan Pendapatan Simpanan Ahli_Keluarga Penyakit_Kritikal Memiliki_Takaful /ORDER=ANALYSIS.
Resources	Processor Time	00:00:00.02
	Elapsed Time	00:00:00.01

[DataSet1] C:\Users\MohdAamiin\Desktop\MSc Finance\Research Paper Dissertation\TAKAFUL MEDICAL POLICY\Data Collection\Run Analysis\Model Run Analysis\Model 2.sav

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Statistics

		Jantina	Bangsa	Perkawinan	Umur	Pekerjaan	Sektor_Pekerjaan
N	Valid	123	123	123	123	123	123
	Missing	0	0	0	0	0	0

Statistics

		Pendidikan	Pendapatan	Simpanan	Ahli_Keluarga	Penyakit_Kritikal
N	Valid	123	123	123	123	123
	Missing	0	0	0	0	0

Statistics

		Memiliki_Takaful
N	Valid	123
	Missing	0

Frequency Table

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Jantina

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	lelaki	46	37.4	37.4	37.4
	perempuan	77	62.6	62.6	100.0
	Total	123	100.0	100.0	

Bangsa

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Melayu	110	89.4	89.4	89.4
	India	7	5.7	5.7	95.1
	Lain-Lain	6	4.9	4.9	100.0
	Total	123	100.0	100.0	

Perkawinan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bujang	79	64.2	64.2	64.2
	Berkahwin	44	35.8	35.8	100.0
	Total	123	100.0	100.0	

Umur

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-20	9	7.3	7.3	7.3
	21-23	16	13.0	13.0	20.3
	24-26	47	38.2	38.2	58.5
	27-29	16	13.0	13.0	71.5
	30-32	8	6.5	6.5	78.0
	33-35	27	22.0	22.0	100.0
	Total	123	100.0	100.0	

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Pekerjaan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kewangan/Perbankan	24	19.5	19.5	19.5
	Pendidikan	18	14.6	14.6	34.1
	Kejuruteraan	3	2.4	2.4	36.6
	Pentadbiran Awam	8	6.5	6.5	43.1
	Kesihatan	4	3.3	3.3	46.3
	Tidak Bekerja(Pelajar)	37	30.1	30.1	76.4
	Tidak Bekerja(Suri Rumah)	1	.8	.8	77.2
	Lain-Lain	28	22.8	22.8	100.0
	Total	123	100.0	100.0	

Sektor_Pekerjaan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kerajaan	31	25.2	25.2	25.2
	Swasta	50	40.7	40.7	65.9
	Lain-Lain	42	34.1	34.1	100.0
	Total	123	100.0	100.0	

Pendidikan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SPM	13	10.6	10.6	10.6
	STPM	10	8.1	8.1	18.7
	Diploma	14	11.4	11.4	30.1
	Ijazah	79	64.2	64.2	94.3
	Sarjana	7	5.7	5.7	100.0
	Total	123	100.0	100.0	

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Pendapatan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kurang dari Rm1,000	41	33.3	33.3	33.3
	RM1000-RM2999	44	35.8	35.8	69.1
	RM3000-RM4999	25	20.3	20.3	89.4
	RM5000-RM6999	10	8.1	8.1	97.6
	RM7000-RM8999	1	.8	.8	98.4
	RM9000-RM10999	2	1.6	1.6	100.0
	Total	123	100.0	100.0	

Simpanan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kurang dari Rm1,000	39	31.7	31.7	31.7
	RM100-RM299	39	31.7	31.7	63.4
	RM300-RM499	15	12.2	12.2	75.6
	RM500-RM699	10	8.1	8.1	83.7
	RM700-RM899	8	6.5	6.5	90.2
	RM900-RM1099	2	1.6	1.6	91.9
	Lebih RM1100	10	8.1	8.1	100.0
	Total	123	100.0	100.0	

Ahli_Keluarga

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 – 3 orang	25	20.3	20.3	20.3
	4 – 6 orang	74	60.2	60.2	80.5
	7 – 9 orang	17	13.8	13.8	94.3
	Lebih dari 10 orang	7	5.7	5.7	100.0
	Total	123	100.0	100.0	

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Penyakit_Kritikal

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ada	46	37.4	37.4	37.4
	Tiada	77	62.6	62.6	100.0
	Total	123	100.0	100.0	

Memiliki_Takaful

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ada	123	100.0	100.0	100.0

```
DESCRIPTIVES VARIABLES=Jantina Bangsa Perkawinan Umur Pekerjaan
Sektor_Pekerjaan Pendidikan Pendapatan Simpanan Ahli_Keluarga
Penyakit_Kritikal Memiliki_Takaful
```

Appendix E Descriptive Analysis for Ownership Respondent

Notes

Output Created		17-APR-2018 02:40:58
Comments		
Input	Data	C:\Users\MohdAamiin\Desktop\MSc Finance\Research Paper Dissertation\TAKAFUL MEDICAL POLICY\Data Collection\Run Analysis\Model Run Analysis\Model 2.sav
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	123
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	All non-missing data are used.
Syntax		DESCRIPTIVES VARIABLES=Jantina Bangsa Perkawinan Umur Pekerjaan Sektor_Pekerjaan Pendidikan Pendapatan Simpanan Ahli_Keluarga Penyakit_Kritikal Memiliki_Takaful /STATISTICS=MEAN STDDEV MIN MAX.
Resources	Processor Time	00:00:00.00
	Elapsed Time	00:00:00.01

