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**KNOWLEDGE, ATTITUDE AND BELIEFS ON HIV/AIDS AMONG THE COLLEGE STUDENTS IN SOUTH INDIA**

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**ABSTRACT**

Educational institutions perform a prime role in nation building. Education needs to be geared to address the needs of the student community in particular and of the society at large. Otherwise there would be a downward spiral effect on human resource development and management in spite of the growth in numbers of educational institutions. Recognising that the study of Knowledge, Attitude and Beliefs on HIV/AIDS among the College Students is of importance to any attempt in understanding the problems of youth and in designing and implementing successful policies, an effort is taken here to highlight the Knowledge, Attitude and Beliefs on HIV/AIDS among the College Students in terms of several chosen socio-economic and demographic variables.The specific objectives are to examine the extent of knowledge about HIV/AIDS among college students in Madurai District, to analyse the effectiveness of various sources of information on them to assess the attitude of the college students towards persons who have contracted AIDS and to find out the receptiveness of students towards obtaining AIDS education To examine the objectives, primary data on the selected socioeconomic and demographic variables were collected from duly registered fee paying students of colleges affiliated to Madurai Kamaraj University. The required samples were chosen by adopting a three stage stratified sample design with colleges as the first stage, Subjects learnt as the second stage and gender as the third stage sample unit. A total of 484 samples were considered for the study after removing the incomplete questionnaires. The analysis on knowledge was made with data collected from 450 students (228 girls and 222 boys) excluding the 34 students whose score was ‘0’ for questions on awareness. The questionnaire was validated by experts in health education who critically examined the various items and made necessary corrections, which were effected by the researcher

**Keywords:***Knowledge, Attitude And Beliefs, Hiv/Aids*

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**1. Introduction/Background**

Over the past four decades, medical care costs have grown about four percent annually in real terms, and share of GNP devoted to medical care has increased from four to eleven percent between 1950 and 1984 (Levit et al., 1985). It is now a known fact that hospital bills are ever increasing. A simple surgery can cost you thousands. Unprepared, a sum this much can put anyone in serious debts. Increases in medical bills are outpacing the general inflation rate each year. These costs have risen by an estimated 30% to 40% over the last three years, mainly due to the increase in the utilization of medical services and advancements in medical technology (Newhouse & Phelps 1974).

Health is demanded by consumers for two reasons. As a consumption commodity, it directly enters their preference functions, or, put differently, sick days are a source of disutility. As an investment commodity, it determines the total amount of time available for market and nonmarket activities (Mushkin 1962). In other words, an increase in the stock health reduces the time lost from these activities, and the monetary value of this reduction is an index of return to an investment in health. That denotes that health is priceless, and almost everyone would pay anything to get well. With the doctors’ power to demand, medical services do not come cheap.

In Malaysia, medical inflation is estimated to be around 15% each year. That is to say, a simple appendicitis surgery that cost RM1, 800 three years ago will set you back by about RM3, 000 today. A lot of people suffered huge amount of debts due to their inability to pay the medical bills. No one should have to go through that phase. Thus, an effective investment in health care planning is a necessity for all individuals to avoid future predicament. Instead of spending thousands for medical services, it is a better alternative to invest in medical insurance or takaful to get a full or medium coverage in medical expenditures. Health care insurance is important for both individuals and families, as it relieves the burden of any unexpected medical emergencies.

Against this backdrop, the present study investigates the factors the lead to the demand for medical insurance and takaful from customers’ perspectives. Specifically, the study sets out to provide answers to the following research questions:

• What are the perceptions of consumers on the need of medical protection?

• What are the differences between takaful and medical insurance?

• What are the benefits that consumers will get from Medical Takaful or Insurance?

Our analysis is based on a survey conducted among customers with various demographics and different backgrounds. The sample (30 respondents is covering two regions in Malaysia, notably Selangor and Kuala Lumpur which are known to be well-developed with high standard of living. A questionnaire was prepared to solicit information on perception of customers on the need for health care policy. An analysis of the collected information has interesting implications for the development of takaful industry as well as social welfare in general.

