

# The Role of the Malaysian Government and Takaful Companies in Takaful Protection Related to Women with Gynaecology and Mental Health

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## Abstract

The notion of family takaful is a takaful scheme that offers protection and long-term savings to its members. Takaful products that have not yet been offered are in the field of gynaecology, which is concerned with the health of women from adolescence to menopause in all aspects of health, particularly those involving the functional system of the reproductive organs, for them to reach their full potential in terms of physical health, mental health, sexuality, and sociality. This subject also covers medical care during and after childbirth. Gynaecology is the discipline of diagnosing and treating women's reproductive systems, including the vagina, uterus, ovaries, and breasts. The purpose of this study is to learn about the role of the Malaysian government and Takaful companies in Takaful protection for women with gynaecology and mental health. This study used a qualitative research design, analysing the content of interviews and focus group talks with government departments and the takaful business, chosen based on the criteria of why products for this ailment have not yet been supplied to contributors. The interviews' content was analysed by categorising topics and categories as a research instrument for data collecting. The predicted results are to identify critical elements that influence the utilisation of new gynaecological and mental health goods that the takaful business can provide to women. This study will offer techniques for increasing the use of takaful products. While the suggested research is important and beneficial in understanding the elements that drive adoption, it can also help the takaful business improve its product offerings, pricing strategies, and marketing campaigns to target customer segments better and enhance acceptance. Furthermore, this conclusion will help to highlight existing research on the Malaysian takaful business and make practical recommendations to increase the usage of family takaful products in takaful enterprises in a similar setting.

**Keywords:** Takaful, Gynaecological Women, and Mental Illness.

## **Introduction**

Takaful insurance is based on Sharia principles. Malaysia's takaful sector has emerged as one of the top domestic enterprises in the takaful and insurance industries. The establishment of the takaful sector in Malaysia in the early 1980s was driven by Muslims' desire for an alternative to conventional insurance that met Sharia standards to complete the operations of Islamic banks established in 1983. The Malaysian takaful industry has evolved since it was first introduced 30 years ago. It grew from an industry with only one takaful operator and a limited basic product to a sustainable industry that is now incorporated into the financial system. Bank Negara Malaysia and Malaysian takaful operators worked together to make this happen.

## **Problem Statement**

According to the most recent data from 2020 and 2021, the insurance and takaful sectors saw lower profits due to poor investment performance. (Bank Negara Malaysia website). As a result, the government and takaful firms must investigate Islamic finance's position as an alternative to the dominant financial system that helps people while also fulfilling social responsibilities. It is crucial to provide unique solutions to some pressing situations. (Muneeza & Sarea, 2022). Family takaful is the best approach to ensure that the family's interests are safeguarded and safe, both short and long-term. Every participant in this plan will profit from any risks, such as premature death, total permanent disability, old age, and medical and health difficulties linked with critical illness. However, not all ailments are covered by this family Takaful plan. For example, diseases specific to female patients and mental disorders.

In general, this protection only covers major diseases like stroke, cancer, heart attack, and kidney failure; women and mental problems are often excluded from this takaful plan. Many people are unaware that they have been allocated to a mental patient until they participate in behaviours that can result in family breakdown and negligence. Similarly, many housewives suffer from critical illnesses as a result of patients who are not properly treated and develop serious health problems; yet, both of these illnesses are considered common and are not covered by the family takaful policy. The goal of this research is to learn about the involvement of the Malaysian government and Takaful firms in Takaful protection for women with gynaecology and mental health issues.

## **Literature Review**

Gynaecology encompasses a wide range of illnesses affecting women's reproductive systems, including fertility, menstruation difficulties, and sexual well-being. (Keyser and Berger-Chen, 2018). Women generally experience this soreness when they are in their teens. Gynaecological discomfort is more common in adult women than in youth. Some of these illnesses are treatable, while others cannot be saved. (Knox et al. 2019). Menstruation and childbirth are gynaecological disorders that most women may overcome, whereas uterine cancer and breast cancer are incurable. In general, women worldwide will suffer from this illness, whether they reside in cities or rural areas. (Donovan and Thomas, 2021).

