

**TAKAFUL SCHEME FOR MENTAL HEALTH DISORDERS: EMPIRICAL INSIGHTS FROM EMPLOYEES**

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<b>Abstract</b>	<p><i>Mental and behavioural disorders contribute to approximately 7.3% of the global burden of disease. In Malaysia, 29.2% of adults have been diagnosed with mental health diseases, indicating a significant issue that requires attention. To address this problem, Islamic takaful protection operators should consider introducing a market that covers mental health treatment in Malaysia. This study aims to determine the level of awareness and knowledge regarding takaful schemes for mental health disorders among staff at Renesas Semiconductor (Malaysia) Sdn. Bhd. The study utilised a validated questionnaire to measure two variables, and data was collected from 60 staff samples and analysed using statistical software to obtain the frequency, percentage, and mean. The study found that the staff at Renesas have a positive understanding of mental health diseases, with a mean score of 3.81. The level of awareness of the availability of takaful mental health scores obtained a mean score of 3.43, indicating a moderate level of awareness. However, knowledgeable participants were found to be very receptive to the effects of mental health diseases. To improve awareness and knowledge of mental health diseases and the availability of takaful mental health, various intervention programmes should be conducted, particularly those that focus on women, older adults, those with low socio-economic income, and those with primary education. Additionally, future studies should analyse the factors that affect consumers' willingness to adopt takaful mental health disorder schemes. The results of this study can serve as a reference for the further development of takaful schemes for mental health disorders.</i></p> <p><i>Keywords: Awareness, Knowledge, Mental Health Disorder, Takaful, Scheme.</i></p>
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**INTRODUCTION**

Malaysia is a mix of cultures in Southeast Asia. The population increased from 28.5 million in 2010 to 32.6 million in 2020, with 25.3 million living in urban areas and 7.3 million in rural areas (Department of Statistics Malaysia, 2021). According to the most current epidemiological statistics from the Malaysian Ministry of Health, the prevalence of mental disorders among adults was 29 percent (95 percent CI 27.9–30.5). This is a threefold rise over the 10% prevalence rate seen in 1996. The rural region of East Malaysia had the highest prevalence of mental disorders, at 43 percent, followed by the center of Kuala Lumpur, where 40 percent of the population fulfilled the criteria for a mental disorder (Institute for Public Health, 2015). Rural areas have worse socioeconomic conditions,

with higher poverty and unemployment. This, combined with increased stigma, restricted access to general and mental healthcare, and the culture of seeking alternative treatment through religious practitioners or shamans, can all contribute to an increased risk for the development and maintenance of depression (Ning C, 2020).

From there, mental illness has become a common problem in Malaysia. More people need to be the face of the difficulty and lead into the disturbance of emotion, act, and think regarding their lives. With regard to the latest national health statistics, Malaysia has expected that mental health issues would become the second biggest health issue affecting the community after heart disease. The increasing prevalence of mental disorders in Malaysia is associated with an increased economic burden, which contributes to social problems such as increased marital separation, changes in traditional parenting styles and the structure of family units, and an increase in alcohol and drug use (Raaj, 2020).

In the era of the pandemic, we had a hard situation where the virus COVID-19 had a greater impact on people in all aspects of life and the economy. Moreover, it also brings an increase in the number of people diagnosed with mental health conditions such as anxiety and depression. Referring to the National Health and Morbidity Survey, it has been stated that half of the millions of Malaysians have been diagnosed with a health problem. However, the statistics of people that shows the number of suicide attempt because of mental health problem has increase. According to the Malaysian Mental Health Association (MMHA) has shown the rate of the depression increase in initial lockdown in period of 18 march to 9 June that shows 78 suicides attempted reported. Besides that, the number of calls received from the hotline of the psychological Aid in the range of 43,000 calls in the month of March until December. It has been supported by the statistical by Director of Operation Division of Fire and Rescue, Datuk Nor Hisham Mohammad has shown that on 2019 has 188 cases of suicide attempt and increase on 2020 with 226 cases that has attend and help by the fire and rescue team (News Straits Time, 2020).