**2. Literature Review**

**2.1 Philosophy of medical insurance and Takaful**

Theories of demand for insurance have only recently emerged in economic literature. The majority assume that (1) insurance payments are cash “indemnity” payments, with the amount of payments specifically tied to the occurrence of a given event, and (2) the insured losses are monetary (Davies 1972). Medical insurance differs from both of these considerations. Typically, insurance payments are proportional to the amount of medical care purchased. Furthermore, underlying “loss” is not necessarily financial; it may be considered as a loss from a stock of “health” that may be corrected through the purchase of medical care.

The conventional theory of health insurance has held that becoming insured acts like a reduction in the price of health care, just as if the price reduction had occurred exogenously in the market. Newhouse writes:

“For the purpose of studying the relationship between health insurance and demand, the important point is that insurance is like a subsidy to purchase medical care; that is, it lowers the per-unit price of care. Although there is an income effect caused by premiums or taxes paid to finance the insurance benefits, these income effects can be shown to be empirically negligible in their effect on the demand for care…” (Newhouse, 1978, p. 9)

According to this theory then, the mechanism by which insurance is financed can be ignored because the effect of premiums on the demand for medical care-an income effect,is empirically negligible. Why do people purchase health insurance? Many economists would answer that it permits purchasers to avoid risk of financial loss. This note suggests that health insurance is also demanded because it represents a mechanism for gaining access to health care that would otherwise be unaffordable (Nyman 1999a). For example, although a RM300,000 procedure is unaffordable to a person with RM50,000 in net worth, access is possible through insurance because the annual premium is only a fraction of the procedure's cost. The value of insurance for coverage of unaffordable care is derived from the value of the medical care that insurance makes accessible.

According to The International Council of *Fiqh* Academy[[1]](#footnote-1), health or medical insurance is a contract or an agreement, in which a person undertakes to pay a certain amount or a number of installments to a particular organization, on the premise that that organization will cover his medical expenses for a pre-determined period. In simpler words, it is a contract between an insurer and customer (policy holders), by which the insurer agrees to provide specified health insurance payments at an agreed-upon price. This price is known as a health premium, and is usually paid in monthly or yearly installments or in one go. Good health care insurance companies usually provide direct payment or reimbursement for expenses associated with illness and injuries.

There are various types of health care insurance plans, which should be clearly understood before purchasing a health care insurance policy. Potential customers are recommended to keep in mind that when comparing health insurance policies; find a balance between health coverage and cost. While pricing is important, customers should also consider how a health insurance policy will protect them. They should understand their own health insurance policy in its entirety as it is important to know what the policy covers, and what is to be paid for in out-of-pocket expenses.

Apart from conventional health care insurance, Takaful is an Islamic insurance concept which is grounded in Islamic muamalat (banking transactions). This concept has been practiced in various forms for over 1400 years. Muslim jurists acknowledge that the basis of shared responsibility in the system of Aquila as practiced between Muslims of Mecca and Medina laid the foundation of mutual insurance (Kamaruddin 1997). Similar to its conventional counterpart, medical and health takaful covers the cost of private medical treatment, such as the cost of hospitalisation and healthcare, if customers are diagnosed with certain illnesses or have had an accident. The cover could be on a stand-alone basis or as a supplementary contract to a basic family takaful plan.

The structure of medical and health takaful, however contravenes with medical insurance. When customers participate in medical and health takaful, they will contribute a certain sum of money to a takaful fund in a form of participative contribution (tabarru’). They will undertake a contract (aqad) to become one of the participants by agreeing to mutually help each other, should any of the participants face a misfortune such as being hospitalized or diagnosed with certain illness.