[DataSet1] C:\Users\MohdAamiin\Desktop\MSc Finance\Research Paper Dissertation\TAKAFUL MEDICAL POLICY\Data Collection\Run Analysis\Model Run Analysis\Model 2.sav

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Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Jantina	123	1	2	1.63	.486
Bangsa	123	1	4	1.26	.777
Perkawinan	123	1	2	1.36	.481
Umur	123	1	6	3.64	1.548
Pekerjaan	123	1	9	5.30	3.078
Sektor_Pekerjaan	123	1	3	2.09	.768
Pendidikan	123	1	5	3.46	1.081
Pendapatan	123	1	6	2.12	1.091
Simpanan	123	1	7	2.63	1.807
Ahli_Keluarga	123	1	4	2.05	.756
Penyakit_Kritikal	123	1	2	1.63	.486
Memiliki_Takaful	123	1	1	1.00	.000
Valid N (listwise)	123				

```
COMPUTE OWNMEAN=MEAN(O1,O2,O3,O4,O5,O6,O7).
EXECUTE.
COMPUTE GIMEAN=MEAN(GI1,GI2,GI3,GI4,GI5,GI6).
EXECUTE.
COMPUTE GFMEAN=MEAN(GF1,GF2,GF3,GF4,GF5,GF6).
EXECUTE.
COMPUTE RMEAN=MEAN(R1,R2,R3,R4,R5,R6,R7).
EXECUTE.
PPLOT
  /VARIABLES=O1 O2 O3 O4 O5 O6 O7
  /NOLOG
  /NOSTANDARDIZE
  /TYPE=Q-Q
  /FRACTION=BLOM
  /TIES=MEAN
  /DIST=NORMAL.
```

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Appendix F Frequencies Analysis for Non-Ownership Respondent

Notes

Output Created		18-APR-2018 13:24:33
Comments		
Input	Data	C:\Users\MohdAamiin\Desktop\MSc Finance\Research Paper Dissertation\TAKAFUL MEDICAL POLICY\Data Collection\Run Analysis\Model Run Analysis\Model 3.sav
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	201
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Statistics are based on all cases with valid data.
Syntax		FREQUENCIES VARIABLES=Jantina Bangsa Perkawinan Umur Pekerjaan Sektor_Pekerjaan Pendidikan Pendapatan Simpanan Ahli_Keluarga Penyakit_Kritikal Memiliki_Takaful /ORDER=ANALYSIS.
Resources	Processor Time	00:00:00.00
	Elapsed Time	00:00:00.01

[DataSet1] C:\Users\MohdAamiin\Desktop\MSc Finance\Research Paper Dissertation\TAKAFUL MEDICAL POLICY\Data Collection\Run Analysis\Model Run Analysis\Model 3.sav

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Statistics

		Jantina	Bangsa	Perkawinan	Umur	Pekerjaan	Sektor_Pekerjaan
N	Valid	201	201	201	201	201	201
	Missing	0	0	0	0	0	0

Statistics

		Pendidikan	Pendapatan	Simpanan	Ahli_Keluarga	Penyakit_Kritikal
N	Valid	201	201	201	201	201
	Missing	0	0	0	0	0

Statistics

		Memiliki_Takaful
N	Valid	201
	Missing	0

Frequency Table

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Jantina

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	lelaki	75	37.3	37.3	37.3
	perempuan	126	62.7	62.7	100.0
	Total	201	100.0	100.0	

Bangsa

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Melayu	171	85.1	85.1	85.1
	Cina	12	6.0	6.0	91.0
	India	11	5.5	5.5	96.5
	Lain-Lain	7	3.5	3.5	100.0
	Total	201	100.0	100.0	

Perkawinan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Bujang	166	82.6	82.6	82.6
	Berkahwin	34	16.9	16.9	99.5
	Bapa Tunggal	1	.5	.5	100.0
	Total	201	100.0	100.0	

Umur

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-20	28	13.9	13.9	13.9
	21-23	63	31.3	31.3	45.3
	24-26	77	38.3	38.3	83.6
	27-29	11	5.5	5.5	89.1
	30-32	13	6.5	6.5	95.5
	33-35	9	4.5	4.5	100.0
	Total	201	100.0	100.0	

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Pekerjaan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kewangan/Perbankan	9	4.5	4.5	4.5
	Pendidikan	11	5.5	5.5	10.0
	Kejuruteraan	8	4.0	4.0	13.9
	Pentadbiran Awam	8	4.0	4.0	17.9
	Kesihatan	2	1.0	1.0	18.9
	Tidak Bekerja(Pelajar)	102	50.7	50.7	69.7
	Tidak Bekerja(Suri Rumah)	4	2.0	2.0	71.6
	Lain-Lain	57	28.4	28.4	100.0
	Total	201	100.0	100.0	

Sektor_Pekerjaan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kerajaan	31	15.4	15.4	15.4
	Swasta	58	28.9	28.9	44.3
	Lain-Lain	112	55.7	55.7	100.0
	Total	201	100.0	100.0	

