

Acceptance and Patronage of Insurance Services in Northern Nigeria

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Abstract: This paper adopted the Ajzen's theory of planned behaviour (TPB) to describe northern Nigerians' acceptance and patronage of insurance services. By applying the theory with additional variable as a contribution, to see what precisely account for relatively poor patronage of insurance services in northern Nigeria, particularly now that Islamic insurance is established. Interrelationship among the variables (attitude, subjective norms, perceived behavioural control, awareness and religion) is examined to see the extent of influence each has on customers' acceptance and patronage. Empirical survey among 288 members of the public, (both insured and non-insured) is made using SPSS software for analysis to measure their awareness level, religious rulings subjective norms, perceived behavioural control and attitudes towards insurance services. The attitudes and awareness, most often negative, are found to be the cause of low patronage of insurance services. It is also found that, religious values, subjective norms and behavioural control factors does not account for poor acceptability and patronage. The role of poor marketing strategies plays an important role in the persistent of such negative surge, as illustrated from the theoretical perspective. The findings present different demographical factors and their attitudes towards insurance companies and their services. Findings from such survey would constitute vital input for insurers in designing marketing strategies that would further stimulate and boost patronage and perception of insurance services.

Keywords: Patronage, attitude, subjective norm, perceived behavioural control, awareness, religion, theory of planned behaviour

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I. INTRODUCTION/BACKGROUND

It is imperative for Finance and Insurance scholars and practitioners to understand consumers' patronage towards Insurance services (Abedifar, Ebrahim, Molyneux, & Tarazi, 2015; Majid, & Zulhanizar, (2015). This is in accordance with the opinion of scholars like Kotler, (1998) and Ranjbar & Saeed (2008) that understanding customer is a requisite to survive competitively.

Insurance is known to be a safeguard against unforeseen circumstances that may likely affect business or livelihood, or as a hedge to mitigate risk of upcoming negative circumstances. Its acceptance and possible patronage may be influenced by attitude, subjective norm, religious belief, awareness level, and perceived behavioural control (PBC), as vital aspects in predicting and understanding consumers (Sethi, 2002), and the above variables has been tested differently in various research works, hence, the level of their influence needs to be empirically tested together. According to Ekinici & Riley, (2003), Wang & Heitmeyer, (2005), Keller, (1993) and Eagly & Chaiken, (1993), they are good predictors of patronage differences.

Statement of the problem

Understanding consumers' patronage towards insurance is a very important issue, because it involves not only monetary but sensitive religious and cultural aspects of business life. Although, patronage of insurance services is found to be high in some western countries like US and UK, as evidenced in Hogarth & Kunreuther (1985). It is crucial for insurance industry in Nigeria therefore, to study their present and prospective consumers towards their products in order to increase patronage, particularly in northern Nigeria.

How culture, religion, norms and values of people accommodate positive/negative perception of insurance services, despite the fact that low income earners are usually concentrating on business expansion and sustenance is better be understood. Small business holders may not be willing to take any amount of money outside their business, except for their consumption. Even those who know the actual operation of insurance may likely not participate in the policy. Substantial number of insurance policies are mandatory because of

government regulations (Elvis, & Andrews, (2015). Thus, it is likely that even those that has insurance cover are compelled by law to subscribe, not voluntarily purchased.

Works done on consumers' patronage towards insurance services were mostly done before the advent of Islamic insurance (Takaful). Although there are some studies in Nigeria related to the subject, more especially on peoples' attitude towards insurance, yet the studies are not specific to northern Nigeria, where the dominant population are Muslims.

Northern Nigeria is diverse with cultural differences and sensitivity to religious politics (Honwick, 1992). It is against this backdrop that this study is conceptualized to bridge the gap in existing literature in the study area.

Research questions

From the above problem statement, this study attempts addressing these questions:

- I. To what extent does consumers' awareness have influence on patronage of insurance services?
- II. To what extent does attitude of consumers have influence on consumer patronage towards insurance?
- III. To what extent does a religious belief has influence on consumers' patronage towards insurance?
- IV. To what extent does Subjective norm influences consumers' patronage of insurance services?
- V. To what extent does perceived behavioural control(PBC) influences consumers' patronage of insurance services?