In India, 92% of women have one or more of two types of gynaecological illnesses, whereas in the United States, approximately 10% of women are diagnosed with one or more chronic gynaecological conditions each year. (Bang et al, 1989). This scenario generates emotional instability in women, which leads to mental stress, melancholy, and disease. thinking illness

is a disorder defined by disruptions in brain activity that can create changes in a person's thinking process, feelings, and behaviour, interfering with their capacity to carry out daily tasks effectively. (Khanam 2021). Mental illness is a medically accepted condition that can significantly impair a person's cognitive, emotional, or relational abilities. (Newton 2007). Most Malaysians continue to receive insufficient information about gynaecological disorders and mental illnesses. Misunderstanding, stigma, and discrimination continue to spread. As a result, the study will provide explanations for these two elements. Gynaecology and mental disease are two areas that are receiving increased study in medicine and psychology. According to research, there is a strong link between certain gynaecological problems and psychiatric illnesses, which might have an impact on patient treatment outcomes and quality of life.

### **Methodology of the Study**

The research technique is an important component of any study since it provides the researcher with a methodical and logical framework to work within. The research methodology is applied in the real world to address societal issues. It is necessary for collecting and assessing data to solve research problems. The process has three stages: preparation, application, and analysis (Ang, 2015). This research focuses on takaful items for female gynaecological and mental health patients. (Rani, 2018).

This study employed a qualitative approach, which included in-person and online interviews, as well as focus group discussions. This ensures that the data acquired is relevant, of good quality, and representative of the experts' opinions. This qualitative study employs interview methods and focus group discussions with representatives from various government departments and takaful enterprises in Malaysia's North, Central, and East Zones. Interviews were conducted both in person and online. It aims to collect information from all informants who want to market women's protection products to gynaecological and mental health patients, as well as those who have no ambitions. This study will investigate the determinants and explanations for the reluctance to supply such things.

The interview analysis approach was utilised to collect and support an accurate knowledge of the government's and takaful agencies' roles in caring for female gynaecological and mental health patients. Eight government and takaful specialists served as informants for the study. Most library resource items that rely on published resources, such as scriptures, books, journal articles, online databases, and the internet, use content analysis. This study offers a unique way of data analysis: descriptive, critical, and comparative. Ahmad and Jamalullail (2017). This study's population is made up of specialists with appropriate expertise and experience in the takaful business from Malaysia's North, Central, and East Zones. The sample was chosen face-to-face using inclusive criteria based on their experience in risk management, takaful financing, and health insurance, all of which are relevant to the context of this study (Nasaruddin, 2016).

The key method employed in this study is a well-crafted interview question to collect relevant and detailed information (Roberts, 2020). The literature review and research objectives served as the foundation for the strategy used to design interview questions. These questions are designed to elicit the viewpoints and experiences of experts on the themes at hand (Kallio, 2016), such as the reluctance to provide comprehensive takaful products for women with

gynaecology and mental health. The interview questions were then evaluated by experts in research methodology and the takaful sector. This validity ensures that the questions are relevant, accurate, and capable of assessing the features under investigation. A pre-interview exam was also done with different professionals to gather feedback before beginning the actual study and improving the interview questions.

The data collection technique begins by identifying appropriate respondents based on the study criteria. The interview schedule is then constructed based on the respondents' preferences as well as the study program's requirements. Interviews are conducted face-to-face at the respondent's location or over an online platform to ensure comfort and ease of communication. Focus group discussions are designed to provide a collective perspective and a full understanding of related issues. (Mooser, Korstjens, 2017).

The data was collected using two main methods: face-to-face interviews, internet interviews, and focus group discussions. Interviews are conducted either in person at the respondent's location or via an online platform such as Zoom or Skype. This technique was adopted to provide flexibility and convenience to responders in remote areas (Saarijärvi and Bratt, 2021). Face-to-face interviews also allow for more detailed and direct communication.

Data analysis includes various descriptive, critical, and comparative approaches. A descriptive technique is used to describe the characteristics of existing takaful products and to identify unmet needs in the context of women's gynaecology and mental health. A critical approach is used to evaluate the reasons for the takaful industry's reluctance to offer more comprehensive products. In contrast, the comparative approach compares best practices in takaful businesses worldwide to local requirements, allowing for more effective reform proposals.

The interview analysis method was used to summarise the results and support the study's conclusions. The analysis will include (Kallio, Pietilä, and Kangasniemi, 2016): Content Analysis: Determine the significant themes and subjects that emerged during the interviews and chats. Descriptive Approach: Describe the qualities of existing takaful products and identify unmet needs. Critical Approach: Determine the unwillingness to supply female protection products to gynaecological and mental health patients. Comparative strategy: To assess Malaysia's takaful strategy in light of international best practices for protecting mental health and women with gynaecology.