Pendidikan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	SPM	43	21.4	21.4	21.4
	STPM	46	22.9	22.9	44.3
	Diploma	18	9.0	9.0	53.2
	Ijazah	84	41.8	41.8	95.0
	Sarjana	5	2.5	2.5	97.5
	Doktor Falasfah	1	.5	.5	98.0
	Lain-Lain	4	2.0	2.0	100.0
	Total	201	100.0	100.0	

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Pendapatan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kurang dari Rm1,000	121	60.2	60.2	60.2
	RM1000-RM2999	67	33.3	33.3	93.5
	RM3000-RM4999	13	6.5	6.5	100.0
	Total	201	100.0	100.0	

Simpanan

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Kurang dari Rm1,000	108	53.7	53.7	53.7
	RM100-RM299	47	23.4	23.4	77.1
	RM300-RM499	28	13.9	13.9	91.0
	RM500-RM699	6	3.0	3.0	94.0
	RM700-RM899	7	3.5	3.5	97.5
	RM900-RM1099	2	1.0	1.0	98.5
	Lebih RM1100	3	1.5	1.5	100.0
	Total	201	100.0	100.0	

Ahli_Keluarga

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	1 – 3 orang	32	15.9	15.9	15.9
	4 – 6 orang	98	48.8	48.8	64.7
	7 – 9 orang	57	28.4	28.4	93.0
	Lebih dari 10 orang	14	7.0	7.0	100.0
	Total	201	100.0	100.0	

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Penyakit_Kritikal

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Ada	58	28.9	28.9	28.9
	Tiada	143	71.1	71.1	100.0
	Total	201	100.0	100.0	

Memiliki_Takaful

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Tiada	201	100.0	100.0	100.0

```
DESCRIPTIVES VARIABLES=Jantina Bangsa Perkawinan Umur Pekerjaan
Sektor_Pekerjaan Pendidikan Pendapatan Simpanan Ahli_Keluarga
Penyakit_Kritikal Memiliki_Takaful
```

Appendix G Descriptive Analysis for Non-Ownership Respondent

Notes

Output Created		18-APR-2018 13:24:54
Comments		
Input	Data	C:\Users\MohdAamiin\Desktop\MSc Finance\Research Paper Dissertation\TAKAFUL MEDICAL POLICY\Data Collection\Run Analysis\Model Run Analysis\Model 3.sav
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	201
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	All non-missing data are used.
Syntax		DESCRIPTIVES VARIABLES=Jantina Bangsa Perkawinan Umur Pekerjaan Sektor_Pekerjaan Pendidikan Pendapatan Simpanan Ahli_Keluarga Penyakit_Kritikal Memiliki_Takaful /STATISTICS=MEAN STDDEV MIN MAX.
Resources	Processor Time	00:00:00.02
	Elapsed Time	00:00:00.00

[DataSet1] C:\Users\MohdAamiin\Desktop\MSc Finance\Research Paper Dissertation\TAKAFUL MEDICAL POLICY\Data Collection\Run Analysis\Model Run Analysis\Model 3.sav

