FACTOR INFLUENCING THE UPTAKE OF MEDICAL AND HEALTH INSURANCE AFTER COVID-19 AMONG HIGHER EDUCATORS IN SHAH ALAM, SELANGOR

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DECLARATION OF ORIGINALITY

This project research paper entitled "Factor Influencing the uptake of Medical and Health Insurance after COVID-19 among higher educators in Shah Alam, Selangor" is prepared by five final year students of Diploma in Insurance and submitted to the Department of Commerce, Politeknik Sultan Salahuddin Abdul Aziz Shah to fulfil the requirement of the Diploma in Insurance.

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ABSTRACT

According to the statistic the Medical and Health Insurance is one of the type of insurance policy that the demands are increasing every year but after the pandemic of COVID-19 will be likely a biggest chance in the increase of the uptake of Medical and Health Insurance as maybe some people will have realization of the importance of having the Medical and Health Insurance. Along with medical treatment cost is increasing day by day especially in private sector of health care, paying own medical expenses for own self or family members can be burn a hole in the pocket but by taking Medical and Health Insurance. It only need a small amount of premium in return of protection of insurance company. This research conducted to know whether is Medical and Health Insurance really increase after COVID-19 and what factor can influencing the uptake of Medical and Health Insurance. This main objective for this research is to determine whether the factors including awareness, education and economic factors influence the uptake of Medical and Health Insurance after COVID-19 among higher educators in Shah Alam, Selangor.

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LIST OF ABBREVIATION

COVID-19	Coronavirus disease
WHO	World Health Organization
PIAM	Persatuan Insuran Am Malaysia
LIAM	Life Insurance Association Malaysia
MTM	Malaysia Takaful Association
SARS-CoV	Severe acute respiratory syndrome coronavirus
Mers-CoV	Middle East respiratory syndrome-related coronavirus
SPSS	Statistical Package for the Social Science
AW	Awareness
ED	Education
EF	Economic factors

CHAPTER 1

INTRODUCTION

1.1 INTRODUCTION

This chapter include context of study which is background of study, research problem, research objective, research questions, scope of study, significance of study, operationalized definition and summary of this chapter under the research of the uptake of Medical and Health Insurance after COVID-19 among higher educators in Shah Alam, Selangor.

1.2 BACKGROUND OF STUDY

Medical and Health insurance products have been accessible in Malaysia since the 1970s. Be that as it may, in those days, the vast majority depended vigorously on government's general clinics, which give social insurance at a significantly less expensive cost. Henceforth, right now numerous nations including Malaysia, has opened the well being administration to the private part. This circumstance happened, because of the ascending of populace and expanding way of life which driven huge development inside the worldwide social insurance benefit division, as purchasers requested better therapeutic care to help their enhancing ways of life (Ehsan Zarei, 2014). In 2016 yearly insurance measurement, medical insurance claims rise 14% annually announced by Muhammad during the announcement of the country's second-quarter gross domestic product (GDP) figures in Kuala Lumpur. Net claims paid to policyholders increased to RM4.9 billion in 2016 compared with RM4.5 billion in 2015, owing to demand for better healthcare, ageing population and higher prevalence of chronic and lifestyle diseases. The increase in the cost of drugs and treatments were among the factors that led to the higher insurance claims (The Star Malaysia, 2017)

Coronavirus or COVID-19 are now a term that is no stranger to the Malaysian community, even around the world. Since its inception in December 2019, a total of 3.4 million cases involving over 240,000 deaths have been reported worldwide. In Malaysia, 4,530 cases have been reported with a total of 73 deaths. A very scary figure that happens in short period of time. To combat the COVID-19 virus, the Prime Minister of Malaysia, Tan Sri Muhyiddin Yasin has announced the Movement Control Order (MCO) under the Prevention and Control of Infectious Diseases Act 1988 and the Police Act 1967 which is now continuing until the third phase until 12 May 2020. Most Malaysians are faced with n new reality that has never been encountered before, which is not allowed to leave the house without a good reason, given the time allow to leave the house, not allow to drive more than one person with a radius of 10km from their homes and more. With the increase in time that is now a luxury for a large number of Malaysians, more and more time is being spent on social media. First of all, the word COVID-19 itself does not refer to a virus but refers to the name of the disease cause by this Coronavirus infection. In the beginning of this world pandemic, the word WUHAN virus was used before the World Health Organization (WHO) issued any guidelines. WHO later decided to officially name the virus as Severe Acute Respiratory Syndrome Coronavirus 2(SARS-CoV-2). WHO also adopted the word COVID-19 virus refer to this virus. In simple terms, SARS-CoV-2 virus infection in humans causes humans to develop COVID-19. Coronavirus refers to a large group of viruses that also includes other viruses that can cause disease in humans including SARS-CoV, MERS-CoV and more. The Coronavirus outbreak is unlikely to have a negative impact on the Malaysian insurance industry (Gabriel Olano, 2020). In fact, industry insiders believe that it might even spur the uptake of health insurance.

1.3 RESEARCH PROBLEM

Based on the statistic represent by Medical insurance company in Malaysia (J.Muller, 2020), the value of gross return premium in medical and health insurance sector of Malaysia become increase every year since 2009 to 2018. The increase of the value of gross premium are from 587.3 (2009) to 11557.1 (2018) show that the number of medical and health insurance taker also become increase every year. However, after the Pandemic of COVID-19 that invading the whole world including Malaysia. Many

countries have imposed wide lockdown which cause many businesses to shut down except for the essential businesses and people are being restricted of their movement as people are exposed to the possibility of getting the COVID-19 virus affection. As a result of pandemic most of Malaysian recognized the need and important of medical and health insurance after only the news of this pandemic if as it can relate to the current situation whereby people became afraid if themselves or their loved family being affected to this virus that currently doesn't have any official vaccine to cure it.

As a result of COVID-19 the demand for Medical and Health Insurance become increase. This is according to Khoo Zhen Ye (Gabriel Olano, 2020), analyst at MIDF Amanah Investment Bank, that the coronavirus outbreak is likely to cause increased demand for health and medical insurance, especially since insurers are offering extra benefits for policyholders that are diagnosed with COVID-19. Many of them probably doesn't really know about Medical and Health Insurance doesn't cover the pre-existing condition or illness so it can be proof that prevention can be better than cure. The industry has also made efforts to help affected people cope with the immediate health effects of the virus and the subsequent economic consequences whereby PIAM stated that PIAM, LIAM and MTA has pledged an RM8 million contribution to establish a special fund for COVID-19 testing for medical insurance policyholders and medical Takaful certificate holders.

However, were Malaysian citizen really aware of the important of the Medical and Health Insurance to themselves before purchasing the policy or are they more influenced by other factors such as awareness, education, and economic factors. Therefore, this research conducted to assess the factor that influence the uptake of Medical and Health Insurance after COVID-19 among higher educator in Shah Alam, Selangor.

1.4 RESEARCH OBJECTIVE

The following objectives were framed for this research :-

i. To determine the level of awareness, education, and economic factors that influence the uptake of Medical and Health Insurance after COVID-19 among higher educators in Shah Alam, Selangor.

ii. To identify the relationship between the awareness, education, and economic factors with the uptake of Medical and Health Insurance after COVID-19 among higher educators in Shah Alam, Selangor.

1.5 RESEARCH QUESTIONS

The research was guided by the following research questions:-

i. Does awareness, education, and economic factors influence the uptake of Medical and Health Insurance after COVID-19 among higher educators in Shah Alam, Selangor?

ii. Is there a positive relationship between factors that influence and the uptake of Medical and Health Insurance after COVID-19 among higher educators in Shah Alam, Selangor?

1.6 SCOPE OF STUDY

The study focuses on insurance industry which is under financial sector of the economy. The main areas focus on how awareness, education, and economic factors influence the uptake of Medical and Health Insurance after COVID-19 among higher educators in Shah Alam, Selangor.