**2.2 Types of medical insurance and Takaful**

According to Insurance Info, there are four types of health plans available:

1. Hospitalization and surgical insurance provides for hospitalization and surgical expenses incurred due to illnesses covered under the policy.
2. Dread disease or critical illness insurance provides a lump sum benefit upon diagnosis of any of the 36 dread disease or specified illnesses.
3. Disability income insurance provides an income stream to replace a portion of pre-disability income when customers are unable to work because of sickness or injury.
4. Hospital income insurancepays policy holders a specified sum of money on a daily, weekly or monthly basis, subject to an annual limit, if they have to stay in a hospital due to covered illness, sickness or injury.

According to Insurance Info, the main types of cover provided by medical and health takaful plan are;

1) Hospital services and professional fees

This plan covers the policy holders for expenses that they incur for hospital services and professional fees arising from injury or illness, such as ward charges, surgical fees and intensive care unit charges. The benefits can be limited to a maximum amount and/or number of days.

2) Hospitalisation benefits

Under this plan, policy holders will be provided with daily cash allowances for each day that they are confined in a hospital due to illness and/or injury, subject to a maximum number of days.

3) Critical illness

The plan provides a lump sum benefits in the event customers are diagnosed to have suffered any of the critical illnesses specified in the certificate.

A takaful operator may offer these products individually or in combinations. It is highly recommended to be very careful when choosing one that suits our needs by understanding the product features, conditions, benefits, limitations and exclusions of the takaful plan.

Participation in medical and health takaful can be done through;

1) Individual plan, in which customers participate in the plan on their own; or

2) Group plan, a plan where the employer contributes to the takaful fund or the employees contribute to the takaful fund individually. If a group plan is participated under a membership or card scheme, customers should get the details on terms of the arrangement between the scheme arranger and the takaful operator. Please ensure that the cover offered under the scheme is provided by a registered takaful operator.

Individual takaful plan generally is more expensive than group takaful plan. Nevertheless, customers may customize their medical and health takaful plan to meet their needs according to their financial capability.

**2.3 Exclusions**

A medical insurance policy also contains certain exclusions, just like other insurance policies. You must be aware what these are and if you don’t understand them, ask your agent or insurance company. Among common exclusions are the following:

1. Pre-existing conditions– Conditions and illnesses experienced by you prior to applying for the policy. These conditions and illnesses would be excluded from coverage by your insurance company. You should check with your insurance company regarding the details of pre-existing conditions for the policy that you intend to buy.
2. Specified illnesses– These are defined as 12 disabilities (e.g. tumors and gastritis) and their related conditions. You will not be covered for these illnesses if the illnesses have been treated or occurred during the first 12 months of your policy.
3. Qualifying/waiting period– You will not be eligible for any claim arising from any medical or physical conditions within the first 30 days of the cover, except for accidental injuries.

On the other hand, medical and health *takaful* will usually not cover the following:

• Pre-existing illness at the time of application.

• Claims for illness or injury caused through illegal or unlawful acts.

• Pregnancy or childbirth.

• Venereal disease, infection or parasites.

• Murder or physical assault.

• Cosmetic or plastic surgery.

**3. Methodology, Findings, Analysis and Discussion**

**3.1 Methodology**

In conducting our research, we used the available text reviews on top of a survey to achieve the goals and objectives of our study. We narrowed the scope of our survey to include only Malaysians staying in Selangor and Kuala Lumpur due to time constraints.