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Jantina	201	1	2	1.63	.485
Bangsa	201	1	4	1.27	.721
Perkawinan	201	1	4	1.18	.425
Umur	201	1	6	2.73	1.233
Pekerjaan	201	1	9	6.80	2.219
Sektor_Pekerjaan	201	1	3	2.40	.743
Pendidikan	201	1	7	2.91	1.402
Pendapatan	201	1	3	1.46	.616
Simpanan	201	1	7	1.88	1.279
Ahli_Keluarga	201	1	4	2.26	.809
Penyakit_Kritikal	201	1	2	1.71	.454
Memiliki_Takaful	201	2	2	2.00	.000
Valid N (listwise)	201				

```
COMPUTE NONOWNMEAN=MEAN(NO1,NO2,NO3,NO4,NO5,NO6).
EXECUTE.
COMPUTE GIMEAN=MEAN(GI1,GI2,GI3,GI4,GI5,GI6).
EXECUTE.
COMPUTE GFMEAN=MEAN(GF1,GF2,GF3,GF4,GF5,GF6).
EXECUTE.
COMPUTE RMEAN=MEAN(R1,R2,R3,R4,R5,R6,R7).
EXECUTE.
GET
  FILE='C:\Users\MohdAamiin\Desktop\MSc Finance\Research Paper
Dissertation\TAKAFUL MEDICAL POLICY\Data Collection\Run
Analysis\Model Run Analysis\Model 2.sav'.
DATASET NAME DataSet2 WINDOW=FRONT.
DATASET ACTIVATE DataSet1.
DATASET CLOSE DataSet2.
PPLOT
  /VARIABLES=NO1 NO2 NO3 NO4 NO5 NO6
  /NOLOG
  /NOSTANDARDIZE
  /TYPE=Q-Q
  /FRACTION=BLOM
  /TIES=MEAN
  /DIST=NORMAL.
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Appendix H Factor Analysis for All Variables

Factor Analysis for Ownership

Notes

Output Created		17-APR-2018 01:44:47
Comments		
Input	Data	C:\Users\MohdAamiin\Desktop\MSc Finance\Research Paper Dissertation\TAKAFUL MEDICAL POLICY\Data Collection\Run Analysis\Model Run Analysis\Model 1.sav
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	324
Missing Value Handling	Definition of Missing	MISSING=EXCLUDE: User-defined missing values are treated as missing.
	Cases Used	LISTWISE: Statistics are based on cases with no missing values for any variable used.
Syntax		FACTOR /VARIABLES O1 O2 O3 O4 O5 O6 O7 /MISSING LISTWISE /ANALYSIS O1 O2 O3 O4 O5 O6 O7 /PRINT INITIAL KMO EXTRACTION /CRITERIA MINEIGEN(1) ITERATE(25) /EXTRACTION PC /ROTATION NOROTATE /METHOD=CORRELATION.
Resources	Processor Time	00:00:00.00
	Elapsed Time	00:00:00.03
	Maximum Memory Required	7376 (7.203K) bytes

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[DataSet1] C:\Users\MohdAamiin\Desktop\MSc Finance\Research Paper Dissertation\TAKAFUL MEDICAL POLICY\Data Collection\Run Analysis\Model Run Analysis\Model 1.sav

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.658
Bartlett's Test of Sphericity	Approx. Chi-Square	163.129
	df	21
	Sig.	.000

Communalities

	Initial	Extraction
O1	1.000	.529
O2	1.000	.632
O3	1.000	.405
O4	1.000	.739
O5	1.000	.513
O6	1.000	.605
O7	1.000	.406

Extraction Method: Principal Component Analysis.

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Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings	
	Total	% of Variance	Cumulative %	Total	% of Variance
1	2.573	36.752	36.752	2.573	36.752
2	1.256	17.936	54.688	1.256	17.936
3	.915	13.072	67.760		
4	.797	11.391	79.151		
5	.573	8.180	87.331		
6	.537	7.677	95.008		
7	.349	4.992	100.000		

Total Variance Explained

Component	Extraction Sums of Squared Loadings
	Cumulative %
1	36.752
2	54.688
3	
4	
5	
6	
7	

Extraction Method: Principal Component Analysis.

Component Matrix[a]

	Component	
	1	2
O1	.570	-.452
O2	.694	-.388
O3	.635	.032
O4	.641	.572
O5	.617	.363
O6	.637	-.446
O7	.407	.491

Extraction Method: Principal

Component Analysis.[a]

a. 2 components extracted.

```
FACTOR
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  /MISSING LISTWISE
  /ANALYSIS NO1 NO2 NO3 NO4 NO5 NO6
  /PRINT INITIAL KMO EXTRACTION
  /CRITERIA MINEIGEN(1) ITERATE(25)
  /EXTRACTION PC
  /ROTATION NOROTATE
  /METHOD=CORRELATION.
```

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Factor Analysis Non-Ownership

Notes

Output Created		17-APR-2018 01:46:57
Comments		
Input	Data	C:\Users\MohdAamiin\Desktop\MSc Finance\Research Paper Dissertation\TAKAFUL MEDICAL POLICY\Data Collection\Run Analysis\Model Run Analysis\Model 1.sav
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	324
Missing Value Handling	Definition of Missing	MISSING=EXCLUDE: User-defined missing values are treated as missing.
	Cases Used	LISTWISE: Statistics are based on cases with no missing values for any variable used.
Syntax		FACTOR /VARIABLES NO1 NO2 NO3 NO4 NO5 NO6 /MISSING LISTWISE /ANALYSIS NO1 NO2 NO3 NO4 NO5 NO6 /PRINT INITIAL KMO EXTRACTION /CRITERIA MINEIGEN(1) ITERATE(25) /EXTRACTION PC /ROTATION NOROTATE /METHOD=CORRELATION.
Resources	Processor Time	00:00:00.00
	Elapsed Time	00:00:00.01
	Maximum Memory Required	5704 (5.570K) bytes

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[DataSet1] C:\Users\MohdAamiin\Desktop\MSc Finance\Research Paper Dissertation\TAKAFUL MEDICAL POLICY\Data Collection\Run Analysis\Model Run Analysis\Model 1.sav

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.712
Bartlett's Test of Sphericity	Approx. Chi-Square	297.788
	df	15
	Sig.	.000

Communalities

	Initial	Extraction
NO1	1.000	.484
NO2	1.000	.386
NO3	1.000	.542
NO4	1.000	.772
NO5	1.000	.763
NO6	1.000	.680

Extraction Method: Principal Component Analysis.

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Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings	
	Total	% of Variance	Cumulative %	Total	% of Variance
1	2.569	42.822	42.822	2.569	42.822
2	1.058	17.635	60.456	1.058	17.635
3	.884	14.735	75.191		
4	.647	10.782	85.973		
5	.605	10.085	96.058		
6	.237	3.942	100.000		

Total Variance Explained

Component	Extraction Sums of Squared Loadings
	Cumulative %
1	42.822
2	60.456
3	
4	
5	
6	

Extraction Method: Principal Component Analysis.

Component Matrix[a]

	Component	
	1	2
NO1	.570	.399
NO2	.448	-.430
NO3	.687	-.265
NO4	.391	.787
NO5	.873	-.043
NO6	.811	-.151

Extraction Method: Principal

Component Analysis.[a]

a. 2 components extracted.

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```
FACTOR
  /VARIABLES GI1 GI2 GI3 GI4 GI5 GI6
  /MISSING LISTWISE
  /ANALYSIS GI1 GI2 GI3 GI4 GI5 GI6
  /PRINT INITIAL KMO EXTRACTION
  /CRITERIA MINEIGEN(1) ITERATE(25)
  /EXTRACTION PC
  /ROTATION NOROTATE
  /METHOD=CORRELATION.
```