Objectives of the study

Broadly, this study is aimed at determining the variables influencing consumers' patronage of insurance services in northern Nigeria, and review the variables to evaluate the level of influence. The specific objectives are to answer the above questions

Research hypothesis

- I. **H₀**: Awareness has no significant influence on the consumers' patronage of insurances services.
- II. **H₀**: Attitude of consumers has not significantly influenced patronage of consumers towards insurances services.
- III. **H₀**: Religious beliefs have no significant influence on patronage of consumers towards insurances services
- IV. **H₀**: Subjective norm has no significant influence on patronage of consumers towards insurances services
- V. **H₀**: PBC has not significantly influenced customers' patronage of insurances services

Significance of the study

The study attempt in expanding a model developed by Ajzen, (1991) on the TPB (Theory of Planned Behaviour) by adding two variables, to examine influence of awareness, attitudes, religious belief, subjective norm and PBC on consumer patronage of insurances services. This is also first study of this nature was found by the researcher in northern Nigeria, after introduction of Islamic insurance (Takaful) in Nigeria.

It is hopeful that the study will contribute to academic learning and further research, knowledge dissemination as well as the practice of insurances business. Insurance captians may use this study to perceive behaviour of consumers on patronage. Customers may also use this study to have an insight of insurance operation, the products available for customers' benefits as well as the procedure to reap those benefits. Government may also use this study in policy formulation and evaluation of various forms of insurance and finance.

II. LITERATURE REVIEW

The latest findings on general insurance in northern Nigeria is by Abdullahi, (2012), where he finds majority of people in northern Nigeria do not have confidence on insurance, its ability to indemnify clients and its stand from socio-cultural and religious perspective. Ackah& Owusu (2012), opined in Ghana that, peoples' low level of income led them to abandon knowledge and understanding of insurance services, which eventually caused the formation of negative attitude and perceived that the insurance companies may not fulfil their indemnity promise. While Daninga and Qiao (2014) suggest that perception and attitudes of people should be incorporated in designing effective insurance contract in Tanzania.

Poor attitude and aversion towards risk and ambiguity according to Akay, Martinsson, Medhin, &Trauman, (2009) and Cabantous, (2007) is the major reason Ethiopians cannot fully accept to patronise insurance services, the same is found in Belgiumand other places in Europe (Heselmans, Donceel, Aertgeerts, Van-de-Velde, & Ramaekers, (2009) and Loh, Nihalani, & Schnusenber, (2012). The issue of ambiguity as an impediment to acceptance of insurance is evidenced from Hogarth &Kunreuther (1985)&Goldmann, (1948). Likewise, Amaefula, Okezie&Mejeha (2012) show that, despite rural farmers' awareness of agricultural insurance services in southern Nigeria, they have poor attitude towards it due to consideration of gain or loss

associated with or without insurance cover. While Olugbenga-Bello & Adebimpe, (2010) found that, there is high level of awareness of health insurance in South-west Nigeria but, there is less knowledge of how to competently benefit from health insurance scheme, while Ojatta, (2016) found poor level of awareness and perception on health insurance in Kogi state Nigeria.

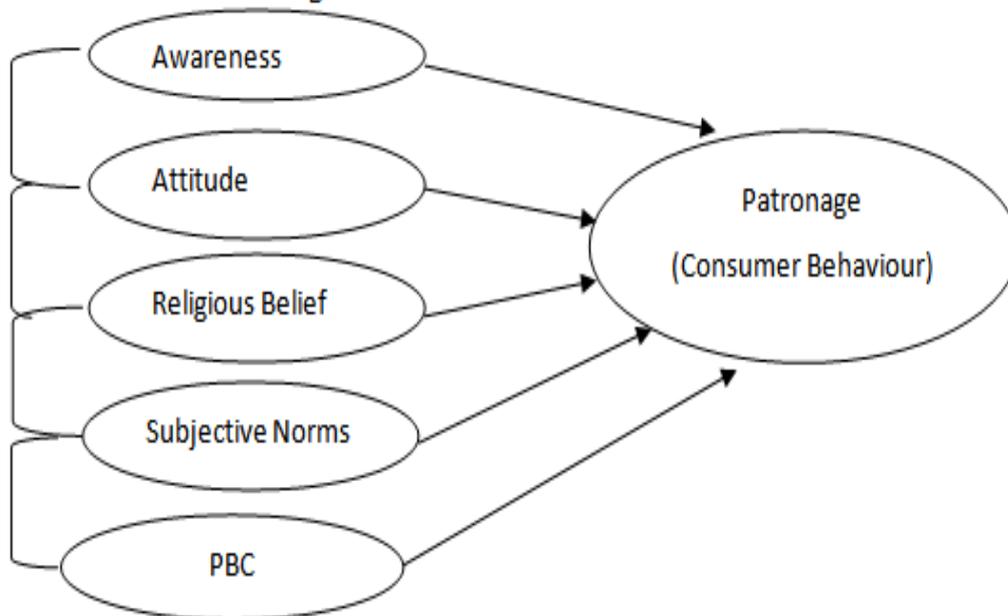
Balmalssaka, Wumbui, Buckner & Nartey (2016) found that past experience to other insurance cover and the extent of damage incurred forms the basis for deciding to accept insurance service in northern Ghana. While, Stevens-Benefo (2015) found lack of trust and poor education on insurance's benefits as the cause of negative perception of insurance by small businesses and house-holds in Accra-Ghana. Ali and Isa-Dandago, (2016) identified product promotion, features, benefits and service quality are the major determinants of commercial vehicle owners' acceptance of Takaful, not religious reasons in Nigeria. In another study by Yusuf, Gbadamosi & Hamadu, (2009) where they use the influence of demographic variables of their respondents to identify readiness to accept insurance services. Among the eight variables (age, gender, marital status, educational level, employment, professional inclination, household income and property mortgage ownership) tested, only gender was found to have no significant influence on acceptance of insurance services in Nigeria.