From that, we can see the several risks that bring to the person diagnosed with a mental health problem. Through the media social platform and newspaper, mental illness brings the person into suicide and harm themselves. The risk that needs to go through needs to be overcome and prevention from the negative effect happens. It can be treated by professional help which is a psychiatrist to recover from the deceased in a long period. The problem arises in the aspect of treatment of mental illness where it is the high cost compared to physical illness (Haque, 2005). Even though the treatment has been provided in public or general hospitals cheapest, the expertise and specialist for treating the person that is diagnosed with mental health are low. For that, the person needs to go to a private and big hospital to get the treatment. It is parallel with the statement that people have faced a shortage of clinical psychologists, especially in the government sector (Lim Su Lin, 2018). Regarding the influence of the factor, it shows that the situation will affect the person who is in the middle class of salary to get the treatment. This is because the treatment is expensive and hard for them to pay for the treatment as well. Regarding the influence of the factor, it shows that the situation will affect the person who is in the middle class of salary to get the treatment. This is because the treatment is expensive and hard for them to pay for the treatment as well.

Furthermore, the establishment of insurance coverage of mental health problems has been explored early with the purpose of reducing the huge gap in treatment that exists by helping in aspects of financial risk. In aspect of development of the health insurance for the mental health problem has been discuss in the enactment of the Mental Healthcare Act 2017 in section 21(4), has stated in type of insurer should be established the medical insurance for mental health treatment same as the offer for the physical health covered (Mental Healthcare, 2017). From that, the development has been improved and sees the benefit that has been needed toward the country. The Malaysia Psychiatric Association (MPA) has supported the establishment of insurance that covers mental health problems. However, it is not a new aspect that needs to be developed when all the other countries

have managed to have coverage in the insurance product. For example, Singapore has launched a policy that offers coverage of mental health in insurance. It is relevant to the situation and relates to the increment of the mental health problem that needs to be dealt with.

Therefore, the takaful of mental health is the one alternative that needs to be a concern and needs to be implemented in Malaysia. As an aspect of the implementation, the insurance or takaful has not covered the mental health issues. It has been supported by the statement that pre-existing diseases, such as mental illness, are not covered by standard health insurance policies (Lim, 2018). However, the establishment of insurance or takaful mental health in other countries has early on discovered the coverage protection toward mental health.

In Malaysia, the scheme of the coverage of mental health is still new in the takaful and insurance industry. Regarding the AIA Berhad (2019), it has been advertised on the addition of the takaful mental health in the protection scheme. This is because they are concerned about the increasing intention to help people diagnosed with mental health problems. The implementation of takaful mental health is relevant because of the concept of takaful itself to help and protect the individual and property (AIA Berhad, 2019). This aspect has been seen through the takaful mental health in an aspect of *maqasid syariah*. It helps to maintain and preserve the welfare of people in the aspect of life, progeny, religion, intellect, and property (Khairil Faizal, 2020). From that, this research will be present on the awareness of the takaful mental health as the platform or alternative for helping people diagnosed. Besides, the target people of the research project are the factory staff at Renesas Semiconductor Sdn Bhd, Bayan Lepas Pulau Pinang to be evaluated on the awareness and knowledge of the takaful and mental health disease.

## LITERATURE REVIEW

### Concept of Takaful

According to Naim (2019), the concept of takaful is based on the syariah perspective. It is different in terms of mechanism between Islamic and conventional insurance (Naim, 2019). Takaful has been derived from the Arabic word '*kafalah*' with the meaning of mutual guarantee or helping another in one pool of contribution of people that take the takaful. The main purpose of the development of takaful is to build insurance that has aligned with the syariah compliance alternatives (Rabiah Adawiyah, 2008). The definition of AAOIFI, the takaful, is the Islamic insurance is a system in which access a portion or all of their contributions to cover claims for losses incurred by some of the participants. It is a form of indemnity which protects and compensates those who have been harmed by dangers and hazards. It has been understood from the takaful concept that the goal of the takaful is to share the burdens among contributors with a present of fairness and not only to increase and gain the only profit (Abdullah, 2015).

According to Obaidullah (2005), takaful is a financial transaction that is built on the principles of cooperation, liability assurance, protection, and help amongst a group of participants. It is a type of mutual guarantee. Takaful participants (also known as policyholders in the insurance industry) donate the majority of their contributions as *Tabarru'*. All members contribute to a joint fund known as the *Tabarru'* fund or risk fund, which provides damages or compensation to participants who experience defined losses. It serves as the foundation for cooperation, solidarity, and brotherhood in the face of unexpected hazards or disasters to which all parties are expected to participate significantly (Obaidullah, 2005).