Factor Analysis for Source of General Information

Notes

Output Created		17-APR-2018 01:48:41
Comments		
Input	Data	C:\Users\MohdAamiin\Desktop\MSc Finance\Research Paper Dissertation\TAKAFUL MEDICAL POLICY\Data Collection\Run Analysis\Model Run Analysis\Model 1.sav
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	324
Missing Value Handling	Definition of Missing	MISSING=EXCLUDE: User-defined missing values are treated as missing.
	Cases Used	LISTWISE: Statistics are based on cases with no missing values for any variable used.
Syntax		FACTOR /VARIABLES GI1 GI2 GI3 GI4 GI5 GI6 /MISSING LISTWISE /ANALYSIS GI1 GI2 GI3 GI4 GI5 GI6 /PRINT INITIAL KMO EXTRACTION /CRITERIA MINEIGEN(1) ITERATE(25) /EXTRACTION PC /ROTATION NOROTATE /METHOD=CORRELATION.
Resources	Processor Time	00:00:00.00
	Elapsed Time	00:00:00.01
	Maximum Memory Required	5704 (5.570K) bytes

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[DataSet1] C:\Users\MohdAamiin\Desktop\MSc Finance\Research Paper Dissertation\TAKAFUL MEDICAL POLICY\Data Collection\Run Analysis\Model Run Analysis\Model 1.sav

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.772
Bartlett's Test of Sphericity	Approx. Chi-Square	720.014
	df	15
	Sig.	.000

Communalities

	Initial	Extraction
GI1	1.000	.804
GI2	1.000	.669
GI3	1.000	.594
GI4	1.000	.689
GI5	1.000	.747
GI6	1.000	.794

Extraction Method: Principal Component Analysis.

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Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings	
	Total	% of Variance	Cumulative %	Total	% of Variance
1	3.114	51.893	51.893	3.114	51.893
2	1.182	19.698	71.590	1.182	19.698
3	.607	10.119	81.709		
4	.443	7.376	89.085		
5	.350	5.832	94.917		
6	.305	5.083	100.000		

Total Variance Explained

Component	Extraction Sums of Squared Loadings
	Cumulative %
1	51.893
2	71.590
3	
4	
5	
6	

Extraction Method: Principal Component Analysis.

Component Matrix[a]

	Component	
	1	2
GI1	.678	.586
GI2	.714	.399
GI3	.670	.381
GI4	.726	-.402
GI5	.789	-.352
GI6	.738	-.498

Extraction Method: Principal

Component Analysis.[a]

a. 2 components extracted.

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```
FACTOR
  /VARIABLES GF1 GF2 GF3 GF4 GF5 GF6
  /MISSING LISTWISE
  /ANALYSIS GF1 GF2 GF3 GF4 GF5 GF6
  /PRINT INITIAL KMO EXTRACTION
  /CRITERIA MINEIGEN(1) ITERATE(25)
  /EXTRACTION PC
  /ROTATION NOROTATE
  /METHOD=CORRELATION.
```

Factor Analysis for General Information Features

Notes

Output Created		17-APR-2018 01:49:37
Comments		
Input	Data	C:\Users\MohdAamiin\Desktop\MSc Finance\Research Paper Dissertation\TAKAFUL MEDICAL POLICY\Data Collection\Run Analysis\Model Run Analysis\Model 1.sav
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	324
Missing Value Handling	Definition of Missing	MISSING=EXCLUDE: User-defined missing values are treated as missing.
	Cases Used	LISTWISE: Statistics are based on cases with no missing values for any variable used.
Syntax		FACTOR /VARIABLES GF1 GF2 GF3 GF4 GF5 GF6 /MISSING LISTWISE /ANALYSIS GF1 GF2 GF3 GF4 GF5 GF6 /PRINT INITIAL KMO EXTRACTION /CRITERIA MINEIGEN(1) ITERATE(25) /EXTRACTION PC /ROTATION NOROTATE /METHOD=CORRELATION.
Resources	Processor Time	00:00:00.03
	Elapsed Time	00:00:00.02
	Maximum Memory Required	5704 (5.570K) bytes

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[DataSet1] C:\Users\MohdAamiin\Desktop\MSc Finance\Research Paper Dissertation\TAKAFUL MEDICAL POLICY\Data Collection\Run Analysis\Model Run Analysis\Model 1.sav

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.795
Bartlett's Test of Sphericity	Approx. Chi-Square	530.476
	df	15
	Sig.	.000

Communalities

	Initial	Extraction
GF1	1.000	.415
GF2	1.000	.331
GF3	1.000	.508
GF4	1.000	.593
GF5	1.000	.527
GF6	1.000	.573

Extraction Method: Principal Component Analysis.

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Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings	
	Total	% of Variance	Cumulative %	Total	% of Variance
1	2.948	49.128	49.128	2.948	49.128
2	.961	16.016	65.143		
3	.727	12.118	77.261		
4	.521	8.689	85.950		
5	.425	7.081	93.031		
6	.418	6.969	100.000		

Total Variance Explained

Component	Extraction Sums of Squared Loadings
	Cumulative %
1	49.128
2	
3	
4	
5	
6	

Extraction Method: Principal Component Analysis.

Component Matrix[a]

	Component
	1
GF1	.644
GF2	.575
GF3	.713
GF4	.770
GF5	.726
GF6	.757

Extraction Method: Principal Component Analysis.[a]

a. 1 components extracted.

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```
FACTOR
  /VARIABLES R1 R2 R3 R4 R5 R6 R7
  /MISSING LISTWISE
  /ANALYSIS R1 R2 R3 R4 R5 R6 R7
  /PRINT INITIAL KMO EXTRACTION
  /CRITERIA MINEIGEN(1) ITERATE(25)
  /EXTRACTION PC
  /ROTATION NOROTATE
  /METHOD=CORRELATION.
```