**3.2 Findings and Analysis**

**3.2.1 Does consumer aware the need of medical and health care plan?**

Yes. Based on our research, many people are aware for the need of medical and health care plan due to the rising of medical expenses, many uncontrolled illness or disease, for the use in emergency situation, for helping in financial planning and so on. There are many health care plans in Malaysia nowadays either the conventional one or the Islamic plan or known as *takaful*. For medical conventional insurance, we have about 40 insurance companies that offer medical insurance. Here is the list of some insurance companies in Malaysia:

1. AIA Bhd
2. Prudential Assurance Malaysia Berhad
3. MCIS ZURICH Insurance Berhad
4. Malaysian Assurance Alliance Berhad (MAA)
5. Kurnia Insurans (M) Bhd,
6. Jerneh Insurance Bhd
7. ING Insurance Berhad
8. Great Eastern Life Assurance (Malaysia) Berhad
9. Allianz Life Insurance Malaysia Berhad
10. American International Assurance Company, Limited(AIA)
11. American Home Assurance Co. (AIG)

For *takaful*, there are about 11 *takaful* service providers. There are:

1. AIA PUBLIC Takaful Bhd
2. AmMetLife Takaful Berhad
3. Etiqa Takaful Berhad
4. Great Eastern Takaful Berhad
5. HSBC Amanah Takaful (Malaysia) Berhad
6. Hong Leong MSIG Takaful Berhad
7. Prudential BSN Takaful Berhad
8. Sun Life Malaysia Takaful Berhad
9. Syarikat Takaful Malaysia Berhad
10. Takaful Ikhlas Berhad
11. Zurich Takaful Malaysia Berhad

Apart from that, according to General Insurance Association of Malaysia, medical expenses insurance generated close to RM485mil in gross premiums, which represented only about 5% of the general insurance market in 2007[[2]](#footnote-2). Executive director Lim Chia Fook said that growth in the medical insurance sector has been very encouraging, averaging at least 15% over the last few years with expectations of continued strong growth going forward. This is indicative of the greater awareness among individuals, employers and corporations of medical insurance protection as an effective and affordable means of financing health care expenses.

Nevertheless, general insurers in Malaysia experienced a difficult 2009 as the global economic slowdown takes its toll on premium growth in this sector, in particular. Interestingly, this view is balanced somewhat by the fact that many are now even more aware of the greater need for medical insurance in difficult financial times. Prudential Assurance Malaysia Bhd. chief marketing officer Thomas Wong is still optimistic about the outlook for the medical insurance sector as only about 40% of the Malaysian population is insured as at 2007.[[3]](#footnote-3) He claimed that the market certainly has plenty of room for growth. There are opportunities for insurance players to continue to introduce new products that not only meet consumers’ protection and savings needs, but are affordable as well.

Furthermore, he stated that a comprehensive healthcare protection should ideally have a hospitalization and surgical insurance plan, a critical illness plan and a disability income plan designed to cover one’s day-to-day expenses in the event one is unable to work due to an accident or illness. Even with the availability of public hospitals, most people cannot afford to pay for major surgeries due to critical illness. Nevertheless, thanks to the introduction of medical insurance, certain medical expenses incurred by policy holders can be taken care of. Hence, it is viewed as increasingly important for individuals to have such insurance policies, with sufficient coverage.

The promise of extending health insurance coverage to all Americans appeared to have faded altogether with the demise of the Clinton health care reform effort in 1994. However, the prospects of expanding health insurance for children improved markedly with the enactment of the Balanced Budget Act of 1997, which includes provisions for spending nearly $40 billion for this purpose over the next 10 years.[[4]](#footnote-4) This indicates that health insurance industry is indeed facing a growing demand globally with the increased awareness of the importance of accessibility to medical care. It is also a proof that individuals with children have higher tendencies to purchase medical insurance.

On average, an estimated 13 percent of children who were less than 18 years old in 1993–1994 were uninsured. During the same period, 94 percent of U.S. children were reported to have a usual source of health care from which they obtained routine services and medical advice. Children without health insurance coverage were six times as likely as insured children not to have a usual source of care.[[5]](#footnote-5) From this study, we can see that health insurance is a powerful predictor of children’s degree of access to and use of primary care, including such aspects as entry into the health care system, identification of a regular clinician, level of satisfaction with care, whether care is delayed or missed, and the amount of physicians’ services received.