This study has two significant shortcomings that must be addressed. First, the geographical scope is restricted to Malaysia's North, Central, and East Zones. This may affect the study's ability to generalise its findings throughout the country. Second, the study's time frame, which runs from September 1, 2023, to August 31, 2024, may limit the depth of investigation into changes in background and present challenges that may develop after that date.

### **Findings and Analysis**

According to research, there has been an upsurge in the number of women in Malaysia suffering from gynaecological disorders and mental health issues. According to Ministry of Health Malaysia statistics, breast cancer is the most frequent cancer in women, followed by cervical and ovarian cancer. Furthermore, research suggests that women are more prone than

men to suffer from mental health issues such as sadness and anxiety. This article describes how the Malaysian government and takaful companies protect and support women suffering from gynaecological disorders and mental health issues.

This study focuses on female gynaecological and mental health patients in Malaysia and investigates the roles of the government and takaful businesses. The primary purpose of this investigation was as follows. Identifying the roles of the government and takaful corporations in Malaysian takaful protection for women with gynaecology and mental health issues. This study also draws on data from interviews with eight informants from the government and takaful companies. Sessions were conducted to determine the informant's opinions and thoughts in answer to the questions presented, and audio recordings were made throughout the sessions.

Malaysia's takaful industry is regulated by Bank Negara Malaysia (BNM). BNM develops and enforces regulations that govern all takaful firms in Malaysia. Since 2013, takaful and banking policies have been integrated under the Takaful Act. BNM also offers takaful operational principles and frameworks that describe how takaful businesses operate. In addition, BNM maintains a Shariah Governance Framework that outlines each takaful player's responsibility under Shariah standards, as well as how takaful is permitted, conducted, and distributed. In Malaysia, the idea of equality is applied to both Islamic and mainstream banking. As a result, the takaful corporation receives no direct material benefits. However, BNM's support and benefits to takaful firms are more of a facilitative nature. BNM creates a favourable regulatory framework that enables takaful firms to benefit the public.

According to Bank Negara Malaysia rules, the Bank Negara Act specifies that the BNM has a 2019 Shariah Governance Framework that monitors Islamic finance and controls the Shariah duties of all financial institutions, including banks and takaful firms. BNM is the institution that organises and makes decisions about takaful operations, whether they are syariah or not. Takaful firms, like as Etiqa, fall under BNM's authority. In the event of a controversy, the BNM serves as the primary reference and decision-making body in the court. The Shariah Governance Framework 2019 also describes how the market is controlled, such as forming an institutional Shariah Committee to oversee and regulate takaful industry actors. New Takaful products must be submitted to the BNM for assessment and approval. BNM issues sharia resolutions, whilst the state issues fatwas. If there are different viewpoints, the BNM's Shariah Committee will issue a resolution to all takaful players. BNM also gives instructions and guidance but does not require institutions to take specific measures.

Statistics from mental specialists suggest that the concept of mental illness is a disruption in brain activity that produces changes in a person's thoughts, feelings, and behaviour, interfering with their capacity to live their daily lives normally. Mental illness can be characterised by kinds such as anxiety, paranoia, schizophrenia, eating disorders, insomnia, bipolar disorder, obsessive-compulsive disorder, post-traumatic stress disorder, depression, and phobia. Various indicators indicate a person suffering from a mental disorder. Among these are feelings of sadness and the desire to be alone. Mood instability Excessive anxiety or fear Feelings of fear appearing abruptly, Considering or planning to commit suicide, Loss of appetite. Significant weight fluctuations. drastic changes in behaviour

Depending on the patient's condition, a diagnosis of mental illness might be made in a psychiatric clinic or a ward. Patients with suspected mental illness are referred by health/private clinics, emergency departments, or other medical professions. A psychiatrist or medical official trained in psychiatry can confirm a person's mental condition. The patient's examination procedure includes history taking, physical examination, mental status evaluation, investigation, blood test, and a family interview. After being certified as a sufferer, the patient must undergo physical treatment, which includes medications and electroconvulsive therapy (if necessary). Psychological treatment consists of counselling and psychotherapy, which include symptom education, medication, stress management, self-motivation, and family interactions.