The scope that covers geographical wise are Politeknik Sultan Salahuddin Abdul Aziz Shah, Management and Science University and Universiti Teknologi Mara in Shah Alam Selangor. The scope of area is one of the place that have more Higher Educators which is 426 lecturers in Politeknik Sultan Salahuddin Abdul Aziz Shah (Portal Rasmi Politeknik Sultan Salahuddin Abdul Aziz Shah, n.d.), 339 lecturers in Universiti

Teknologi Mara Shah Alam (Statistics (Lecturer)- UiTM FBM, n.d.) and 1000 lecturers in Management and Science University. The study was carried out August until December in 2020.

1.7 SIGNIFICANCE OF STUDY

This study will be significant endeavor in discover the factors that influence customer to contributes the insurance industry having medical and health insurance among educators in higher educational sector after COVID- 19. This study will be beneficial to life insurance companies in drawing strategies and programs aimed at increasing the uptake of Medical and Health Insurance. It will help insurance companies to formulate new products based on current situation and customer needs. For customers this study will be useful to know what are their expectation in dealings with life insurance company. This study will recommendations on how insurance companies can deal with customer attitude and needs by address the barriers due to pandemic COVID-19. Moreover, this study will be a medium to Government of Malaysia to come up with an appropriate legislation that will ensure congruence between citizens and insurance companies plus The Ministry of Health and National Insurance Fund may use the finding in setting beneficial packages of health coverage scheme and the affordable premium. Therefore, this study stimulates the discussion in the academic field and provide fertile ground up on which further research could be based.

1.8 HYPOTHESIS OF STUDY

H_1: There is a positive relationship between awareness factor and the uptake of Medical and Health Insurance.

H_2: There is a significant relationship between the educational factor and the uptake of Medical and Health Insurance.

H_3: There is a positive relationship between the economic factors and the uptake of Medical and Health Insurance.

1.9 OPERATIONALIZED DEFINITIONS

1.9.1 AWARENESS

Level of awareness is an independent variable. It refers to whether the respondent has the relevant and correct information on registration procedures, premiums and benefits of insurance and also aware about the importance of Medical and Health Insurance.

1.9.2 EDUCATION

Level of education is one of the independent variable in this research. It refers to the highest level of schooling that the respondent has attained including primary, secondary, college or university.

1.9.3 ECONOMIC FACTORS

Economic factors including employment status, level of income and level of premium is an independent variable in this research. Employment status refers to whether the respondent is in gainful engagement. Level of income refers to the amount of money received as earnings. Level of premiums refers to the amount paid periodically to the insurer by the insured for covering the risk under the Medical and Health Insurance policy.

1.9.4 UPTAKE OF MEDICAL AND HEALTH INSURANCE AMONG HIGHER EDUCATORS

Uptake of Medical and Health Insurance among higher educators is a dependent variable in this research. It refers to the enrolment of people in higher educational sector into Medical and Health Insurance scheme.

1.0.1 SUMMARY

Chapter one (1) is the introduction, which outlines the context of research which is about the factors influencing the uptake of Medical and Health Insurance after COVID-19 among higher educators in Shah Alam, Selangor including the background of study, research problem, research objective, research questions, scope of study, significance of study and operationalized definition.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

This chapter will discover the definition of terms including the definition influencing factors, COVID-19, Medical and Health Insurance and Medical and Health Insurance in Malaysia.

2.2 MEDICAL AND HEALTH INSURANCE

Medical and Health Insurance is an insurance that covers the whole or a part of the risk of a person incurring medical expenses, spreading the risk over numerous persons. By estimating the overall risk of health risk and health system expenses over the risk pool, an insurer can develop a routine finance structure, such as a monthly premium or payroll tax to provide the money to pay for the health care benefits specified in the insurance agreement. The benefit is administered by a central organization such as a government agency, private business or not fir profit entity (Wikipedia, n.d.).

According to the Health Insurance association of America, health insurance is defined as coverage that provides for the payments of benefits as a result of sickness or injury. It includes insurance for losses from accident, medical expense, disability or accidental death and dismemberment.

2.3 MEDICAL AND INSURANCE IN MALAYSIA

The development of a comprehensive medical and health services within what is now Peninsular Malaysia, and the subsequent decline in the incidence of certain debilitating disease has been a relatively recent achievement. It was not until after British interference in the affairs of the Malay states in 1874 that the machinery of the various state governments was turn to the task of designing a medical and health

delivery system based upon Western medical practice. Before this time the government of the various states were not interested in the health situation of their respective people rather they were more interested in consolidating their own positions and acquiring wealth through trade.

With the advent of independence in 1957 this initial effort was further strengthened by making health a federal matter and by establishing the rural health service. The latter has been extremely important to the government's overall programme of development as it expanded the medical and health services from their previously urban base and has equitably redistributed them throughout the rural sector of the country. As nearly 70% of Malaysians live in rural areas, the rural health services have gone a long way towards meeting the government's health in the country.

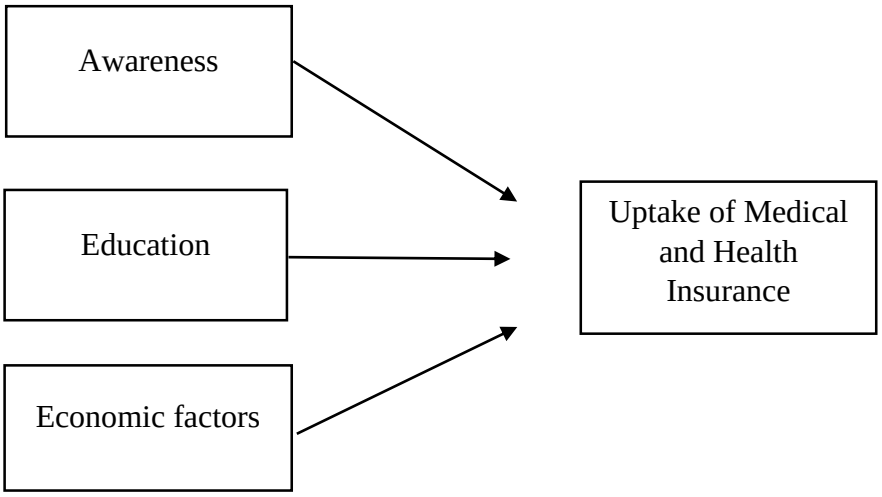
2.4 COVID-19

Coronavirus disease (COVID-19) is an infectious disease caused by a newly discovered coronavirus. Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease and cancer are more likely to develop serious illness (WHO, 2020).

The COVID-19 virus spreads primarily through droplets of saliva discharge from the nose when an infected person coughs or sneezes, so it's important that to practice respiratory etiquette (for example, by coughing into a flexed elbow). At this time, there are no specific vaccines or treatments for COVID-19. However, there are many ongoing clinical trials evaluating potential treatments. WHO will continue to provide updated information as soon as clinical findings become available.

2.5 THEORETICAL FRAMEWORK

Figure 2.1 Theoretical Framework



Source: Adapted from: (Ndung'u, 2015)

2.6 CONCEPTUAL FRAMEWORK

The literature review described different factors influencing the uptake of Medical and Health Insurance. In the field of this research, there are three dimensions have identified to influence the uptake of Medical and Health Insurance after COVID-19 among higher educators in Shah Alam, Selangor mainly include level of awareness, education and economic factors.

2.6.1 AWARENESS

Medical and Health Insurance in Malaysia has been under flourished and not prioritized by residents but under circumstances of COVID-19 pandemic, Medical and Health Insurance plays vital role in reducing huge expenditure of people. This has increase the awareness level among citizens Malaysia.