### Takaful Mental Health In Islamic Perspectives

*Maqasid Syariah* has been described and explained with relation to the aspect of takaful. The *maqasid* is derived from the word '*Qasada*' which means purpose, objective or goal while the Syariah definition is a noun that means the law that commands Allah SWT as

revealed to the prophet. The combination of the terms, the definition of the *Maqasid Syariah* is the goals or objectives that need to be complied with Islamic Law. Moreover, the researcher has explained the achieving *Maqasid Syariah* via takaful in the aspect of self and family protection, asset protection, mutual protection in detail (Abdul Aziz, 2013). Takaful mental health that meets the requirement of *Maqasid Syariah* to preserve the harm or negative of wellbeing. Thus, the takaful can develop a new product that can help people that are diagnosed with mental health diseases (Khairil, 2020). The classification of the objective of shariah refers to the traditional classification into three categories essential (*daruriyyah*), complementary (*hajiyyah*), and embellishment (*tahsiniyyah*) (Imran, 2006) The five objectives that have been related to the need of takaful mental health are religion, life, intellect, progeny and property.

Firstly, protection of religion. It is obligatory for all Muslims to protect the religion at a personal and general level (Ridhwan, 2015). The personal level is focused on the ibadah such as five daily prayers, fasting in Ramadan and others. In mental health, the aspect of religion that needs to be addressed is the ibadah aspect. According to Sayeed (2013), good mental health is vital to performing the ibadah in good ways. People with bad mental health tend to lose focus and not perform the ibadah in good deeds (Sayeed, 2013).

Secondly, protecting life means maintaining a good situation and being protected in all circumstances. In *Surah al-Maidah* verse 2 shows that Allah SWT to help the person in need. In the takaful plan, the health protection has been helping people get the treatment they need for critical illness to cure the diseases. From there, the people will get the treatment at an early stage before getting worse. The mental health aspect need to be cured early to avoid the situation becoming worst which is a suicidal attempt. The suicide attempt may come from people who do not take action toward the disease (Khairil, 2020).

Third, protect intellect. Allah SWT commands all people to protect their mind or intellect for the prevention of all types of harm and danger to themselves and others. In the aspect of mental health, the intellect plays a big role and we need to think rationally. The things that have been the face for the person diagnosed with the mental health problem make the decision. The person diagnosed with mental health should take the treatment to avoid the situation becoming worse and bringing negativity to life-living (Duncan, 2010).

Lastly, protecting dignity is about privacy and the individual right to good behavior. It can be related to the development of takaful mental health where it helps people be involved in protection that is aligned with the Islamic perspective. It is related to the quotes by Kamal (2007), Recognizing that rights and obligations are manifestations of human dignity in all major legal systems, including the Islamic *Shariah*, takaful should provide protection for Muslims in order to maintain their duties and rights under the law of Islam (Kamal, 2007). Lastly, in the property aspect takaful is one of alternatives that can be taken for managing wealth in the right ways. From that, the implementation of takaful mental health is the most essential strategy for wealth protection (Jarvis & Mandell, 2003).

### **Awareness and Knowledge Of Takaful Mental Health**

The first stage in the buying decision process is the customer's awareness of the availability of a new product on the market (Schiffmann, 1994). Furthermore, insurance purchases can fulfill their requirements and improve their lives. Decisions are affected by the customer's knowledge and As a result, takaful insurance companies must educate and raise awareness about their products among potential customers. In addition, discussions by Ismail et al. (2012) shows from the context of the Malaysians, the majority of them are aware of the availability of insurance products. However, the majority of respondents are unaware that Takaful insurance is available. Takaful health insurance market penetration rate in Malaysia is still below market potential and way behind if compared to its counterpart, the conventional insurance. Taking the idea by Arifin et al. (2014) awareness, knowledge, and understandability of Islamic financial products or services may influence demand for Takaful. Few issues that contribute to this phenomenon such as the low level

of awareness and the misconception on the importance of risk protection by the public should be taken seriously into consideration by the Takaful operators. Takaful insurance service providers should engage and promote the online based services for sales, service, and claims to accommodate customers' demand (Karen, 2009). In the other part of the world, health insurance products have been available in different parts of the world for around 20 years in India but the penetration level is barely 2 percent of the population. There is a low level of awareness of health insurance among the population (Sen, 2009).