The severity of mental illness described in the takaful protection plan influences the sort of mental condition that can be diagnosed. The standards for obtaining protection under this takaful plan are acceptable in light of the plan's terms. If it is improper, the responsible person must remedy the problem. Psychiatrists and mental health specialists make recommendations regarding the role of the government. Increase the number of mental health professionals, such as physicians, psychiatrists, nurses, therapists, and counsellors. Create institutions for the rehabilitation of the mentally ill. Community - Psychosocial Rehabilitation Centre: Therapists who work with mental patients in the community. However, some limitations and concerns must be addressed while treating mentally ill people. The government's and takaful's responsibility for mental patients must be improved, according to a psychiatric and mental health specialist.

Gynaecologists stated that there are two types of gynaecological diseases: Pregnant women (obstetrics) – give health care to women. Women with reproductive organ disorders (womb and ovaries). Gynaecology (non-pregnant women) provides health services to women. Incidents in Service: Happy and sorrowful to rescue life. One of the required examination techniques is to conduct an internal examination in a health clinic or hospital emergency department. Disease symptoms include complaints, bleeding, menstruation, and reproductive organs. If the doctor is new, he will seek additional care from a specialist or hospital. To combat a diagnosis, information must be presented first, then the doctor. Second, collect as much information as possible. Check and follow the steps carefully to determine the disease. Gynaecology: 1. General enquiries. 2. Other systems. Third, the main system for women's diseases. If there are any problems, detailed results will be reviewed. Virgin inspection, genital/reproductive organs, history and examination plus diagnosis, further tests (blood, urine, scan) to change the patient's condition, to confirm the diagnosis to scan.

The difference between hospitals is in expense. Private hospital - straight to the specialist. While the Government Hospital is listed, it stands out in terms of technology. The government has no issue with supporting takaful. Government hospitals are similar to private hospitals. Takaful is an option. Able to pay - accepts takaful. Takaful cover increases customers' interest to provide more comfort (private, comfy, no need to line, the customer covers the cost).

Feedback from central government officials on the government's role in women's gynaecology, specifically that the Ministry of Health Malaysia (MOH) and the Ministry of Women should collaborate to establish a single Department of Gynaecology at MOH, similar to the Heart Department and the Cancer/Cancer Department. Make things easy for

gynaecological patients. The Ministry of Health already has a Gynaecology Patient Unit, but it cannot accommodate the growing number of women suffering from various gynaecological illnesses. Assisting women like this with referrals to hospitals and available specialists. The government's participation in forming the Department of Gynaecology. You can also join an external agency, such as a private hospital that operates a gynaecology hospital or a treatment tender. Private hospitals have their clinics. Perhaps the collaboration between the government and the commercial sector makes it easier for women to obtain relief from their anguish.

Creating a government action plan for gynaecological patients. The government intended to focus on the Prime Minister's Department, KKM, and KPW formed a Department of Gynaecology focussing on sick women. Similarly, the Department of Gynaecology has its building dedicated solely to gynaecology. This department is distinct from the Hospital. Units, Divisions, and Departments are not the same. The women continue to confer in the location where all of the professionals have assembled. The government also gives subsidies or cash for seeing a gynaecologist, which it pays for.

The current gynaecology policy, which covers women with critical illnesses, is worth thousands of ringgits. Those who have enrolled with Takaful can minimise their borrowing costs. At KPW, a new Department called the Children's Department will be developed. Similarly, the Ministry of Health must establish one new department, the Department of Gynaecology, as KPW did with the Department of Children. There is currently no mental health department at KPW dedicated to women's illnesses. Suggested enhancements to this government policy. Women's Development Department, which includes a women's mental health section and a gynaecology unit. In addition to accessing the ward, the takaful policy should include an emphasis on women's ailments. The Ministry of Health must understand the causes and remedies, raise the number of expert doctors until there are enough, and establish a separate department for the development of gynaecology. The government payment for gynaecology covers more than just childbirth. My Sihat Madani is qualified for a PMX grant of RM20,000 to help fund healthcare expenses. The protection may be for gynaecological disorders that can be referred by a registered private hospital, with a budget of up to RM20,000 per person available through civil health. Women suffering from gynaecological illnesses can apply to the government for assistance at private clinics or hospitals. Those who receive government subsidies are healthy individuals.