According to (Maina, 2016), most Kenyans are naive regarding insurance products leading to skewed awareness and information asymmetry and distortion. In some rural areas, there is non-existent information regarding insurance altogether. As a consequence, uptake of health insurance products even at the corporate level remains low. The studies show a general awareness gap about the benefit of medical insurance. Most people, even in Kenya, first get insurance information when they purchase their first motor vehicle due to mandatory policies. Despite insurance being in Kenya since the 60s there is still a staggering lack of awareness of the contracting process in insurance. In Africa, there is inadequate financial literacy amongst the populace leading to massive asymmetry between the people and providers. The insurer has limited exposure to the potential subscribers, and the insured do not have a clue about health insurance. The informal workers there complained of being unaware that they could also become members and contribute to the NHIF and they thought that the fund is only for the formal employees and the rich. In addition, these workers pointed out that they did not know where to enroll, and they have never received information on the registration process. Thus, showing awareness is important to uptake the National Health Insurance Fund (NHIF).

2.6.2 EDUCATION

(Macharia, 2017) carried out a study of factors influencing the uptake of Social Health Insurance in Kenya: A case of Nyeri county found that consumers with documented low-to-moderate levels of health insurance literacy are challenged in making health insurance purchases due to little knowledge and understanding of universal health care.

Education can be direct influence on the knowledge of insurance. Amount of education is commonly positively correlated with knowledge as according to previous study by (Benjamin Ng Weng Jun, 2014), higher level of knowledge and education has the higher probability of purchasing private insurance. This is because they have lower costs of information to make decision in purchasing insurance between the complex plans offered by private insurance.

According to (Ndung'u, 2015), education is important in shaping future occupational opportunities and earning potential by providing knowledge and life skills that allow better-educated persons access to information and resources to promote their health. Education is measured by the duration of schooling is correlated with good health through better lifestyles and providing consumers with basis for evaluating they are their dependants require treatment. In addition, education is an important link to health and its determinants including health behaviours, use of preventive services and general attitudes to risks. Those with many years of schooling therefore tend to have better health, well-being and healthier behaviours.

2.6.3 ECONOMIC FACTORS

In this section, influence of economic factors on uptake of Medical and Health Insurance will be discussed. Literature on economic factors such as level of income, level of premiums and employment will be reviewed.

On the level of income based on (Benjamin Ng Weng Jun, 2014), the demand of purchasing health and life insurances are mostly affected by the employee's salary. There are two types of employees, one is blue collar and the other one is white collar. Normally, white collar employees will have the higher salary compare to the blue collar employees and hence they will have more intention to purchase health and life insurance compare with the blue collar. White collar will have a stable job and stable income but for the blue collar they do not know their future income because their income is paid hourly. If they are not able to work for that particular days and their income for that month will be lesser but this is not for the white collar they can call for medical leave if they fall in sick. Eventually white collars will have a better and stable income and will have more intention to buy health and life insurance.

Economic factors very important aspects to enable the person with income can pay for certain level of premium. The study conducted by (Ndung'u, 2015), Insurance schemes require payments, in form of one-off or periodic premiums to create a pool (fund) that should cover administrative and claims expenses. The challenge however is in setting levels of premiums that are affordable to the vulnerable populations. In addition, in most of the studies on health insurance, the researchers find that the uptake

of health Insurance is influenced by the changes in employment status, the size of the employing entity, the type of employer and the macro-economic environment.

2.7 SUMMARY

This chapter two (2), outline the definition of terms including the definition influencing factors, COVID-19, Medical and Health Insurance and Medical and Health Insurance in Malaysia and includes the theoretical framework for this current research.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter includes on how the research is carried out in terms of research design, data collection method, research instruments and sampling technique, data analysis method, pilot test and summary.

3.2 RESEARCH DESIGN

This section will briefly explore which research design that will be use. Research design refers to methods and procedures in which variables in the problem research are collect and analyse. There are four research design which are explorative, descriptive, causal or experimental (Andrew B Kirumbi, 2018). This research of factors influencing the uptake of Medical and Health Insurance after COVID-19 among higher educators in Shah Alam, Selangor is a descriptive research as cross section study design with a mix method approach of both qualitative and quantitative methods. Descriptive method is where questionnaire structured designed for targeted respondents, the higher educators of the higher institutions in Shah Alam including Politeknik Sultan Salahuddin Abdul Aziz Shah (PSA), University Teknologi Mara (UITM) and Management and Science University (MSU).

3.3 DATA COLLECTION METHOD

The definition of data collection could be seen as a method of gathering information from relevant and scientific sources in order to get the best response to test the hypothesis and analyse findings. There are two categories of data collection: Primary data and Secondary data (John Didovskiy, 2011)

i. Primary Data

Primary data refer to data collected directly from first- hand experience where in this research questionnaire being used to collect data from respondents to make research study on the factors influence the uptake of Medical and Health Insurance after COVID-19 among higher educators in Shah Alam, Selangor.

The questionnaire will be distributed to 317 target respondent (lecturers) at Politeknik Shah Alam (PSA), Management Science and University (MSU) and Universiti Teknologi Mara (UiTM) Shah Alam through Google form known as the online survey or online questionnaire.

ii. Secondary Data

Secondary data analysis can be literally defined as "second-hand" analysis. In this research mainly used an electronic based such as electronic relevant article and journals sources to search for secondary data.

3.4 RESEARCH INSTRUMENT

In research and study, instrument is important to measure and achieve the objective of research. It is really helpful in determining whether the data are recovering the research or not. It is usually used to measure variables. Online survey method approach or in other words, online questionnaires by using Google form are chosen for this research because it is the most appropriate method in this time of COVID-19 with social distancing, no physical touch and it is of low-cost price. Using this online questionnaire, it will be easier for respondents to complete the scaling and ranking given. The questionnaire have closed ended questions for easier understanding by the respondents. In conclusion, respondents will give their honest responses using this convenient method. The responses from this questionnaire will be used to determine the factors that influence the uptake of Medical and Health insurance after COVID-19 among higher educators in Shah Alam, Selangor.

The questionnaire consists of four sections

Section A

Consist of general questions regarding the Medical and Health Insurance including the purchase of the policy, annual premium, details of insurance company and method of paying hospital bills.

Section B

Consist of questions regarding the dependent variable which is the uptake of Medical and Health Insurance. There are five questions in total.

Section C

Consist of questions regarding the independent variables including the awareness, education and economic factors. There are five questions for each independent variable.

Section D

Consist of questions regarding demographic factors including gender, age, race, marital status and size of household. There are five questions in total.

3.5 SAMPLING TECHNIQUES

Sampling techniques has been divide into two categories which is probability and non-probability. Probability sample is a subset of a population that ensures a representative section by giving every element in the population. A non-probability sample is a subset of a population in which little or no attempt made to ensure a representative section. Types of probability sample include simple random samples, systematic, stratified samples and cluster samples. For types non-probability, it includes convenience sample, voluntary response sample, purposive sample and snowball sample (McCombes, 2019).

This research use probability sampling technique with the cluster samples. The population for this research is the higher educators from higher institutions in Shah Alam, Selangor including Politeknik Sultan Salahuddin Abdul Aziz Shah (PSA), Management Science and University (MSU) and Universiti Teknologi Mara (UiTM)

with the total number of population of 1765. Cluster sampling refers to a type of sampling method With cluster sampling, the researcher divides the population into separate groups, called clusters. Then, a simple random sample of clusters is select from the population. The researcher conducts analysis on data from the sample clusters. In this research the number of subset from the population is 317 targeted respondents based on Krejcie and Morgan table. The population divided into three clusters that are lecturers at Politeknik Sultan Salahuddin Abdul Aziz Shah (PSA), Management Science and University (MSU) and Universiti Teknologi Mara (UiTM). Thus, the responses from this three clusters are used to analyze the conclusion of this research.