## METHODOLOGY

### Research Design and Instrument

For this study we used primary data by means of a questionnaire for collection of data. Questionnaires were distributed personally to selected respondents and it took 20 minutes to answer. The items were adapted from previous studies with appropriate changes to make the items more relevant to the present study. In addition, the question items were designed according to theory and literature, and examined and corrected by experts. Their constructive comments provided a basis for refinement to the construct measures. Responses to these items were made on a seven-point Likert scale which ranged from 1 = "strongly disagree" to 7 = "strongly agree" as illustrated in Table 1.

Construct	Source
Awareness	AlNemer, H. (2015); Malik et al. (2012); Yellaiah (2012), Yon Bahiyah et al.(2009).
Knowledge	Mohamad, A.H (2019); Sherif et al. (2013); Yeap et al. (2009); Khairi et al. (2020) Hassan et al. (2018).

Table 1: Measurement of Study Variables

### Sampling Research

In this research, the population is focused on the workers or employees that work in the Renesas Semiconductor Sdn.Bhd Bayan Lepas, Pulau Pinang. The questionnaire will be distributed to 50 factory workers from the production control department. The population of the workers has been taken into account because of the environment and the working hours aspect. In terms of working hours, as we can see, the common factory worker needs to be over time for doing the work and exceed 8 hours. From that, the workers need to be more in the working place because of the imbalance of life and working time. From that, the negative environment affects mental health issues. The implication of the situation brought into the low performance and absence of the workers. Thus, it brings into the relevant to identify and have check of the workers toward mental health problems and to be aware of the mental health disease.

### Data Analysis

Data analysis is one of the sections to summarize and interpret data that has been collected. In this research, quantitative data has been used to test the study. To analyze and get the accurate data it has to use the statistical software platform which is a statistical product and service solution (SPSS). The research has used the descriptive analysis for the primary statistical techniques of the research on awareness of takaful mental health in Renesas, Bayan Lepas Pulau Pinang.

## RESULTS AND DISCUSSION

### Descriptive Analysis (Section A: Demographic Question)

This section will be analyzed on the background of the respondents in aspects of genders, age, marital status, income and taking takaful protection, it has been seen through the

percentage and frequency of the data has been collected. The data has been summarized in form of tables below:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	17	34.0	34.0	34.0
	Female	33	66.0	66.0	100.0
	Total	50	100.0	100.0	

Table 2: Analysis of Respondents Based on The Genders

Table 2 shows the number of respondents male and females among workers at Renesas Semiconductor Sdn. Bhd. The female has a higher number of respondents compared to the male which is 66% with 33 female respondents while from the male-only 34% with only 17 respondents. From the analysis, the contribution of this questionnaire is more female workers compared to the male workers as the respondents. Based on the research by Tu and Liau (2017), becoming a survey respondent is more readily perceived as behavior consistent with connective selves than with separative selves, or is more highly valued by those with characteristics of connective selves, one would expect a higher survey response rate for females than males (Tu and Liau, 2017).

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	21 – 25 years old	13	26.0	26.0	26.0
	26 – 30 years old	15	30.0	30.0	56.0
	31- 35 years old	9	18.0	18.0	74.0
	36 – 40 years old	8	16.0	16.0	90.0
	41 – 45 years old	3	6.0	6.0	96.0
	46 years old and above	2	4.0	4.0	100.0
	Total	50	100.0	100.0	

Table 3: Analysis of Respondent Based on Age

Based on the total number of the respondents which is 50 people, The most workers that contributed in the respondent to the questionnaire is 26 – 30 years old with 30% which is 15 people of the total respondent. Related to the situation mental health problem, the age one of effect toward the mental health problem. According to the World Health Organization (WHO) it has been stated that the older person has higher impact toward the mental health problem and high risk for being diagnosed with mental health problems with reference to the factors that have been pressed (World health Organization, 2002). It has been supported by Lim and Yu that has stated that the age has been related to the situation of life impact that has been focused on economic and decision making such as social behavior, emotional, cost of living and others (Lim and Yu, 2011).