A previous analysis of the data from the 1987 National Medical Expenditure Survey indicated that uninsured children consistently fared worse than insured children on a range of measures of access to and use of primary care.[[6]](#footnote-6) This suggests that the absence of health insurance may place children at an even greater disadvantage today. Realizing this, the Government of USA declared the enactment of the State Children’s Health Insurance Program (Title XXI of the Social Security Act) under the Balanced Budget Act of 1997 which enables states to provide health insurance to uninsured children in low-income families (those with incomes below 200 percent of the federal poverty level or 50 percent greater than a state’s income eligibility limit for Medicaid if that is higher) through expansions of their existing Medicaid programs, a separate children’s health insurance plan, or a combination of both.[[7]](#footnote-7) It is indeed a mark for growth in medical and health care insurance industry.

**3.2.2 What is exactly the difference between conventional medical insurance and medical *takaful*?**

In order to determine the differences between conventional insurance and *takaful*, we have to know first what is the definition of insurance and *takaful*. Insurance is a risk transfer mechanism whereby the individual or the business enterprise can shift some of the uncertainties of life on the shoulder of the other. It is a contract in which one party undertakes against premium, to pay to other party a certain amount on the happening of certain event. There are two parties involves in insurance; insurer and insured. The insurer is the party who promises to pay certain sum of money to the other party and basically it is an insurance company. While, insured is the policy holder whom the certain amount of money is paid to. On the other hand, *Takaful* is an Arabic word mean "guaranteeing each other". In *takaful* business, the understanding of the definition is imperative and of perennial concern to *takaful* practitioners. It must be entrenched in the minds of all participants who take up *takaful* protection that the participation into *takaful* scheme must be performed with utmost sincerity in order to help those faced with difficulties. Basically, the concept introduced by Takaful is similar that of conventional insurance. Both of them are financial instruments that assist the unfortunate groups who are confronted with financial predicaments. These instruments are modern methods of shifting risks with a reward awarded to the parties that are willing to accept the exchange in these risks. So, if we look from the medical perspective, medical insurance and medical *takaful* is a meant to cover the loss incurred either by illness or by bodily injury.

In conventional insurance, there is a risk transfer mechanism whereby the risk is transferred from the policy holder to the insurance company in consideration of insurance premium paid by the insured. In *takaful,* it is based on mutuality; hence, the risk is not transferred by shared by the participants who form a common pool. The company acts only as manager of the pool known as *takaful* operator. Secondly, in conventional insurance, it contains elements of *gharar* or uncertainty which is forbidden in Islam. There is an uncertainty as to when any loss would occur and how much compensation would be payable. However, in *takaful,* the elements of *gharar* or uncertainty is brought down to acceptable levels under *shariah* by making contribution as “conditional donations” or known as *tabarru’* for a good cause such as to mitigate the loss suffered by any one of the participants. Thirdly, there are also the elements of gambling or *maisir* in conventional insurance. It is because the insured have to pay an amount (premium) in the expectation of gain known as compensation or payment again claims. If the anticipated loss does not occur, the insurer then wills loss a far larger amount than collected as premium and the insured gains by the same.

While in *takaful*, the participants will pays the contribution in the spirit of purity and brotherhood. Therefore, it obviates the elements of *maisir* and at the same time not losing the benefits of *takaful* in the same way as conventional insurance. In conventional insurance, the funds are mostly invested in fixed interest bearing instrument like bonds, securities and so on. Hence, these contain the elements of *riba* or usury which is forbidden in Islam. While in *takaful*, funds are invested in non-bearing interest. Lastly, in conventional insurance, the surplus or profit belongs to the shareholder. The insured is covered during the policy period but is not entitled to any return at the end of such period. On the other hand, in *takaful* surplus belongs to the participants and is accordingly to them in proportion to their respective shares of contribution at the end of accounting period. The differences between conventional insurance and *takaful* can be summarized in table below.