In finding the determining factors for demand of life insurance product in Ghana, Daniel (2015) found age, income, employment and education level having significant influence on acceptance of life insurance policy. In Somalia, acceptance of Islamic insurance (Takaful) is determined by perception, awareness, attitude and knowledge of the services itself (Jama, 2016), while in Kano metropolis, awareness, perception, trust and confidence are the major determinants (Maiyaki & Ayuba, (2015). In another study, Mansor, Masduki, Mohammad, Zulkarnain & Aziz (2015) found that, only perception and religiosity has influence on Muslims' consumers' preferences towards Takaful products in Malaysia.

Kavitha, Latha, & Jamuna, (2012) incorporated up to twenty-five variables in India, as determinants of accepting insurance services, they realised using factor analysis approach that four variables (loyalty, trustworthiness, performance and transparency of the policy) as having highest importance. Knowledge and awareness according to Mohammed, Sambo & Dong (2011) has tremendous influence on accepting health insurance services in Nigeria.

Therefore, as part of the researchers' contribution, it is decided that the research be done in northern Nigeria, where majority are Muslims, particularly now that there is an established Islamic insurance (Takaful) and a wide publicity about it in place. The researcher was not able to obtain any literature on Consumer's patronage towards insurance services after introduction of Islamic insurance in Nigeria, despite the region's religious and cultural vulnerabilities. The following relationship in figure 1 below from Ajzen, (1991)'s TPB expanded, should be made to guide the conduct of the study:

Figure 1: Theoretical Framework



III. METHODOLOGY, FINDINGS, ANALYSIS, AND DISCUSSION

3.1 Methodology

The study covers insurances services’ present and potential customers in northern Nigeria’s population which is estimated at 100,000,000 people, out of which adults between the ages of 25 and 60 are within the range of 50,000,000 and 60,000,000. Thus, taking an average of 55,000,000. More than half of this population are peasant farmers and housewives, not operating any form of corporate business (NPC national population commission 2015). The study covers three cities of Kano, Jos and Gombe to reflect various diversities in the three zones. The characteristics of the population which are of interest to the study are males/females, high/low income earners and people with different beliefs and qualifications. Moreover, the population included both literate and illiterate Nigerians residing in Northern States based on the assumption that average Nigerian can take notice of Insurance services.

400 questionnaires distributed, according to the research advisors (2006), the sample size of 400 respondents is considered acceptable for a population of 500,000 to 1,000,000 at 95% confidence level and 0.05 margin of error. Out of the 400 questionnaires, only 288 responses were properly filled and available for data analysis. The response rate of 75% is appropriate by Hair, Black, Babin& Anderson (2010) and Roscoe, (1975). Field survey by close ended structured and self-administered questionnaire with multiple choice questions was used (Asika, 1991), distributed in the state capitals and the major towns of the region.

The questionnaire is made up of two parts. Section A contains the constructs of the independent and dependent variables. They are measured on five points Likert scale (from 1 to 5). Second section of the questionnaire collect data on demographic information of respondents, like age, gender, education, employment type, income level, tribe and religion of the respondents. The questionnaire is adopted from other research works and is designed in English.

Awareness, Attitude, Religious belief, Subjective Norm and PBC elements as independent variables and patronage as dependent, the present study used linear regression model to check variables’ relationship and is specified as follows:

$$Y_i = \alpha + \beta_1 X_1 + \dots + \beta_n X_n + e_i$$

The instrument underwent test of reliability through pilot testing the questionnaire. 80 copies of questionnaire were distributed in the study area. When a lower Chronbach’s alpha (0.35 – 0.60) was observed, some questions were removed to improve the Chronbach’s alpha, questionnaire was adjusted and distributed thereafter. The substantive responses show coefficient of above 0.7 which is sufficient according to Glass and Stanley (1970).