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	23	46.0	46.0	46.0
	Single	25	50.0	50.0	96.0
	Others	2	4.0	4.0	100.0
	Total	50	100.0	100.0	

Table 4: Analysis of Respondents Based on Marital Status

Based on the total number of respondents, 46% of the respondent status is married which is 23 people followed by the single marital status where only 25 respondents with 50% of total respondents and the lowest is other of the status which is only 4% of the total number of respondents. This shows that the many respondents for the study are single. With reference to marital status, it has been discussed that the aspect of

marital status that has affected mental health problems. According to Janhavi (2020) , previous research has shown that married status has less tendency for people diagnosed with mental health problems due to the social support. However, it not shows the married has ticket to prevent form the person diagnosed, it also has possibility to diagnosed when it came to negative situation. Thus, the relationship quality effect on the mental well-being of the person to be exist or not mental health problem (Janhavi, 2020)

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	RM 500 – RM 1000	1	2.0	2.0	2.0
	RM 1001 – RM 2000	17	34.0	34.0	36.0
	RM 2001 – RM 3000	25	50.0	50.0	86.0
	RM 3001 – RM 4000	6	12.0	12.0	98.0
	RM 4001 – RM 5000	1	2.0	2.0	100.0
	Total	50	100.0	100.0	

Table 5: Analysis of Respondents Based on Income

The percentage of the income of the respondent based on monthly income. The different level of position has a different range of salary that has been stated. With reference to the table above, RM2001- RM3000 has the highest incomes which are 25 respondents from the total respondents followed by the income. The income or salary is the one that influences people's lives. This is because it helps the lives of living people in the economic aspect. However, it can be seen through the treatment of mental health problems, where it needs to undergo consultation and seek help for a better life. Unemployment, financial crises, marital troubles, and substance addiction are all possible contributors in Malaysia's twofold increase in mental illnesses over the last decade. (Chowdhury et al., 2013).

		Frequency	Percent	Valid Percent	Cumulative Percent
<b>Valid</b>	Yes	28	56.0	56.0	56.0
	No	22	44.0	44.0	100.0
	Total	50	100.0	100.0	

Table 6: Analysis of Respondents Based on Taking Takaful Protection

From the table of the people that are taking takaful protection, the majority of the respondents has takaful protection with 56% representing 28 people out of 50 respondents while 44% has not taken the takaful protection with 22 people out of total respondents. From the results, it shows that the number of workers has a small difference between taking the takaful protection and not taking the takaful protection. Its help to identify the workers has chosen the insurance or takaful for financial planning purposes. Moreover, the company itself provides insurance for the worker's benefit.

### Knowledge Toward Mental Health Disease

This section will be analyzed of knowledge respondent toward mental health disease, it has been seen through the percentage and frequency of the data has been collected. The data has been summarized in form of tables below:

ITEMS	1	2	3	4	5	MEAN
Q1: A mental disorder is a behavioral or mental pattern that causes significant distress of personal functioning.	3	4	6	17	20	3.94
Q2: Mental health can affect anybody without seeing the age, culture, and social status.	2	5	8	20	15	3.82
Q3: Mental health problems can impact the carrier and life of an individual.	2	4	8	21	15	3.86
Q4: The treatment for mental health diseases is expensive compare to physical illness	2	9	12	13	14	3.56
Q6: Mental health affects thinking, behavior and emotion that are difficult to cope with in ordinary life.	1	3	9	21	16	3.96
Q7: The most common mental health problems are anxiety, bipolar disorder, schizophrenia disorders and depression.	2	4	11	18	15	3.80
Q8: To improve the mental health problem with getting proper sleep and connecting with other people for emotional support.	2	8	11	17	12	3.58
Q9: The common sign for the person diagnosed with mental health are a hallucination, feeling fear or suspicious toward others and self-harming	1	6	7	20	16	3.88
Q10: The failure to treat the mental health disease may lead to thought of suicide attempt	2	4	5	15	24	4.10
Total						3.81

Table 7: Knowledge of Respondent Toward Mental Health Disease

From the Q1, the mean of the item was 3.94. The result shows the respondent has high knowledge with mental disorder. From that, the respondent has knowledge of the mental health problem that exists in Malaysia.

From Q2, it shows that the highest percentage answered by the mean of the item was 3.82. The result shows that people who have knowledge on mental health do not discriminate against people who have mental health. As we can see in the age aspect, the children have been diagnosed with mental health disease and not only for the adult or other level of age. The data according to the ministry of health in 2015, shows that the percentage of adults that have been diagnosed with mental health is 29%. However, According to Norhafizah Sahril (2021) the study has been carried out on the children in the range of age 5 – 15 that have been diagnosed with mental health is 11.1% in Malaysia. This shows that mental health also can be diagnosed for children. From that, it has a parallel with the answer of the respondent toward agreement on the statement by the respondent. However, the respondents still have less knowledge and are not aware of the mental health disease (Norhafizah Sahril, 2021).