|  |  |
| --- | --- |
| **Takaful** | **Conventional Insurance** |
| **Based on mutual co-operation and ’Tabarru’** | Based solely on commercial factors |
| **Free from ’riba’, ’gharar’ and ’maisir’.** | Abundant with ’riba’, ’gharar’, and ’maisir’. |
| **Syariah Advisory Council (SAC).** | No Syariah Advisory Council (SAC). |
| **Profit will be shared among operator (company) and participant on Mudharabah basis or Performance Investment Fee.** | Interest practice. |

**3.2.3 What Benefit Customer would get from Medical *Takaful* or Insurance?**

The payment of benefits will depend on the type of policy that customers buy. It is advisable to check the policy contract for details of the benefits, such as what is and what is not covered, when benefits will be payable and how they will be paid.

A hospitalization and surgical policy, among others:

|  |  |  |
| --- | --- | --- |
| **Usually covers** | **Sometimes covers** | **Usually does not covers** |
| **Hospital accommodation and nursing expenses** | Overseas cover | Maternity |
| **Surgical expenses (surgeons’ fees and costs associated with surgery)** | Accidental death benefit | Congenital abnormalities |
| **Physicians’ expenses** | Out-patient tests or consultations | Accidental injuries or illnesses arising from racing |
| **In-patient tests** |  | Cosmetic or plastic surgery |
|  |  | Dental work or treatment including oral surgery |

The payment of benefits will depend on the type of plan that customers have participated in. They must check the certificate for details of the benefits, such as what is and what is not covered, when benefits will be payable and how they will be paid (BIMB Institute of Research and Training 1996).

Some of the benefits covered under medical and health *takaful* plan are:

• Hospitalization

• Intensive care unit

• Outpatient treatment

• Visit by doctors

• Pre-hospitalization visits

• Surgery

• Anesthetic

• Ambulance services

• Death benefits

The critical illness plan covers 36 common critical illnesses as follows:

• Heart attack

• Coronary artery bypasses surgery

• Kidney failure

• Major organ transplant

• Multiple Sclerosis

• Blindness

• Deafness

• Loss of speech

• Major Burns

• Terminal illness

• Parkinson’s Disease

• Occupationally acquired HIV infection

• Aplastic Anemia

• Benign brain tumor

• Chronic liver disease

• Acute Bacterial Meningitis

• Apallic syndrome

• Brain surgery

• Stroke

• Cancer

• Fulminant hepatitis

• Paralysis (paraplegia, tetraplegia)

• Primary pulmonary arterial hypertension

• Heart valve surgery

• Aorta surgery

• Alzheimer’s Disease

• Coma

• Motor Neuron Disease

• HIV infection from blood transfusion

• Accidental head injury resulting in major head trauma

• Muscular Dystrophy

• Viral Encephalitis

• Poliomyelitis

• Other serious coronary artery disease

• Full blown AIDS

• Chronic lung disease

(The list may differ from one *takaful* operator to another.)

The critical illness benefit is payable provided customers survive for at least 30 days following the diagnosis of the critical.

**4. Conclusion, Limitations and Recommendations**

Health care planning is a pertinent concern that is not to be neglected and ignored. With the ever escalating medical cost due to technology advancement and volatility of inflation, every individual should not be rejected from the rights of accessing medical insurance. Based on our analysis, we can observe that almost 93 percent of the respondents are aware of the need for medical and health care protection. Nevertheless, almost half of them are not able to invest in any medical insurance or *takaful* due to expensive premiums. Furthermore, those who can afford to do so are less likely to capture the differences between *Shariah* compliant and conventional medical insurance. Therefore, we propose a universal or social health insurance which is designed to promote quality and economy with reference to the experience of United States of America. According to Alain Enthoven[[8]](#footnote-8), America’s health care economy is a paradox of excess and deprivation. They spend more than 11 percent of the gross national product on health care, yet roughly 356 million Americans have no financial protection from medical expenses. When considering the contribution of social health insurance, the question is whether it can provide additional, secure funding for the provision of services that help to meet health policy goals.[[9]](#footnote-9)In other words, health insurance that supplies only low priority services should be treated like any other consumption, enjoying no particular support or encouragement from government. It is important to consider any mechanisms for the financing and provision of health services in terms of the extent to which they help to meet policy goals; there is therefore a need for a clear statement of policy at an early stage.