3.6 DATA ANAYLSIS METHOD

The collected questionnaire first examined by the researcher to confirm completeness and consistency. The collected data is then code to facilitate the grouping of the data into categories. Quantitative data will be analysed with the help of electronic spreadsheet (SPSS) while qualitative data was analysed thematically. The analyse data present in frequency distribution tables for ease of understanding and analysis. This analysis will be analyse the level of awareness, education factors and level of economic factors influence on uptake of Medical and Health Insurance after COVID-19 among higher educators in Shah Alam, Selangor.

3.7 PILOT TEST

Before distributing the real questionnaire to conduct the actual research, a pilot test has been carried out to find out the possible errors in the questionnaire. Pilot studies represent a fundamental phase of the research process. The purpose of conducting a pilot test is to examine the feasibility of an approach that is intended to be used in a larger scale study. The piloting was important in order to incorporate the comments and suggestions of the respondents and in correcting any deficiencies and vague questions in the questionnaire and thereby enhance the reliability of the instrument.

38 responses were collected from the Google form questionnaire to conduct the pilot test. After the responses were collected, the reliability test was conducted by using the statistical project for Social Science (SPSS) version 26. Reliability test is used to measure the quality and stability of the performance. Once obtained the same result repeatedly, this can be considered as reliable. The internal consistency reliability test is applied in this research. This test is that to judge the consistency of the result across the item. Cronbach's alpha(α) defined that the inter-correlations among test items means the higher the alpha, the more reliable of this scale. (Cronbach, 1951). The pilot test for this research became reliable and the actual research started to conduct by collecting 317 responses using the Google form questionnaire.

Table 3.1 shows the results of the pilot test conducted with 38 respondents.

Table 3.1 Results of the Pilot Test

Variables	**Total Number Of Questions**	**Cronbach's Alpha**	**Outcome**
Uptake of Medical and Health Insurance	5	0.754	Good
Awareness	5	0.735	Good
Education	5	0.691	Moderate
Economic factors	5	0.657	Moderate

3.8 SUMMARY

Chapter three (3) is the research methodology which includes the introduction, research design, data collection method, research instrument, sampling techniques and data analysis method and pilot test.

CHAPTER 4

DATA ANALYSIS AND FINDINGS

4.1 INTRODUCTION

This chapter interpreted and presented the information which is relevant to the research questions and hypotheses. Moreover, in this chapter consist of two parts, which are descriptive analysis and scale measurement. In descriptive analysis can be subset it into respondent demographic profile and central tendencies measurement of construct. Respondent demographic profile include gender, age, race, marital status and size of household. Central tendencies measurement of construct that used to indicated the mean, mode and median. The second part is scale measurement, scale measurement is used to test the reliability and interpreted the inferential analysis.

4.2 DESCRIPTIVE ANALYSIS

The descriptive analysis is an important first step for conducting statistical analyses (Dhand, 2015). This part is to provide analysis on the demographic characteristics of the respondent that obtained from the survey and used the analysis to make general observation on the data such as gender, age, race, marital status and the size of the household.

4.2.1 RESPONDENT DEMOGRAPHIC PROFILE

Researchers had distributed set of survey questionnaire using Google form and had received 100 per cent responses from respondents. There is no data that outlier, thus the researcher fully utilized the 317 responses of the survey questionnaires and analysed the data.

Table 4.1: Content based on demographic profile

Category	Frequency (N)	Percentage (%)
Gender		
• Male	131	41.3
• Female	186	58.7
Age		
• 25 – 35 years old	79	24.9
• 36 – 40 years old	89	28.1
• 41 – 45 years old	122	38.5
• 46 years and above	27	8.5
Race		
• Malay	192	60.6
• Chinese	54	17.0
• Indian	54	17.0
• Others	17	5.4
Marital Status		
• Single	68	21.5
• Married	249	78.5
Size of Household		
• 1-2	61	19.2
• 3-5	170	53.9
• 6-8	73	23.0
• 9 and above	12	3.8

Source: Developed for the research

A demographic profile of the respondents is represented in the table 4.1 above. There are 317 respondents that responded in the survey questionnaire. The result of gender analysis consists of 131 males and 186 females. Percentage of the male is 41.3%, whereas the female is 58.7%, and the difference is 17.4%.

Next, based on the data of the age group collected, 24.9% of the respondents fall into the category of between 25 to 35 years old, and 28.1% for a category between 36 to 40 years old. While 38.5% fall under category between 41-45 years old and the least is 8.5% for the category 46 years and above.

Besides that, based on the data of the race group collected, most of the respondents are Malay which amounted to 60.6% or 192 out of 317 respondents. While for the Chinese and Indian races have the same respondent value which is 17.0% or 54 out of 317 respondents. Lastly, other races which amounted to 5.4% or 17 out of 317 respondents.

Furthermore, the current marital status of the respondents is categorized into two major which is single and married. Of the total sample of 317 respondents. 21.5% of the respondent is single while 78.5% has been married. Differences of 57.0%.

Last, for the respondent's size of household on the data collected show that most of the respondent was 3-5 which amounted to 53.9%, followed by 6-8 with 23.0%. While 19.2% were 1-2 size of household and the least is 9 and above which amounted 3.8%.

4.2.2 FREQUENCIES TABLE FOR GENERAL INFORMATION

Table 4.2.: Table of content based on general information

General Information	Frequency (N)	Percentage (%)
How did you pay for Hospital bill ?		
• Used Medical and Health Insurance Card	239	75.4
• Used own money	40	12.6
• Used family saving	27	8.5
• Borrowed from Family and Friends	11	3.5

When did you purchase Medical and Health Insurance Policy ?		
• Before COVID-19 pandemic	244	77.0
• After COVID-19 pandemic	73	23.0
How much is your annual premium ?		
• RM 0 - RM 1000	46	14.5
• RM 1001 – RM 2000	66	20.8
• RM 2001 – RM 3000	83	26.2
• RM 3001 –RM 4000	68	21.5
• RM 4000 and above	54	17.0
From which Insurance company did you purchase Medical and Health Insurance?		
• Allianz	49	15.5
• AIA	68	21.5
• Great Eastern	66	20.8
• Prudential	84	26.5
• Others	50	15.8

Which higher education institution in Shah Alam you serve as a lecturer ?		
• Politeknik Sultan Salahuddin Abdul Aziz Shah Alam (PSA)	83	26.2
• Universiti Teknologi MARA (UiTM)	114	36.0
• Management Science & University (MSU)	120	37.9

Table 4.2 present the general information of the respondents. Based on the result there is 75.4% who used Medical and Health Insurance Card as a pay for hospital bill. For used own money is 12.6%, used family savings is 8.5% and borrowed from family and friends is 3.5%. Next, most of the respondents purchase Medical and Health Insurance policy before COVID-19 which is 77.0% while 23.0% respondents purchase Medical and Health Insurance Policy after COVID-19. After that, respondent's annual premium started from RM 0 – RM 1000 is 14.5% while 20.8% who started the annual premium from RM 1001 – RM 2000. 83% respondents started annual premium from 26.2%, 21.5% from RM 3001- RM 4000 and 17.0% from RM 4000 and above.

Furthermore, 15.5% of the respondents have chosen Allianz as Insurance company did they purchase Medical and Health Insurance. AIA have 21.5% respondents. 20.8% respondents have chosen Great Eastern. 26.5% of the respondents have chosen Prudential and other respondents 15.8% have listed their own insurance company which is other than the list that have been listed.

Last point is which higher education institution in Shah Alam that they serve as a lecturer is respondents from lecturer Politeknik Sultan Salahuddin Abdul Aziz Shah Alam (PSA) is 26.2% while respondents from Universiti Teknologi MARA (UiTM) have 36.0% and lastly respondents from Management Science and University (MSU) is 37.9%.