From Q3, 21 of the respondents have chosen the agreed answers of the statement with the mean of the item is 3.86. From the result of the analysis, the agree and strongly agree has dominant answers by the statement of the impact of mental health toward career and life. As we can see in the aspect of the person diagnosed with mental health can bring into the low performance of the carrier. The person that is diagnosed has lost interest and always needs to take medical leave for the disease. It has been supported by the statement higher absenteeism and presenteeism rates are connected with poor mental health. Job control has a stronger impact on absence in persons with poor mental health (Bubonya et al., 2017).

From Q4, it shows the highest answers strongly agree with the item mean is 3.56. The result shows that the respondent has a higher on the answer of strongly agree but

there is small amount of difference toward the average answer. The means has shown that the respondent has moderate knowledge of the statement. From the data that has been analyzed, it can be seen that the fee that has been charged by the private and government sector is different. In nature, the government sector has low cost compared to the private sector of hospitals and clinics. According to the Ministry of Health (2017), the cost of consultation and care for a mental health illness ranges between RM5 and RM30 in public hospitals and between RM80 and RM400 in private institutions. From that, the respondent might have less knowledge on the fee that needs to be charged for the treatment purpose (Ministry of Health, 2017).

From Q5, the majority answer by respondents were agree with the statement with the highest mean of the item is 3.60. The result of the mean has shown the moderate knowledge of the respondents regarding the aspect of treatment purpose. The treatment needs to undergo a repeated process for monitoring purposes. From that, it can be related to the Q4 that needs to charge on every treatment for the person. Thus, the respondent has a lack of knowledge on the aspect of treatment to be undergone by the person diagnosed with mental health. According to Henderson (2013), it has stated that more than 70% does seek treatment for mental health.

From Q6, the highest answer is agreed to by the statement which is 3.96. Based on the result, the mean has shown the positive and satisfaction toward the statement. This shows that the respondent has high knowledge of describing mental health. The changes in people's behavior are the one-off, the common sign that needs to be concerned by the people.

From Q7, it shows the agreement has the highest percentage with the mean of the item is 3.80. The result shows that the knowledge of the respondent is moderate-high. Even though it has the higher end of the agreement, there are still the respondents that lack information regarding the most common of the mental health diseases. Moreover, there is a misconception on mental illness that has been understood by people when people intend to identify the mental illness by only focusing on the terms '*sakit jiwa*' or '*gila*' (insanity). However, the result has shown that more of the respondents positively answered and have knowledge of the common mental health diseases.

From Q8, the highest of the answers by the mean of the item is 3.58. From the result, it has shown that the level of knowledge of the respondents on how to maintain their mental health is moderate. This is because attitude plays a big role in people gaining knowledge on how to get a good and healthy mind. This is because less knowledge of mental health brings into the high level of the person diagnosed with mental health (Yeap, 2009). Even though there is a larger number of respondents that have chosen the answer, there are also a number of respondents who lack knowledge on how to improve the mental health problem.

From Q9, the highest answered by the mean of the item is 3.88. From the result, it has been determined the respondent has moderate-high knowledge toward the common sign of the person diagnosed with mental health. However, there are still some people who have a lack of knowledge toward the common signs of mental health problems. The sign shown by the person diagnosed can be defined clearly, because it involves the inner self of the person who suffered. When it comes to weird behavior and worse toward themselves, people should be aware and get treatment to be cured. This is how knowledge plays a big role in someone to be more aware and identify the person that battles with the mental health disease. Thus, the result of the analysis has come positively toward the knowledge of the respondents.

From Q10, the highest answer means the item is 4.10. The result shows that the knowledge of the respondent toward mental health is positive and high on the aspect of effect that the person does not get the treatment. It is the things that need to be worried about when it comes to the person diagnosed attempting to do the negative ways. The result shows the positive answers and needs to be concerned that the small number of respondents does not have knowledge of mental health at its worst level. According to the

Health Ministry director manager, in early of 2020 the suicide case reported with amount of 609 cases compare on 2019 the total number of cases was 631 has been recorded. From that, the respondent has realized the issues that arise when it comes to the high number of people with mental health diseases and the news that has been exposed through the media, social media and so on. Thus, the answer of the respondent is accurate toward the current situation that shows that mental health is a serious disease (Health Ministry, 2019).