Social or universal health insurance is thus one method of financing health services, as either the main or a funding supplementary funding mechanism. Among the advantages of social health insurance are the following:

* It can provide a stable source of revenue for services
* The flow of funds into the health sector is visible
* It can help to establish patients’ rights as customers of the health care provider
* It combines risk pooling with mutual support, by allocating services according to need and distributing financial burdens according to the ability to pay.

We need a strategy that addresses the whole system, offers financial protection from health care expenses to all, and promotes the development of economical financing and delivery arrangements. Such a strategy must be designed to be broadly accepted in Malaysia’s society. It is proposal that everyone not covered by the government or some other public program be enabled to buy affordable coverage, either through their employers or through a “public sponsor”. By doing so, everyone will not be denied for their rights of medical protection.

Apart from that, the notion of micro-health insurance is a possible alternative in providing medical and health insurance to the excluded.[[10]](#footnote-10) Access to health services is still inadequate among the majority of rural populations, and among excluded populations in most low- and middle-income countries. Several researches have provided evidences that even within populations of the same country, there are significant differences in health outcomes and morbidity status that are linked to socio-economic inequalities (Bobak, Blane and Marmot, 1998). Individuals cumulating intense or multiple exposure to problems are the most vulnerable. The problems are illegal or irregular status, migration, weak relationship to family or to personal network (prevalent among older people, substance abusers, orphans, people with psychological problems, etc.), weak relationship to the labour market, poor housing and belonging to a group discriminated against (Duffy, 1998).

Recently, the USA national debate on health care entered a new arena, with Senate Democrats proposing a comprehensive bill that will launch a heated congressional battle to determine if America adopts universal coverage. The bill to be released later was the first step in addressing the nation's ailing health care system, with 47 million Americans uninsured, excessive costs, unequal services - that make the issue one of President Obama's top domestic priorities. He defended his call for a government-funded health insurance option for people who are uninsured or cannot afford full coverage. President Obama repeated a promise that reforms will not require anyone to change from existing coverage but said an overhaul should include mandates for individuals to obtain coverage or employers to provide it. [[11]](#footnote-11) This new legislation is parallel with our conclusion and suggestion that we need a universal health insurance in order to cope with escalating cost of medical care and provide greater medical accessibility to everyone. We opined that this national healthcare legislation will finally bring skyrocketing health care costs under control, which will lead to real savings for families, business and the government. It will also provide coverage to millions and make medical insurance more affordable. Moreover, this reform will provide citizens with some basic consumer protection that will finally hold insurance companies accountable. Thus we recommend that Malaysia should immediately follow suit. In the light of *Shariah*, the institution of *zakah* and *waqf* should work hand in hand with *takaful* companies to cater the needs of the low-income groups and the poor for their medical and health care expenses. Takaful companies also should consider the idea of micro-takaful in order to cater the need of the underprivileged. Finally, for those fortunate ones who have the affordability and accessibility to medical insurance or *takaful*, there are a few recommendations in choosing the best policy.

• Shop wisely before you buy– Policies differ as to coverage, benefits and costs (i.e. premiums), and companies differ as to services. Compare before buying.

• Don't buy more than you can afford– A single comprehensive policy is better and cheaper than several policies with overlapping or duplicate coverage.