4.3 CENTRAL TEDENCIES MEASUREMENT OF CONDUCT

Table 4.3: Table of content based on descriptive analysis of each construct

Construct	Mean	Std.dv
Awareness		
AW1: As the higher educators the awareness of Medical and Health Insurance were high compare to others.	4.18	0.739
AW2: Social media and mass media influence the higher educators to uptake Medical and Health Insurance.	4.16	0.738
AW3: Medical and Health Insurance help to reduce the cost of medical treatment during COVID-19.	4.29	0.668
AW4: Higher educators afford to pay an higher premium to get full coverage policy.	4.13	0.760
AW5: Higher educators aware the benefits of Medical and Health Insurance.	4.34	0.587

Education		
ED1: The level of education among higher educators influence the uptake of Medical and Health Insurance.	4.26	0.637
ED2: Higher educators attended seminars on Medical and Health Insurance during their studies.	4.10	0.805
ED3: Higher education level makes higher educators to be more aware on the importance of financial security over medical expenses.	4.37	0.622
ED4: Higher educators have more potential to purchase Medical and Health Insurance comparing to the lower educators.	4.12	0.861
ED5: Higher educators have the skills and ability to understand the terms and conditions of Medical and Health Insurance Policy.	4.31	0.650

Economic factors		
EF1: COVID-19 affect income per month.	4.07	0.837
EF2: Higher educators with high income likely to purchase Medical and Health Insurance.	4.23	0.709
EF3: Higher educators afford to pay Medical and Health Insurance premium during the pandemic of COVID-19.	4.19	0.704
EF4: Higher educators in private education institution more potential to uptake Medical and Health Insurance compare to government's higher educators.	4.13	0.785
EF5: Higher educators find that it is profitable to uptake Medical and Health Insurance during the pandemic of COVID-19	4.29	0.693

Uptake of Medical and Health Insurance		
UM1: I am very confident that knowledge of insurance protection is a factor that influencing the uptake of Medical and Health Insurance.	4.26	0.710
UM2: Difficulty in paying medical bills is a factor that influencing me to purchase the Medical and Health Insurance.	4.33	0.713
UM3: Uptake of Medical and Health Insurance provides a feeling of financial safety.	4.39	0.669
UM4: I have received several benefits by up taking the Medical and Health Insurance.	4.42	0.669
UM5: My primary commitment is on the uptake of Medical and Health Insurance	4.30	0.722

Source: Developed for the research

Measures of central tendency including the mean, median and mode are commonly reported in rehabilitation research (Gonzales, 2001). It is believed that the relationship among the mean, median and mode changes in a specific way when the distribution being analysed is skewed.

For Awareness, AW5 has the highest mean value at 4.34 with a standard deviation of 0.587 while AW4 shows the lowest mean value at 4.13 with a standard deviation of 0.760. Next is Education, where ED3 recorded the highest mean score at 4.37 with a standard deviation is 0.622 while ED2 recorded the lowest mean score at 4.10 with a standard deviation is 0.805. For the last one is Economic factors, it appears that EF5 has the highest mean value at 4.29 with a standard deviation is 0.693 while EF1 recorded the lowest mean score at 4.07 with a standard deviation 0.837. The last one is Uptake of Medical and Health Insurance, UM4 has the highest mean value at 4.42 with a standard deviation of 0.669 while UM1 has the lowest mean score at 4.26 with a standard deviation 0.710.

4.4 SCALE MEASUREMENT

4.4.1 RELIABILITY TEST

Table 4.4: Result of Reliability Test

Variable	Cronbach's Alpha	Number of Items
Independent Variable:		
Awareness	0.773	5
Education	0.766	5
Economic Factors	0.765	5
Dependent Variable:		
Uptake of Medical and Health Insurance	0.823	5

Source: Developed for the research

As shown in Table 4.4 above, all of Cronbach's Alpha was more than 0.6. According to the rules of Thumb for Cronbach's Alpha, the strength of the association is considered poor when the Alpha Coefficient range is less than 0.6.

Strength of association is moderate when the Alpha Coefficient is range from 0.6 to 0.69 and the range from 0.7 to 0.79 is considered good strength of association. Moreover, 0.8 to 0.89 will be in very good strength of association. Lastly, if the Alpha

Coefficient range is more than or equal to 0.9, that represented an excellent strength of association.

From Table 4.8, the reliability statistic for experience shows the highest Alpha Coefficient which at 0.823, followed by awareness with the reliability statistic of 0.773. Next is for the reliability statistic for education is 0.766. The reliability statistic for economic factors is 0.765. All of the variables shown a good and very good strength of association.

4.5 INFERENTIAL ANALYSIS

4.5.1 PEARSON CORRELATION ANALYSIS

Pearson correlation is a test used to measure the strength of a linear association and examine the relationship between a single dependent variable and one or more independent variables. The dependent variable which is the uptake of Medical and Health Insurance and independent variables which includes awareness, education and economic factors. Pearson correlation test can be tested into two groups which are population (R) and sample (r). In this research, correlation is using sample to measure the relationship.

It can be categorized into three types of correlation which include positive correlation, negative correlation and no correlation. These correlations characterized by concerning on one variable increases what happens to the other variable. For positive correlation, it exists when one variable increase, the other variable also increase, and vice versa. Negative correlation happens when one variable increase as the other variable decrease, and vice versa. However, when changing in one variable does not tend to either increase or decrease other variable is known as no correlation. The general rule of thumb can applied to differentiate the correlations (Ratner, 2014)

Table 4.5: Correlations

	AWARENESS	EDUCATION	ECONOMIC FACTORS	UPTAKE MEDICAL
AWARENESS	1			
EDUCATION	0.657**	1		
ECONOMIC FACTORS	0.605**	0.689**	1	
UPTAKE MEDICAL	0.507**	0.449**	0.467**	1

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

Source: Developed for the research

The table 4.5 shows the correlations between independent variables which includes awareness, education and economic factors with a dependent variable which is the uptake of Medical and Health Insurance. Independent variables have a positive linear relationship to the dependent variable at a significant level of 0.01. All value in this probable is less than 0.9 which indicates that there is no multicollinearity problem. The correlation among independent variables is less than 0.9 which is between 0.467 and 0.507.

There is a significant relationship between awareness and the uptake of Medical and Health Insurance. This is because of the p-value equal to 0.000 and less than alpha value 0.01. Moreover, the value of the correlation coefficient, which is 0.507, falls under the coefficient range of "± 0.41 to ± 0.70". This indicates that awareness independent variables have a moderate correlation with the dependent variable "uptake of Medical and Health Insurance".

There is a significant relationship between education and the uptake of Medical and Health Insurance. This is because of the p-value equal to 0.000 and less than alpha value 0.01. Moreover, the value of the correlation coefficient, which is 0.449, falls under the coefficient range of "± 0.41 to ± 0.70". This indicates a low positive correlation relationship between education and the uptake of Medical and Health Insurance.

There is a significant relationship between economic factors and the uptake of Medical and Health Insurance. This is because of the p-value equal to 0.000 and less than alpha value 0.5. Moreover, the value of the correlation coefficient, which is 0.467, falls under the coefficient range of "± 0.41 to ± 0.70". This indicates economic factors independent variable with the dependent variable "uptake of Medical and Health Insurance" have a low positive correlation.

Thus, the high correlation was awareness (r = 0.507), economic factors (r = 0.467) and education (r = 0.449) with the uptake of Medical and Health Insurance.

4.5.2 MULTIPLE REGRESSION ANALYSIS

Table 4.6: Model Summary

Model Summary				
Model	**R**	**R Square**	**Adjusted R Square**	**Std. Error of the Estimate**
1	0.549[a]	0.302	0.295	0.44751

Source: Developed for the research

a. Predictors: (Constant), MEANECONOMIC (Economic factors), MEANAWARENESS (Awareness), MEANEDUCATION (Education).

b. Dependent Variable: MEANUPTAKEMEDICAL (Uptake of Medical and Health)

Based on the table 4.6 above, the R value = 0.549, R Square = 0.302 and Adjusted R Square = 0.295. R square shows that 30.2% of the uptake of Medical and Health Insurance can be explained by awareness, education and economic factors. This also indicates that the relationship between the dependent variable and independent variables are moderate. However, there are 69.8% of the variation in the uptake of Medical and Health Insurance is still unexplained in this research.