The overall mean of this section is 3.81. It shows the positive understanding of mental health disease by the workers in Renesas Semiconductor Sdn. Bhd. Bayan Pulau Pinang. The workers know the aspect of mental health disease. However, there is still a lack of information and knowledge toward mental health. The least mean of the item shows is Q4 regarding the knowledge of treatment of mental health. Besides the aspect of overcoming mental health, Q8 also brings into the moderate answer by the respondents. However, the other aspect evaluated in the research question has shown the satisfied result toward the knowledge of mental health disease.

### **Awareness Toward Availability of Takaful Mental Health .**

This section will be analyzed of knowledge respondent toward mental health disease, it has been seen through the percentage and frequency of the data has been collected. The data has been summarized in form of tables below:

<b>Items</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Mean</b>
Q1: I aware on the availability of takaful mental health in takaful product	4	17	13	8	8	2.89
Q2: I aware takaful mental health is new product in the economy market	-	8	22	11	9	3.42
Q3: I aware takaful mental health is offered to the Muslim and non- Muslim	3	12	16	13	6	3.14
Q3: I aware takaful mental health is mechanism of protection and saving	2	8	11	17	12	3.58
Q5: I believe takaful scheme for mental health disorders is benefits for Malaysian	1	11	6	19	13	3.64
Q6: Takaful mental health does not involved usury (riba), uncertainty (gharar) and gambling (maisir)	-	9	11	18	12	3.66
Q7: Takaful mental health fulfills the purpose of Islamic law where to protect the religion, life, intellect, progeny and property.	-	9	13	17	11	3.60
Q8: takaful mental health protection is different to the conventional protection where it is comply to shariah law	2	6	12	19	11	3.62
Q9: the presence of takaful mental health helps in reducing the cost of treatment and cure.	-	13	9	16	12	3.54
Q10: the takaful mental health help to reduce the amount of person diagnosed with mental health problem	3	15	13	10	9	3.14
<b>Total</b>						<b>3.43</b>

Table 7: Awareness of Respondent Toward Availability of Takaful Mental Health

From Q1, the highest answer of the statement is disagreed with 34% with 17 out of 50 respondents. The mean of the item is 2. 98. Based on the result of the interpretation range of mean, it shows that the mean of Q1 is low. The lack of information and knowledge regarding the availability of takaful mental health brings into the product neglected by the

people. The implementation of takaful mental health in Malaysia is still new and not well known as the other product that has been covered by the takaful in the aspect of health. The percentage that has been shown on Q1 the 37% who answered disagree on the statement followed by the average answer by the respondents 26%. Even though it has shown the disagreement of the statement, there is still a small percentage that shows some people are aware of the existence of takaful mental health in Malaysia.

From Q2, the highest answer that has been chosen by the respondent is average which represents 44% with 22 out of 50 respondents. The mean of the item is 3.42. Based on the result, the mean has shown moderate awareness by the respondent. In this research question is related to the Q1 where the respondent was less aware of the scheme of takaful mental health in the takaful product. The takaful product has less engagement toward the existence of the takaful product. Even though it is moderate in awareness, there are still people aware of the takaful mental health in the new economic market of the takaful industry.

From Q3, the average answers have come to the top answer by the respondents 32% which represent 16 respondents followed by the agreed answer. The mean of the item is 3.14. Based on the result of the item, the mean of the item shows the moderate awareness toward the takaful mental health for Muslim and non- Muslim. There are still misunderstandings arising toward the takaful mental health only focused on the Muslim only. In this section, the average has shown the respondent in the middle of agreeing and disagreeing toward the scheme can be subscribed by Muslim or non – Muslim. According to Zakaria (2017), and the aspect of religion factor has effect, the non-Muslim has misunderstanding toward the takaful only for Muslim people with their belief (Zakaria, 2017).

From Q4, the highest answer by the respondent chose toward the statement is 34% and the number of respondents is 17. The mean of the item is 3.58. The result has shown the positive answer with the high of the agreement from the respondent toward the statement. This is because the takaful concept is focused on helping people in need. However, in the aspect of financing, it is one of the financial plans that helps people manage good ways for future purposes. Moreover, in the aspect of takaful mental health, it helps people to claim the specific amount that has been stated by the company of takaful per year to get the treatment of mental health problems.