Factor Analysis for Religion

Notes

Output Created		17-APR-2018 01:50:25
Comments		
Input	Data	C:\Users\MohdAamiin\Desktop\MSc Finance\Research Paper Dissertation\TAKAFUL MEDICAL POLICY\Data Collection\Run Analysis\Model Run Analysis\Model 1.sav
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	324
Missing Value Handling	Definition of Missing	MISSING=EXCLUDE: User-defined missing values are treated as missing.
	Cases Used	LISTWISE: Statistics are based on cases with no missing values for any variable used.
Syntax		FACTOR /VARIABLES R1 R2 R3 R4 R5 R6 R7 /MISSING LISTWISE /ANALYSIS R1 R2 R3 R4 R5 R6 R7 /PRINT INITIAL KMO EXTRACTION /CRITERIA MINEIGEN(1) ITERATE(25) /EXTRACTION PC /ROTATION NOROTATE /METHOD=CORRELATION.
Resources	Processor Time	00:00:00.02
	Elapsed Time	00:00:00.01
	Maximum Memory Required	7376 (7.203K) bytes

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[DataSet1] C:\Users\MohdAamiin\Desktop\MSc Finance\Research Paper Dissertation\TAKAFUL MEDICAL POLICY\Data Collection\Run Analysis\Model Run Analysis\Model 1.sav

KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.800
Bartlett's Test of Sphericity	Approx. Chi-Square	407.161
	df	21
	Sig.	.000

Communalities

	Initial	Extraction
R1	1.000	.476
R2	1.000	.515
R3	1.000	.537
R4	1.000	.671
R5	1.000	.530
R6	1.000	.580
R7	1.000	.498

Extraction Method: Principal Component Analysis.

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Total Variance Explained

Component	Initial Eigenvalues			Extraction Sums of Squared Loadings	
	Total	% of Variance	Cumulative %	Total	% of Variance
1	2.744	39.202	39.202	2.744	39.202
2	1.064	15.201	54.403	1.064	15.201
3	.870	12.424	66.827		
4	.665	9.495	76.322		
5	.615	8.789	85.110		
6	.565	8.075	93.186		
7	.477	6.814	100.000		

Total Variance Explained

Component	Extraction Sums of Squared Loadings
	Cumulative %
1	39.202
2	54.403
3	
4	
5	
6	
7	

Extraction Method: Principal Component Analysis.

Component Matrix[a]

	Component	
	1	2
R1	.635	-.270
R2	.621	-.360
R3	.666	-.307
R4	.249	.780
R5	.637	.352
R6	.743	.169
R7	.702	.078

Extraction Method: Principal Component Analysis.[a]

a. 2 components extracted.

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Appendix I Reliability Analysis for All Variables

Reliability Analysis for Ownership

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	123	38.0
	Excluded[a]	201	62.0
	Total	324	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.686	7

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Reliability Analysis for Non-Ownership

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	202	62.3
	Excluded[a]	122	37.7
	Total	324	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.709	6

Reliability Analysis for Source of General Information

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	324	100.0
	Excluded[a]	0	.0
	Total	324	100.0

a. Listwise deletion based on all variables in the procedure.

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Reliability Statistics

Cronbach's Alpha	N of Items
.814	6

Reliability Analysis for General Information Features

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	324	100.0
	Excluded[a]	0	.0
	Total	324	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.788	6

Reliability Analysis for Religion

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	324	100.0
	Excluded[a]	0	.0
	Total	324	100.0

a. Listwise deletion based on all variables in the procedure.