The takaful policy provides different forms of plan protection based on specific categories. However, if the contributor makes his own decision that is not included in the protection plan, his actions are not covered by the takaful protection system. As a result, it is critical to grasp the relationship between the requirements and the existing policy of the offer described by Takaful. Takaful companies in Malaysia also play a significant role in providing financial security and health support to women through takaful products suited to their individual needs.

There are parallels and variances amongst takaful companies in terms of women with gynaecological problems and mental health. Takaful Ikhlas insurance protects gynaecological and mental illness patients under certain conditions. A wide range of women's ailments are addressed, including atypical pregnancies and births. Protection is granted for mental

illnesses that occur after the contributor has applied for takaful. Zurich Takaful provides coverage for gynaecological and mental disease patients under specified situations. Contributors must specify their health status on the application. Zurich also has unique goods for ladies, such as Max Golden Wanita Protection and Flex Lady Critical Illness. Prudential does not cover the mentally sick who were diagnosed before contributing. However, they provide coverage for mental illnesses identified after the contributor joins the takaful plan. Anggun's PruBSN plan also includes women's care and life-stage benefits. PruBSN Anggun provides complete coverage for unique women's disorders and fertility treatments. The plan also includes payments in the case of death or permanent disability. Etiqa Takaful covers the cost of therapy and allowances for gynaecological and mental health patients. However, Etiqa Takaful does not offer a particular protection plan for gynaecological patients. Etiqa Takaful covers a variety of conditions, including gynaecological illnesses, but not exclusively. It is intended that this more specific information will provide a clearer image of each individual's experience, protection, and takaful products, as well as the company they represent.

The first proposal, after analysing the government's role, is to create a Special Department. In the public sector, a department for gynaecology and mental health has been formed. This activity aims to promote awareness and help for specific health disorders, as well as better management of related situations. To focus more emphasis on these issues, the Ministry of Health should establish a separate department for gynaecology and mental health. The agency can offer additional assistance and resources to help manage these health issues more effectively. Benefits Ensure better care for gynaecological and mental health diseases, as well as more comprehensive patient support. The purpose is to address specific issues in gynaecology and mental health. This department is responsible for overseeing policies and support services, as well as assessing the health requirements of women and persons with mental illnesses. Better coordination can be accomplished by combining efforts to address women's and mental health concerns. Resources when offering the specific resources and experience required to handle the issues. Implementation begins with Step 1: Conduct preliminary research to assess the department's requirements and scope. Step 2: Prepare a budget and appoint qualified officials. Step 3: Start department operations and launch initial programs.

Takaful policy enhancements include the addition of subsidies and funds for gynaecological and mental health treatment. This demonstrates the government's responsibility to make takaful coverage more broadly available and provide enough financial assistance for healthcare. The Government's Role in Health Policy: The government can influence and improve health policy. This includes monitoring health and takaful policies, as well as identifying areas for reform to better safeguard individuals. Review and improve takaful policies, including expanded subsidies and funding for gynaecological and mental health treatment. This involves implementing financial support programs or incentives to offset the high cost of therapy. Benefits Improve access to critical health care and lessen the financial burden on those who require treatment. Policy modification is accomplished by reviewing and modifying the current takaful policy to incorporate subsidies and support for gynaecological and mental health treatment. It also represents a new initiative by introducing a new takaful policy that offers comprehensive coverage, including early exams and preventative treatments. Benefits received include increased access to health care. People's Well-Being: Improving people's lives by lowering financial pressures. Implementation begins



with Step 1: Consult with the takaful company to determine the need for change. Step 2: Develop policy improvements and launch a public consultation. Step 3: Implement the modifications and track their consequences.

Oversight and enhancement of health policy can increase oversight of health and takaful policies, ensuring that they meet people's needs and adhere to specified criteria. This includes engaging stakeholders in the policy evaluation and improvement process. Benefits Ensure that health and takaful policies are current and effective in providing the necessary protection. It can also improve oversight of health and takaful policies to ensure that they meet people's needs. Periodic Improvements: Conduct periodic policy evaluations and updates in response to feedback and changing needs. Benefits include Policy Relevance, which ensures that the policy is always current and effective. Improve customer happiness by providing accurate coverage. Implementation can begin. Step 1: Create a committee to oversee policy implementation. Step 2: Collect and analyse user input. Step 3: Create reports and make ideas for improvement.