• Know whom you are dealing with– Only deal with a licensed insurance or *takaful* company or its authorized agents or a licensed insurance broker when you buy a health care policy. If a person cannot verify that he or she is an authorized agent of an insurance or *takaful* company, do not buy from that person. If in doubt, ask for evidence of the agent’s registration or check directly with the company. Please note that a business card does not necessarily mean that the person is an authorized agent.

• Get information on the agent and company– Write down the agent’s and/ or the company’s name, address and telephone number or ask for a business card that provides all that information. This information is important if you want to enquire, renew or claim on a policy.

• Take your time– Don’t be pressured into buying a policy. A professional insurance agent or takaful operator will not rush you. If you are not certain whether a policy is what you need, ask the agent or the company to explain it to you properly.

• Complete the application form carefully– If you decide to buy a policy, you will need to disclose material facts to the company. Some insurance *takaful* companies ask for detailed medical information. If you leave out any of the information requested, coverage could be refused for a period of time for any medical condition you neglected to mention. The company also could deny a claim for treatment of an undisclosed condition and/ or cancel your policy.

• Look for an outline of coverage– You should be given a brochure containing the important features of a particular health care policy, when you are approached to purchase a health care policy. After buying the policy, you should be given the policy contract. ***Read the terms and conditions in the contract carefully****.*

• Do not pay with cash– Pay by cheque, money order, auto-debit or bank draft made payable to the insurance and *takaful* company, *not to the agent or anyone else*. Get a receipt with the company's name, address and telephone number for your records.

• Notification of the decision on the application– Insurance and *takaful* companies must make the decision whether or not to accept your application within 30 days of the application date. If you do not receive the decision within the stipulated period, contact the company and obtain in writing the reason for the delay. If 15 days go by without a response, contact Bank Negara Malaysia (BNM).

• Read your policy contract carefully– Check to be sure that a copy of the original application is attached to the policy, and that it is complete and accurately reflects your medical information. Review the schedule of benefits and make sure that the information is correct and what you were expecting. There should be no missing pages and no unexpected riders or exclusions in the policy.

In a nutshell, investment in health care and medical planning is exceedingly important and considered a necessity to everyone. We need a proper financial planning to steer clear of any unpredicted calamities in the near future.

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4. Aday L, Lee ES, Spears B, Chung CW, Youssef A, Bloom B.(1993), “*Health Insurance and Utilization of Medical Care for Children with Special Health Care Needs*”, Med Care 1993;31:1013-26. [↑](#footnote-ref-4)
5. Health insurance: coverage leads to increased health care access for children. Washington, D.C.: Government Accounting Office, 1997. (Publication no. GAO/HEHS-98-14.) [↑](#footnote-ref-5)
6. Newacheck PW, Hughes DC, Stoddard JJ (1996) “*Children’s Access to Primary Care: Differences by Race, Income, and Insurance Status*”. Pediatrics 1996;97:26-32. [↑](#footnote-ref-6)
7. Wood DL, Hayward RA, Corey CR, Freeman HE, Shapiro MF (1999). “Access to medical care for children and adolescents in the United States”. Pediatrics 1999;86:666-73. [↑](#footnote-ref-7)
8. ”Enthoven-Kronick Plan for Universal Health Insurance”, Washington, D.C: Congressional Budget Ofiice, October 18th, 1995. [↑](#footnote-ref-8)
9. The ultimate goals of health policy in most countries are long life and good health for the population. The health policy objectives intended to achieve these goals are normally expressed in terms of measures to protect the population from avoidable diseases and provide efficient health services for those who will benefit most from them. [↑](#footnote-ref-9)
10. Social exclusion refers to inadequate or unequal participation in social life, or being denied a place in the consumer society, often linked to the social role of employment or work (Duffy, 1995). [↑](#footnote-ref-10)
11. [**http://www.cnn.com/2009/POLITICS/02/24/obama.health.care/index.html**](http://www.cnn.com/2009/POLITICS/02/24/obama.health.care/index.html)**, accessed on February 4th, 2010.** [↑](#footnote-ref-11)