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Reliability Statistics

Cronbach's Alpha	N of Items
.694	7

Appendix J Correlations Analysis for All Variables

Correlations

		OWNMEAN	NONOWNMEAN	GIMEAN	GFMEAN	RMEAN
OWNMEAN	Pearson Correlation	1	.[a]	.248**	.597**	.498**
	Sig. (2-tailed)		.	.006	.000	.000
	N	123	1	123	123	123
NONOWNMEAN	Pearson Correlation	.[a]	1	.278**	.230**	.142*
	Sig. (2-tailed)	.		.000	.001	.043
	N	1	202	202	202	202
GIMEAN	Pearson Correlation	.248**	.278**	1	.401**	.347**
	Sig. (2-tailed)	.006	.000		.000	.000
	N	123	202	324	324	324
GFMEAN	Pearson Correlation	.597**	.230**	.401**	1	.524**
	Sig. (2-tailed)	.000	.001	.000		.000
	N	123	202	324	324	324
RMEAN	Pearson Correlation	.498**	.142*	.347**	.524**	1
	Sig. (2-tailed)	.000	.043	.000	.000	
	N	123	202	324	324	324

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

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

a. Cannot be computed because at least one of the variables is constant.

```
UNIANOVA OWNMEAN BY GIMEAN GFMEAN RMEAN
  /METHOD=SSTYPE(3)
  /INTERCEPT=INCLUDE
  /CRITERIA=ALPHA(.05)
  /DESIGN=GIMEAN GFMEAN RMEAN GIMEAN*GFMEAN GIMEAN*RMEAN
GFMEAN*RMEAN GIMEAN*GFMEAN*RMEAN.
```

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Univariate Analysis of Variance

Between-Subjects Factors

		N
GIMEAN	1.00	1
	1.33	1
	2.00	1
	2.17	4
	2.33	2
	2.50	3
	2.67	5
	2.83	5
	3.00	9
	3.17	5
	3.33	10
	3.50	17
	3.67	10
	3.83	7
	4.00	14
	4.17	13
	4.33	8
	4.50	5
	4.67	1
	4.83	1
	5.00	1
GFMEAN	2.50	2
	2.67	2
	2.83	1
	3.00	6
	3.17	3
	3.33	5
	3.50	10
	3.67	12
	3.83	7
	4.00	18
	4.17	14
	4.33	12
	4.50	6

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RMEAN	4.67	10
	4.83	7
	5.00	8
	2.29	1
	2.43	2
	2.71	3
	2.86	6
	3.00	10
	3.14	7
	3.29	10
	3.43	12
	3.57	8
	3.71	7
	3.86	19
	4.00	8
	4.14	9
	4.29	11
	4.43	2
	4.57	3
	4.86	1
	5.00	4

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Tests of Between-Subjects Effects

Dependent Variable: OWNMEAN

Source	Type III Sum of Squares	df	Mean Square	F	Sig.
Corrected Model	26.412[a]	114	.232	4.780	.011
Intercept	1283.870	1	1283.870	26488.261	.000
GIMEAN	3.035	17	.179	3.683	.033
GFMEAN	1.874	13	.144	2.974	.064
RMEAN	2.227	14	.159	3.282	.048
GIMEAN * GFMEAN	.102	2	.051	1.053	.393
GIMEAN * RMEAN	.000	0	.	.	.
GFMEAN * RMEAN	.128	2	.064	1.316	.321
GIMEAN * GFMEAN * RMEAN	.000	0	.	.	.
Error	.388	8	.048		
Total	2149.735	123			
Corrected Total	26.800	122			

a. R Squared = .986 (Adjusted R Squared = .779)

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Appendix K T-Test Analysis for All Variables

Notes

Output Created		24-APR-2018 23:10:59
Comments		
Input	Data	C:\Users\MohdAamiin\Desktop\MSc Finance\Research Paper Dissertation\TAKAFUL MEDICAL POLICY\Data Collection\Run Analysis\Model Run Analysis New\Model 1.sav
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	324
Missing Value Handling	Definition of Missing	User defined missing values are treated as missing.
	Cases Used	Statistics for each analysis are based on the cases with no missing or out-of-range data for any variable in the analysis.
Syntax		T-TEST /TESTVAL=0 /MISSING=ANALYSIS /VARIABLES=OWNMEAN GIMEAN GFMEAN RMEAN /CRITERIA=CI(.95).
Resources	Processor Time	00:00:00.02
	Elapsed Time	00:00:00.01

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One-Sample Statistics

	N	Mean	Std. Deviation	Std. Error Mean
OWNMEAN	123	4.1545	.46869	.04226
GIMEAN	324	3.4660	.77702	.04317
GFMEAN	324	3.8508	.64652	.03592
RMEAN	324	3.6014	.61539	.03419

One-Sample Test

	Test Value = 0					
	t	df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
OWNMEAN	98.307	122	.000	4.15447	4.0708	4.2381
GIMEAN	80.292	323	.000	3.46605	3.3811	3.5510
GFMEAN	107.211	323	.000	3.85082	3.7802	3.9215
RMEAN	105.341	323	.000	3.60141	3.5342	3.6687

```
ONEWAY OWNMEAN NONOWNMEAN BY GIMEAN
  /MISSING ANALYSIS.
```

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Appendix L Regression Analysis for All Variables

Notes

Output Created		24-APR-2018 23:19:22
Comments		
Input	Data	C:\Users\MohdAamiin\Desktop\MSc Finance\Research Paper Dissertation\TAKAFUL MEDICAL POLICY\Data Collection\Run Analysis\Model Run Analysis New\Model 1.sav
	Active Dataset	DataSet1
	Filter	<none>
	Weight	<none>
	Split File	<none>
	N of Rows in Working Data File	324
Missing Value Handling	Definition of Missing	User-defined missing values are treated as missing.
	Cases Used	Correlation coefficients for each pair of variables are based on all the cases with valid data for that pair. Regression statistics are based on these correlations.