Table 4.7: ANOVA

ANOVA[a]						
Model		Sum of Squares	Df	Mean Square	F	Sig.
1	Regression	27.113	3	9.038	45.128	.000[a]
	Residual	62.683	313	0.200		
	Total	89.795	316			

Source: Developed for the research

a. Dependent Variable: MEANUPTAKEMEDICAL (Uptake of Medical and Health Insurance)

b. Predictors: (Constant), MEANECONOMIC (Economic factors), MEANAWARENESS (Awareness), MEANEDUCATION (Education)

Table 4.7 above presented the significant value is at 0.000 ($p < 0.01$). Therefore, the null hypothesis is rejected and the alternative hypothesis is accepted. The three (3) independent variables are significantly contributing to the Uptake of Medical and Health Insurance.

Table 4.8: Coefficient

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized coefficients	T	Sig.
		B.	Standard Error	Beta		
1	(constant)	1.649	0.235		7.033	0.000
	MEANAWARENESS	0.334	0.069	0.318	4.874	0.000
	MEANEDUCATION	0.100	0.074	0.097	1.359	0.175
	MEANECONOMIC	0.206	0.067	0.207	3.056	0.002

Source: Developed for the research

a. Dependent Variable: MEANUPTAKEMEDICAL (Uptake of Medical and Health)

From table 4.8, coefficient shows the highest beta the most important factors of uptake of Medical and Health Insurance aspect, the result shows awareness is the most important factor of the uptake of Medical and Health Insurance which carries beta of 0.318. While economic factors is considered to be the second most important factor with the beta of 0.207. Yet, education with the beta of 0.097 is the least factor of the uptake of Medical Health Insurance. The result of table 4.12 coefficient shows the importance of factor of uptake of Medical and Health Insurance which are awareness, education and economic factors.

The multiple regression equation can be formed as below:

Uptake of Medical and Health Insurance = 1.649 + 0.334 (Awareness) + 0.100 (Education) + 0.206 (Economic factors)

According to Table 4.8, awareness and economic factors was found to exert a significant positive influence on purchase intention which has impact toward uptake of Medical and Health Insurance (p= 0.000) (p= 0.002) as its p – value is less than 0.01. While there is insignificant influence or no impact by education on uptake of Medical and Health Insurance (p= 0.175) as its p-value is more than 0.01.

4.5.3 TEST OF SIGNIFICANCE

Hypothesis I

H_1: There is a positive relationship between awareness and the uptake of Medical and Health insurance.

Reject H_1, if p>0.01

Based on table 4, The p-value of awareness is 0.000 which is less than the significant level 0.01. Thus, H_1 is accepted. It indicated awareness has a positive relation between the uptake of Medical and Health Insurance.

Hypothesis II

H_2: There is an insignificant relationship between the education and the uptake of Medical and Health Insurance.

Reject H_2, if $p>0.01$

Based on table 4, The education p-value is more than significant value 0.01 which is 0.175. Then, H_2 is not accepted, which means education has no significant relationship with the uptake of Medical and Health Insurance.

Hypothesis III

H_3: There is a positive relationship between the economic factors and the uptake of Medical and Health Insurance.

Reject H_3, if $p>0.01$

Based on table 4, The p-value of economic factors is 0.002 which is lower than the significant level of 0.01. Then, H_3 is accepted. This can be concluded that is a positive relationship between economic factors and the uptake of Medical and Health Insurance.

4.6 SUMMARY

In summary, this chapter four (4) has present the results of SPSS and findings obtained from data gathering for this research. Moreover, inferential analyses are also conducted and are demonstrated in this chapter to answer the research questions, as well as to determine the significance of the hypotheses for this research. The subsequent chapter contains discussion on major findings as well as a conclusion to this research.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

5.1 INTRODUCTION

This chapter 5 will provides the overall summary of statistical analyses from previous chapter 4, summarized the discussion of major findings, stated the implications of the study, highlight the limitations of the study and provide recommendation for future research. Moreover, conclusion was made for entire research also stated in this chapter.

5.2 SUMMARY OF STATISCAL ANALYSIS

5.2.1 SUMMARY OF CENTRAL TENDENCIES MEASUREMENT OF CONSTRUCTS

Accordance to Table 4.3 in chapter 4, AW5 showing the highest value of mean at 4.34 with the standard deviation of 0.587 meanwhile AW4 showing the least value of mean by 4.13 with the value of 0.760 standard deviation. Next, ED3 has the highest mean score of 4.37 with 0.622 standard deviation and ED2 with lowest mean score of 4.10 along with standard deviation value of 0.805. Besides that, EF5 recorded the 4.29 highest mean score with standard deviation of 0.693 while EF1 has the 4.07 lowest mean value and appear to have standard deviation of 0.837. Lastly, UM4 has the highest mean value of 4.42 with 0.669 standard deviation while UM1 has the lowest mean score at 4.26 with standard deviation 0.710.

5.2.2 SUMMARY OF SCALE MEASUREMENT

In this research, reliability test was conducted to test the reliability of each variable by using Cronbach's Alpha. Based on Table 4.4 shown at Chapter 4, dependent

variable which is uptake of Medical and Health Insurance has the highest Cronbach's Alpha with the value of 0.823. Next, the independent variables of awareness show the second highest score with 0.773 and followed by education which is 0.766 meanwhile economic factors has the least score of Cronbach's Alpha which is 0.765. Thus, questions for all independent variables (awareness, education, and economic factors) and the dependent variable (uptake of Medical and Health Insurance) are reliable since each variables has shown its value to be more than 0.6 which can be considered as very good reliable.

5.2.3 SUMMARY OF INFERENTIAL ANALYSIS

Pearson Correlation Analysis

Based on the result of Pearson correlation at Table 4.5 in chapter 4, all the three independent variables are less than 0.9 which indicate that is no multicollinearity problem. From the result, the high correlation between uptake of Medical and Health Insurance was awareness (r = 0.507), economic factors (r = 0.467) and education (r = 0.449). All of these three independent variable establish correlation relationship with the Uptake of Medical and Health as their p-values are less than 0.05. However, awareness have a moderate correlation with the dependent variable, meanwhile economic and education factors establish a low positive correlation with the uptake of Medical and Health Insurance after COVID-19 among higher educators in Shah Alam, Selangor.

Multiple Regression

Multiple regression analysis output for this recent research implies that the R square is 0.302 which is indicates only 30.2% of the variation in the factors influencing the uptake of Medical and Health Insurance after COVID-19 among higher educators in Shah Alam can be explained by the three independent variable in this research. However, only two of the independent variables which are awareness (AW) and economic factors (EF) showed significant positive relationship with the uptake of Medical and Health Insurance meanwhile education (ED) has no significant relationship

with the uptake of Medical and Health Insurance. It also shown that awareness become the most significant predictor.