The Malaysian government has made major efforts to address mental health concerns through legislation, policy, and community activities. The passage of amendments to the Mental Health Act 2001 in May 2023 signalled a significant shift in the government's stance towards mental health. This amendment decriminalises attempted suicide, changing the focus from punishment to support and therapy. This change indicates the government's commitment to approaching mental health concerns more sensitively and helpfully. Furthermore, the Malaysian Ministry of Health (KKM) is actively involved in spreading awareness about mental health. Campaigns such as "Mental Health Belongs to All, Stop the Stigma" seek to educate, reduce stigma, and ensure that people can seek help without fear of discrimination. The campaign uses a variety of media including Television, Radio and Social media channels to reach a larger audience.

In addition to improving public awareness, the government is working to train and equip frontline personnel. The Ministry of Health has developed a specific training program for crisis intervention officers (CIOs) to effectively deal with mental health problems. The module covers suicide prevention measures. Mental health and psychosocial support (MHPSS). By educating police officers, firefighters, and other frontline professionals, the government seeks to ensure that persons facing mental health crises receive adequate and timely care. The government's mental health action plan is broad and includes numerous key measures. One of the most critical components is the development of digital mental health services, such as the MyMinda module of the MySejahtera app. The module allows users to determine their mental health state. Access psychoeducational materials. Communicate with the psychological support services.

This digital method improves public access to mental health resources, especially after the COVID-19 pandemic. Another important aspect of the action plan is the focus on child and adolescent mental health. The MOH has identified the increasing frequency of mental health issues among young people and is developing a particular action plan to fight this trend. This includes school-based programs to raise mental health awareness, as well as training educators and parents to identify and support children with mental health difficulties. The

government extended its crisis intervention capabilities, allowing officials to enter premises and remove people in crisis to a psychiatric centre for evaluation within 24 hours.

This strategy is critical for avoiding suicide and ensuring that people receive timely medical care. Malaysia's existing legislation for protecting people with mental diseases is based on the Mental Health Act 2001 and its most recent amendments. The decriminalisation of attempted suicide under this Act is a significant reform since it eliminates the existing legal implications associated with attempted suicide and instead emphasises providing care and help. The response also establishes the responsibilities and powers of crisis intervention officers, ensuring that they can respond decisively during mental health emergencies. These officials, who come from various agencies such as the police, fire and rescue services, and civil defence departments, have been educated to deal with mental health issues. Their tasks include ensuring people's safety and managing their transportation to medical facilities for further treatment. To improve policies, crisis intervention officers should be given greater training and resources, such as regular and comprehensive seminars on crisis management and mental health care procedures. Ensure that these officers are properly prepared, as this is critical to the effectiveness of their involvement and the safety of those they will support later.

Furthermore, including mental health professionals more completely in crisis, response can improve the quality of care provided. Mental health practitioners bring specialist knowledge and skills necessary to cope with complex mental health conditions. Their engagement can improve the outcomes for people in distress and reduce the likelihood of bad events. Improving digital mental health infrastructure, such as adding tailored features to platforms like MyMinda, can boost user engagement and efficacy. This might include virtual counselling sessions, support groups, and AI-powered mental health assessments that provide tailored feedback and recommendations. The Malaysian government's mySalam insurance program provides financial assistance for mental health therapy.

However, there is a need for increased mental health insurance coverage and awareness among both the general public and businesses. In response to this demand, some private insurers have begun to offer mental health insurance. For example, AIA Malaysia collaborated with Thoughtful, a digital mental health company, to develop a mental health worker insurance policy. The program includes endless digital therapy sessions, a 24-hour health helpline, and psychiatric evaluation and treatment. These projects highlight the benefits of introducing mental health coverage into traditional health insurance plans. Looking ahead, Malaysia's government plans to continue its efforts to promote mental health care and eliminate stigma. This includes expanding mental health services in schools, workplaces, and communities.

The government is committed to increasing public awareness through ongoing initiatives and educational activities. Furthermore, projects are underway to build a more comprehensive mental health support network that includes a wide range of stakeholders, such as health professionals, educators, employers, and community leaders. By fostering collaboration, the government seeks to create a more friendly environment for those with mental illnesses. Overall, the Malaysian government's comprehensive approach to mental health care demonstrates a strong commitment to improving their citizens' mental health. The

government is working to improve mental health treatment through legislation, training, digital services, and public awareness campaigns.