From Q5, the highest answer is agreed with the statement which is 38% with 19 respondents. The mean of the item is 3.64. The result shows that the respondents have agreed on the statement that takaful mental health brings benefits to Malaysians. However, there are still people 's objections toward benefit awareness of takaful mental health to be implemented. Regarding the situation of the pandemic, lots of people have an effect on the cost of living. Moreover, the number of people seeking help regarding mental health problems increases throughout the year.

From Q6, 18 of the respondents has chosen the agreed answers of the statement with present the percentage 36%. The result has shown that the mean has shown moderate awareness of takaful mental health in the aspect of prohibited elements in the takaful product. The result has shown a positive answer where the majority of respondents agree with the statement. However, there are still some people who are not aware of the prohibited elements that are not included in the takaful mental health.

From Q7, the highest percentage of agreed answers by the respondent is 34%, followed by 26% the respondent chooses the average answers with 13 out of 50 respondents. The mean of the item is 3.60. The result shows that moderate awareness toward takaful mental health has been established with reference to the *Maqasid Syariah* aspect. It has been seen through the relevance of the takaful mental health to be established with maintaining and preserving the religion, life, intellect, progeny and property (Khairil,2020). However, there are still some respondents who lack awareness of the takaful mental health link to the *Maqasid Syariah*.

From Q8, the highest answers by the respondent are agree with the statement (38%) with 38%, followed by the average answer by the respondent for 12 respondents (24%). The mean of the item is 3.62. The mean has shown the level of awareness of respondents is moderate-to high toward the aspect of implementation of takaful mental health that follows the Sharia law. However, there are still some people not aware of the takaful mental health from the Sharia law perspective. It is the one aspect that has the main establishment of takaful mental health. It is because the takaful is refer to the Islamic based and different from conventional insurance.

From Q9, the respondent has agreed on the takaful mental health help to reduce the cost of treatment and cure (32%) with 16 respondents out of 50 respondents involved. The mean of the item is 3.54. From the result, it shows the majority has agreed on the statement that takaful mental health can help in reducing the cost of treatment. This is because the treatment that needs to be undergone by the person diagnosed has to be charged. This is why the takaful helps in the aspect of financial purpose and support for the person to be cured. Moreover, it has shown the number of people who disagree with lack of awareness toward the takaful mental help can be helped in terms of financial purpose (Latib, 2022)

From Q10, the majority of the respondents' answers disagreed with 30% and 15 people out of total respondents. The mean of the item is 3.14. The result shows the moderate awareness of the respondent when it comes to the availability of mental health. The highest answer by the respondent is disagreement with the statement. This is because the respondent does not see the vitality and needs of takaful mental health in Malaysia.

Overall analysis shows the total of the mean of the section is 3.43. In the range of interpretation of the mean, awareness of takaful mental health has positive and moderate levels. There are some people aware and others who are not aware and have less knowledge toward the takaful mental health. The majority of the people chose the answer compared to agreeing with the statement. It has been a strong result when the result has been parallel to the previous research. According to the research by Khairil Faizal (2020), the awareness, perception, and attitude factors have a moderate level of influence on people intent on taking the mental health disease. Thus, the lack of awareness and knowledge about the takaful mental health scheme among workers needs concern and improvement (Khairil, 2020).

## **CONCLUSION**

The knowledge of mental health was vital for aware of the disease. It is Its cause, the number of the person that is diagnosed with mental health has increased through the years. The human body is under a lot of strain in this day and age, with people suffering from the pandemic COVID-19. The burden and pressure can lead into the problem of health and most dangerous that effect on the mental health of the person. It is important for people to gain and know the knowledge of mental health disease in the aspect of the effect toward life living, the type of the mental health, how to be overcome, common signs and so on. this is how we can educate and aware the disease from spread and become to the people. The the dangerous neglected the mental health problem cause may lead to misbehavior and suicide attempt. The issue's attempt became a hit in Malaysia because of mental health problems. The suggestion that can be made regarding enhancing the awareness of takaful mental health with roles of takaful operators. The existence of takaful mental health in Malaysia is still new and needs to increase in the aspect of promotion and advertisement. This is because it can attract more people to be aware of the scheme that has been provided by the takaful industry. For this aspect, the takaful operator plays a big role in spreading the scheme of mental health either through consultation, commercialization and promotion. From that, it can take the opportunities for people to be aware of the scheme and send help for the people that are diagnosed with the mental health disease.

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