Therefore, the multiple regression equation can be formed as:

Uptake of Medical and Health Insurance = 1.649 + 0.334AW1 + 0.100ED2 + 0.206EF3

5.3 DISCUSSION OF MAJOR FINDINGS

Table 5.1 Summary of Statistical Analysis

Hypothesis	Significant	Conclusion
H_1: There is a positive relationship between awareness and the uptake of Medical and Health insurance.	0.000	Accepted
H_2: There is a significant relationship between the education and the uptake of Medical and Health Insurance.	0.175	Rejected
H_3: There is a positive relationship between the economic factors and the uptake of Medical and Health Insurance.	0.002	Accepted

Source: Developed for the research

5.3.1 RELATIONSHIP BETWEEN AWARENESS AND THE UPTAKE OF MEDICAL AND HEALTH INSURANCE

H_1 indicates that awareness has significant influences on the uptake of Medical and Health Insurance. Result on Table 4.8 in chapter 4 shows P-value is 0.000 and β-value is 0.334 which expressed that H_1 is supported. Few past studies such (Ndung'u, 2015) also accepted this hypothesis. The respondent has the relevant and correct information on registration procedures, premiums and benefits of insurance and also aware about the importance of Medical and Health Insurance. If the awareness increase

then the uptake of Medical and Health Insurance increase (Ndung'u, 2015) Thus, awareness is positively related to the uptake of Medical and Health Insurance, H_1 is fully accepted.

5.3.2 RELATIONSHIP BETWEEN EDUCATION AND THE UPTAKE OF MEDICAL AND HEALTH INSURANCE

H_2 indicates that education has no significant influences towards the uptake of Medical and Health Insurance. Result on Table 4.8 shown in chapter 4 shows P-value is 0.175 and β-value is 0.100 which expressed that H_2 is not supported. There was no impact between education to the uptake of Medical and Health Insurance which is inconsistent with the study conducted by (Ndung'u, 2015) and (Tim Ensor, 2004) which state that there is a significant relationship between education and the uptake of Medical and Health Insurance as their research shows knowledge and life skills allow better-educated person access to information and resources to promote their health. Thus, education is negatively related to the uptake of Medical and Health Insurance, H_2 is rejected.

5.3.3 RELATIONSHIP BETWEEN THE ECONOMIC FACTORS AND THE UPTAKE OF MEDICAL AND HEALTH INSURANCE

H_3 indicates that economic factors has significant influences on the uptake of Medical and Health Insurance. Result Table 4.8 of chapter 4, shows P-value is 0.002 and β-value is 0.206 which expressed that H_3 is supported. This are consistent with other researcher findings which is Timothy Theuri Ndung'u (Ndung'u, 2015) and according to his research, economic factors determine the payment of premium to insurance company. If Income increases then the uptake of Medical and Health Insurance increases. The premium must be affordable according to the insurance policy. If the premium is affordable then the uptake of Medical and Health Insurance increase. The size of the employing entity and the type of employer will influence the depending variable. Thus, economic factors is positively related to the uptake of Medical and Health Insurance, H_3 is fully accepted.

5.4 IMPLICATION OF THE STUDY

Based on the information gathered from the study on, factors influencing the uptake of Medical and Health insurance after COVID-19 among higher educators in Shah Alam, Selangor, the researchers have established several implications that might useful in assisting insurance companies to increase the uptake of Medical and Health Insurance after COVID-19 by developing a good impression among higher educators. Hence, the findings of the present study are hoped to be useful by allowing the marketing teams to formulate marketing strategies.

According to the research done, awareness has the highest significant impact among others independent variables in influencing the uptake of Medical and Health Insurance after COVID-19 among higher educators in Shah Alam, Selangor. Thus, insurance companies are suggested to increase the higher educator's uptake of Medical and Health Insurance by applying practical implications. For awareness, insurance companies should keep afloat client's needs and preference especially due to this pandemic to ensure the creative and innovative marketing strategies. More importantly, this will help the clients to have more awareness and trust on Medical and Health Insurance products. Accordingly, a survey should be carried out in real-time through online because the need to wait for long period of time may limit the precision and usefulness of the information in the decision making process. Therefore, comparisons should be made amidst the fast adaption of marketing strategies.

Based on the research done, economic factors has the significantly impact on the uptake of Medical and Health insurance among higher educators in Shah Alam, Selangor. Therefore, insurance companies can focus on the premium charged for the new products or previous products in targeting the customers market according to COVID- 19 pandemic. Insurance companies can decrease or provide affordable price for every policy based on the coverage provided because customers are facing movement restriction and not tend to work. This causes them income problems whilst they are required to pay for their medical cost if there are infected.

Regarding education on Medical and Health Insurance, forums or conferences are important avenues to enhance knowledge on Medical and Health Insurance through

online. On other hand, the forums are expected to provide good opportunities for higher educators to improve their understanding on Medical and Health Insurance. Meanwhile, the forums or conferences also help senior managers to learn who involved with the structuring and transaction of Medical and Health Insurance products learn while educate from the preference and needs of customers. Therefore, it is important to ensure the officers are always in good health to enable them to receive productive and efficient services.

Overall, the insurance company should take an action through increasing their program especially to increase the awareness of potential customer with high purchasing power and education to uptake of Medical and Health Insurance. The high coverage and validity of Medical and Health Insurance will ensure the increase demand of these policies.

Previous studies and literature related to Medical and Health Insurance have proven suitable to be adopted. The present study further contributes to insurance industry field by investigating the possibility of a relationship between the factors of awareness, education and economic factors that influence the uptake of Medical and Health Insurance after COVID-19 among higher educators in Shah Alam, Selangor.

5.5 LIMITATION OF THE STUDY

There are several limitations to this research. The result may not be generalize for the public or on common society because the samples only collect from lecturers in only three (3) different high education institutions. It cannot represent the whole population of general people. Besides that, based on demographic elements, Shah Alam, Selangor have other institutions. But, this research only focusing to the main institutions that stated on the research which is Politeknik Sultan Salahuddin Abdul Aziz Shah (PSA), Universiti Teknologi MARA (UiTM) and Management Science and University (MSU). This may cause that other lecturers in different institutions will have different thinking and opinion about the uptake of Medical and Health Insurance after COVID-19.

Secondly, it is difficult when the questionnaire have to be distribute by online in Google Form and not in questionnaire sheets. It is a bit difficult because of the

questionnaire need to be share through social media like WhatsApp. The questionnaire cannot give directly by face to face and it is very hard to collect the data without meet and knowing the respondents.

Lastly, another limitation is time consuming to collect data. It takes longer time for the respondents to fill the questionnaire. Certain of the respondents maybe hard to understand the questions and they may randomly select an answer to complete the questionnaire. Even most of the respondents have media social such as WhatsApp, but not all the respondents will fill the questionnaire directly. The respondents also maybe have different view and understanding. All of these could reduce the accuracy and preciseness of the results and the time of collecting the data be affected too.

5.6 RECOMMENDATIONS FOR FUTURE RESEARCH

There are few recommendations for the researchers in the future. First of all, it is recommended to conduct the research in a large geographical coverage because the finding more accurate and represent overall country instead of just pick a one geographical area example in Shah Alam only. It can also be including all the area in Selangor. In the previous research of factors influencing the uptake of Medical and Health Insurance are more focus at the educators in University Teknologi Mara (UITM), Management and Science University (MSU) and Politeknik Sultan Salahuddin Abdul Aziz Shah Shah Alam (PSA). This will cause the reliability of result because of the larger number of population in this higher educators. Thus, future researchers can try to cover as much as Selangor area of factors influencing the uptake of Medical and Health Insurance.

Furthermore, future researchers can further their study by incorporate involvement the different segment group. In this research, the targeted respondents are only focused on the higher educator in Shah Alam, Selangor which majority involved 186 female lecturers which is out of 317 lecturers of total respondent. The narrow of respondent helps to determine the factors influencing the uptake of Medical and Health Insurance of the target respondent but not represent the whole population of all segment group such as different occupation and sector. Therefore, the researcher recommended the future research can be conduct in different segment group to get extensive finding.

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

5.7 CONCLUSION

As a conclusion, this research is basically study about the factors influencing the uptake of Medical and Health Insurance after COVID-19 among higher educators after in Shah Alam, Selangor. Therefore, the demand of this uptake of Medical and Health Insurance increase rapidly due to the current situation of pandemic COVID-19. Medical and Health insurance become a common need to the most higher educators nowadays due to the pandemic and the increasing demand of the uptake of Medical and Health Insurance should have some interesting factors that influence higher educators to purchase it. In this research, three important factors are chosen to run the whole research.