While analysing the role of takaful companies including individual experience can help the Takaful sector comply with legislation and provide enough protection. Takaful Ikhlas protects people suffering from gynaecological and psychiatric illnesses under specified conditions. Takaful protects against women's illnesses such as pregnancy and abnormal births, as well as mental problems that occur after the contributor applies. Zurich Takaful provides a wide range of takaful products, including medical cards, life insurance, and accident coverage. Zurich Takaful also offers plans to patients who have been diagnosed with a pre-contributory illness, proving their adaptability and dedication to providing coverage for consumers with a variety of needs. Provides coverage for people with certain gynaecological and mental health disorders. Zurich Takaful also provides particular products for women, such as Max Golden Wanita Protection and Flex Lady Critical Illness, which protect against certain diseases that affect women. Anggun's PruBSN plan includes specialised coverage for women's disorders and fertility procedures. This demonstrates Prudential's attempts to fulfil women's health requirements by providing comprehensive policies that include coverage for women-related illnesses as well as additional benefits like death or permanent disability. Does not cover mentally sick people who were diagnosed before donating, but does cover mental illnesses diagnosed after the contributor joined the takaful plan. PruBSN Anggun offers full coverage for women, including fertility treatments and other perks. Etiqa Takaful covers both gynaecological and mental ailments, but not primarily gynaecological diseases. This demonstrates that, while Etiqa Takaful provides wide coverage, there may be problems in providing particular plans for certain conditions. Covers the expense of treatment and makes concessions for gynaecological and mental patients, but there is no particular coverage for gynaecological disorders. This demonstrates that Etiqa Takaful offers extensive coverage but may not have specialised packages for each form of illness.

Recommendations for Takaful companies to develop takaful products that offer more comprehensive coverage for gynaecology and mental health. This includes building more thorough programs for women's health issues and mental problems. The benefits: Meet the specific needs of clients and provide protection that is more appropriate for their health. Improve the health evaluation process by implementing more stringent and comprehensive criteria for mental illness and gynaecology. This may include collaborating with psychiatrists and medical specialists to complete an accurate assessment. Benefits: Ensures that clients in need of coverage receive adequate and equitable coverage, reducing the risk of unjustified claim denials. Providing education and awareness campaigns on the importance of takaful protection, especially for gynaecological disorders and mental health. This could involve customer lectures, workshops, or public awareness campaigns. Benefits: Increased comprehension of the benefits of takaful, reduced stigma connected with mental illness, and assisting customers in making better coverage options. Examining and improving existing takaful products to provide more extensive coverage for certain conditions, such as gynaecological diseases and psychiatric problems. This includes offering products that can be modified based on unique needs. Benefits include making takaful goods more responsive to client wants and improving protection for those who require special care. Developing innovative takaful products that specifically cover gynaecology and mental wellness. Comprehensive coverage includes additional advantages including early checkups and

preventative care. Benefits Customer Needs: Meets the client's specific protective needs. Product innovation means expanding the range of products available. Implementation: Step 1: Conduct market research to identify client expectations. Step 2: Collaborate with healthcare specialists to create and develop innovative products. Step 3: Launch the product and market it to potential purchasers. The implementation of these recommendations is expected to increase the level of health protection and takaful, as well as provide better support to people who require special care and protection.

### **Conclusion**

This research includes extensive instructions for how the government and takaful companies can collaborate to improve health insurance and takaful. Following these rules carefully is likely to offer Malaysians better and more appropriate protection. This module can be used for training, policy development, and methods to improve health coverage and takaful. The Malaysian government and takaful companies play key roles in protecting and assisting women suffering from gynaecological and mental health issues. Both parties have successfully established a robust safety net for women through exceptional laws, health efforts, and specialised takaful products. The measures not only help with financial management but also raise community awareness and health education. The government, takaful firms, and the community will continue to collaborate critical to improving women's health in Malaysia.

This study will provide strategies for boosting the use of takaful products. While the proposed research is vital and useful in identifying the factors that influence adoption, it can also assist the takaful firm improve its product offerings, pricing tactics, and marketing campaigns to better target client segments and increase acceptability. Furthermore, this conclusion will serve to highlight existing research on the Malaysian takaful company and provide practical advice to enhance the use of family takaful products in takaful firms in a similar setting.

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