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Syntax		REGRESSION /DESCRIPTIVES MEAN STDDEV CORR SIG N /MISSING PAIRWISE /STATISTICS COEFF OUTS CI(95) R ANOVA COLLIN TOL ZPP /CRITERIA=PIN(.05) POUT(.10) /ORIGIN /DEPENDENT NONOWNMEAN /METHOD=ENTER GIMEAN GFMEAN RMEAN /SCATTERPLOT=(*ZRESID ,*ZPRED) /RESIDUALS DURBIN NORMPROB(ZRESID) /CASEWISE PLOT(ZRESID) OUTLIERS(3) /SAVE MAHAL COOK.
Resources	Processor Time	00:00:00.27
	Elapsed Time	00:00:00.28
	Memory Required	5472 bytes
	Additional Memory Required for Residual Plots	304 bytes
Variables Created or Modified	MAH_1	Mahalanobis Distance
	COO_1	Cook's Distance

Descriptive Statistics[a]

	Mean[b]	Root Mean Square	N
NONOWNMEAN	3.7079	3.77098	202
GIMEAN	3.4660	3.55182	324
GFMEAN	3.8508	3.90455	324
RMEAN	3.6014	3.65345	324

a. Coefficients have been calculated through the origin.

b. The observed mean is printed

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Correlations[a]

		NONOWNMEAN	GIMEAN	GFMEAN	RMEAN
Std. Cross-product	NONOWNMEAN	1.000	.968	.976	.973
	GIMEAN	.968	1.000	.977	.975
	GFMEAN	.976	.977	1.000	.987
	RMEAN	.973	.975	.987	1.000
Sig. (1-tailed)	NONOWNMEAN	.	.000	.000	.000
	GIMEAN	.000	.	.000	.000
	GFMEAN	.000	.000	.	.000
	RMEAN	.000	.000	.000	.
N	NONOWNMEAN	202	202	202	202
	GIMEAN	202	324	324	324
	GFMEAN	202	324	324	324
	RMEAN	202	324	324	324

a. Coefficients have been calculated through the origin.

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Variables Entered/Removed[a,b]

Model	Variables Entered	Variables Removed	Method
1	RMEAN, GIMEAN, GFMEAN[c]	.	Enter

a. Dependent Variable: NONOWNMEAN

b. Linear Regression through the Origin

c. All requested variables entered.

Model Summary[c,d]

Model	R	R Square[b]	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.979[a]	.959	.958	.77046	1.343

a. Predictors: RMEAN, GIMEAN, GFMEAN

b. For regression through the origin (the no-intercept model), R Square measures the proportion of the variability in the dependent variable about the origin explained by regression. This CANNOT be compared to R Square for models which include an intercept.

c. Dependent Variable: NONOWNMEAN

d. Linear Regression through the Origin

Coefficients[a,b]

Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.	95.0% Confidence Interval for B		Correlations			Collinearity Statistics	
		B	Std. Error	Beta			Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
1	GIMEAN	.287	.075	.270	3.820	.000	.139	.435	.968	.261	.055	.041	24.234
	GFMEAN	.444	.094	.460	4.714	.000	.258	.630	.976	.317	.068	.022	46.016
	RMEAN	.264	.096	.255	2.741	.007	.074	.453	.973	.191	.039	.024	42.015

a. Dependent Variable: NONOWNMEAN

b. Linear Regression through the Origin

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Collinearity Diagnostics[a,b]

Model	Dimension	Eigenvalue	Condition Index	Variance Proportions		
				GIMEAN	GFMEAN	RMEAN
1	1	2.959	1.000	.00	.00	.00
	2	.028	10.290	.98	.09	.19
	3	.013	15.010	.02	.91	.81

a. Dependent Variable: NONOWNMEAN

b. Linear Regression through the Origin

Casewise Diagnostics[a,b]

Case Number	Std. Residual	NONOWNMEAN	Predicted Value	Residual
87	-3.277	1.67	4.1976	-2.53089

a. Dependent Variable: NONOWNMEAN

b. Linear Regression through the Origin

Residuals Statistics[a,b]

	Minimum	Maximum	Mean	Std. Deviation	N
Predicted Value	1.5220	4.9734	3.6541	.53269	324
Std. Predicted Value	-3.999	2.474	.000	.999	324
Standard Error of Predicted Value	.038	.263	.088	.033	324
Adjusted Predicted Value	1.4650	4.9731	3.5909	.56751	202
Residual	-2.53089	2.17304	.11540	.75717	202
Std. Residual	-3.277	2.813	.149	.980	202
Stud. Residual	-3.301	2.880	.150	.989	202
Deleted Residual	-2.56911	2.27738	.11705	.77015	202
Stud. Deleted Residual	-3.387	2.935	.150	.997	202
Mahal. Distance	.489	23.589	3.000	2.719	324
Cook's Distance	.000	.133	.006	.014	202
Centered Leverage Value	.002	.116	.015	.013	324

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