The research is to investigate the factors and level of awareness, education and economic factors which influence the uptake of Medical and Health Insurance after COVID-19 among the higher educators in Shah Alam, Selangor. A set of questionnaire being distributed online via Google form and 317 respondent's data collected was processed and analyzed using SPSS. After the analysis, this research found that awareness is the one of the factors that highly influence the uptake of Medical and Health Insurance with the level of 0.507 and economic factors (0.467) also another factor that influence the uptake of Medical and Health Insurance as without source of income people can't pay their insurance premiums. Overall education (0.449) is the only factor that does not really influence the uptake of Medical and Health Insurance after COVID-19 among the higher educators in Shah Alam, Selangor.

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APPENDICES

APPENDICE A: QUESTIONNAIRE

FACTORS INFLUENCING THE UPTAKE OF MEDICAL AND HEALTH INSURANCE AFTER COVID-19 AMONG HIGHER EDUCATORS IN SHAH ALAM, SELANGOR

NADIA SAPUTRI BINTI EFFENDI	08DIN18F1007
PAVITHRA A/P KURASENGARAN	08DIN18F1002
TAMILMOLI A/P MAKENTHARAN	08DIN18F1006
NUR IMAN SHAMIMI BINTI NUR AFFENDI	08DIN18F1010
NUR ASYIKIN BINTI DAHLAN	08DIN18F1017

DIPLOMA IN INSURANCE

DEPARTMENT OF COMMERCE

2020

FACTORS INFLUENCING THE UPTAKE OF MEDICAL AND HEALTH INSURANCE AFTER COVID-19 AMONG HIGHER EDUCATOR IN SHAH ALAM, SELANGOR

Dear Respondent,

We are Insurance students from Politeknik Sultan Salahuddin Abdul Aziz Shah pleased to inform you that we are conducting a research on title "Factor influencing the uptake of Medical and Health Insurance after COVID-19 among higher educators after in Shah Alam, Selangor". This is a part of our course requirement. Currently we are in the process of collecting data for completing our research for this semester.

We kindly request your assistant to support by fill the attached questionnaire to generate data required for this research. This study is under the supervision of Puan Rohayah Binti Adiman and Dr. Aziam Mustafa from the Department of Commerce, Politeknik Sultan Salahuddin Abdul Aziz Shah.

This questionnaire should not take more than 10 minutes to be completed. We would appreciate your valuable time and support for participating in our research regarding the concern of the uptake of Medical and Health Insurance. The information you provide will be held confidential and will be used purely for academic purposes.

Thank you in advance for your cooperation and for further information, please do not hesitate to contact us at number listed below

Sincerely yours,

NADIA SAPUTRI BINTI EFFENDI
Diploma student,
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SECTION A : GENERAL QUESTION

Instructions : TICK (√) in the appropriate answer regarding your opinion.

1. How did you pay for Hospital bill?

Used Medical and Insurance Card	
Used own money	
Used family savings	
Borrowed from family or friends	

2. When did you purchase Medical and Health Insurance policy?

Before COVID-19 pandemic	
After COVID-19 pandemic	

3. How much is your annual premium?

RM 0 – RM 1000	
RM 1001 – RM 2000	
RM 2001 – RM 3000	
RM 3001 – RM 4000	
RM 4000 and above	

4. From which Insurance Company did you purchase Medical and Health Insurance?

Allianz	
AIA	
Great Eastern	
Prudential	
Others	

5. Which higher education institution in Shah Alam you serve as a lecturer?

Politeknik Sultan Salahuddin Abdul Aziz Shah (PSA)	
Universiti Teknologi Mara (UiTM)	
Management Science and University (MSU)	

SECTION B : UPTAKE OF MEDICAL AND HEALTH INSURANCE

Instructions: Please circle (O) the appropriate answer in the column provided.

Please indicate your degree of agreement of the following statement by circling the numbers given ranging from:

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

No.	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
UM1	I am very confident that knowledge of Insurance protection is a factor that influencing the uptake of Medical and Health Insurance.	1	2	3	4	5
UM2	Difficulty in paying medical bills is a factor that influencing me to purchase the Medical and Health Insurance.	1	2	3	4	5
UM3	Uptake of Medical and Health Insurance provides a feeling of financial safety.	1	2	3	4	5
UM4	I have received several benefits by up taking the Medical and Health Insurance	1	2	3	4	5
UM5	My primary commitment is on the uptake of Medical and Health Insurance	1	2	3	4	5

SECTION C : INDEPENDENT VARIABLES

Please circle (O) the appropriate answer in the column provided

Please indicate your degree of agreement of the following statement by circling the numbers given ranging from:

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

1. AWARENESS

No.	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
AW1	As the higher educators the awareness of Medical and Health Insurance were high compare to others.	1	2	3	4	5
AW2	Social media and mass media influence the higher educators to uptake Medical and Health Insurance.	1	2	3	4	5
AW3	Medical and Health Insurance help to reduce the cost of medical treatment during COVID-19.	1	2	3	4	5
AW4	Higher educators afford to pay an higher premium to get full coverage policy.	1	2	3	4	5
AW5	Higher educators aware the benefits of Medical and Health Insurance.	1	2	3	4	5

2. EDUCATION

No.	Statement	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
ED1	The level of education among higher educators influence the uptake of Medical and Health Insurance.	1	2	3	4	5
ED2	Higher educators attended seminars on Medical and Health Insurance during their studies.	1	2	3	4	5
ED3	Higher education level makes higher educators to be more aware on the importance of financial security over medical expenses.	1	2	3	4	5
ED4	Higher educators have more potential to purchase Medical and Health Insurance comparing to the lower educators.	1	2	3	4	5
ED5	Higher educators have the skills and ability to understand the terms and conditions of Medical and Health Insurance policy.	1	2	3	4	5

3. ECONOMIC FACTORS

No.	Statement	Strongly Disagre	Disagre	Neutral	Agree	Strongly Agree
EF1	COVID-19 affect income per month.	1	2	3	4	5
EF2	Higher educators with high income likely to purchase Medical and Health Insurance.	1	2	3	4	5
EF3	Higher educators afford to pay Medical and Health Insurance premium during the pandemic of COVID-19.	1	2	3	4	5
EF4	Higher educators in private education institution more potential to uptake Medical and Health Insurance compare to government's higher educators .	1	2	3	4	5
EF5	Higher educators find that it is profitable to uptake Medical and Health Insurance during the pandemic of COVID-19.	1	2	3	4	5

SECTION D : DEMOGRAPHIC PROFILE

Instructions : TICK (√) in the appropriate answer regarding your opinion.

1. Gender:

Male	
Female	

2. Age:

25-35 years	
36-40 years	
41-45 years	
46 years and above	

3. Race:

Malay	
Chinese	
Indian	
Others	

4. Marital status:

Single	
Married	

5. Size of household:

1-2	
3-5	
6-8	
9 and above	

END OF QUESTIONNAIRE

THANK YOU FOR YOUR COOPERATION

APPENDICE B: PROJECT GANTT CHART

WEEK/ PROJECT ACTIVITIES	Status	W1	W2	W3	W4	W5	W6	W7	W8	W9	W10	W11	W12	W13	W14	W15	W16
Identify Research Title	P																
	I																
Project Research and finding journal	P																
	I																
Preparation of Proposal	P																
	I																
Prepare Research Instruments and questionnaire	P																
	I																
Data Collection	P																
	I																
Data Analysis	P																
	I																
Prepare Research Report	P																
	I																
Review and final draft	P																
	I																
Submission of Final Report	P																
	I																

P: Data planned

I: Data implemented