Furthermore, the instrument also passed through an internal consistency test and it measures the extent to which the items in the instrument ‘hang together’. Nunnally (1978) recommends a minimum of 0.7 Chronbach’s alpha coefficients. Therefore, the instrument for the study has been tested to ensure internal consistency of the measures and the results were obtained:

Table 3.1: Reliability Analysis of Variables

Variables	Statement	Original item’s Number	Items Deleted	Number of Items Present	Chronbach’s Alpha
Independent					
Awareness	Influence of Awareness on Patronage	5	1	4	0.805
Attitude	Influence of Attitude on Patronage	7	1	6	0.877
Rel. belief	Inf of Religious Belief on Patronage	7	2	5	0.842
Subj. Norm&	Influen. of Subj. Norm on Patronage	9	1	8	0.892
PBC	PBC has signif. effect on Patronage	6	2	4	0.732
Dependent					
Behaviour	Consumers’ behaviour to Patronise insurance	5	0	5	0.810

Source: Field Survey, 2015

Table 3.1, shows Chronbach’s alpha ranging from 0.718 to 0.870, which indicates that instrument used was reliable. The instrument had internal consistency’s reliability on behaviour of consumers towards patronage of insurance. Validation of the instrument of the study was done in accordance to Streiner& Norman, (2008). The reason for this was to ascertain whether the contents of the instrument measure the variables.

Check of retrieved questionnaire was done to ensure completeness of data supplied, as well as legibility and consistency. After which the usable copies of questionnaire were serially numbered numerically coded for computer processing, questionnaires identified with incomplete responses were removed. Data obtained was analysed with inferential statistical technique. Pearson Correlation Coefficient and Linear Regression were employed to test each hypothesis at 95 per cent confidence level. SPSS version 20 was used for multiple linear

regression in hypotheses testing, assumptions establishing linear relationship of variables were met and error terms' independence were conducted.

3.2 Findings and analysis

The correlation coefficient shows a positive relationship between awareness of insurance services and consumers' patronage. This is indicated by value of the co-efficient which is 0.703. The correlation reveals a positive relationship of the two variables as in table 3.2. This shows that, if level of awareness can be improved, insurance patronage can also improve. Furthermore, the correlation coefficient analysis revealed a positive relationship of attitude and consumers' patronage of the insurance services, as shown by correlation of 0.772. This indicates that when there is positive attitude, there will be improvement in patronage. Moreover, correlation coefficient for religious belief revealed a positive relationship with consumers' patronage, as indicated by correlation of 0.796 as shown below. This implies that, a belief system in line with insurance offer may influence consumers' patronage of the insurance services. Similarly, the Correlation coefficient for subjective norm shows strong and positive relationship with patronage, as indicated by correlation of 0.851. The results revealed that if subjective norms of an individual are supportive of insurance services, it may influence Consumers' patronizing insurance services. Finally, the Correlation coefficient for perceived behavioural control showed a strong and positive relationship with consumers' behaviour towards patronage, as indicated by a correlation of 0.858. The results revealed that if PBC of an individual are supportive of insurance services may likely have more consumers' patronage of the insurance services.

Though Cooper & Schindler (2003) and Tsui, Ashford, Clair, & Xin (1995) opined no criterion is definitive for correlation level check that constitute Multi-Collinearity. But, Juliet Pallant (2010), suggested that when $r = 0.9$ and above it constitute a serious Multi-Collinearity problem and determination of important predictors becomes confused. But in this research, all the variables are equally important and are all positively correlated with each other, but do not constitute Multi-Collinearity. This is also suggested by Peter Green (2003), that when the independent variables are generally agreed to be major predictors of the dependent variable, the inter correlation between the variables will be high. All the values of Pearson Correlations are below 0.9 that is between 0.695 and 0.886 as shown in Table 3.2.

Table 3.2: Inter-Correlation between Variables.

		BEHAVIOU R	AWARENES S	ATTITUD E	BELIE F	SUBJNOR M	PBC
Pearson Correlation	BEHAVIOU R	1.000					
	AWARENE SS	.703	1.000				
	ATTITUDE	.772	.794	1.000			
	BELIEF	.796	.788	.863	1.000		
	SUBJNOR M	.851	.779	.856	.886	1.000	
	PBC	.858	.695	.767	.819	.863	1.000
Sig. (1- tailed)	BEHAVIOU R						
	AWARENE SS	.000					
	ATTITUDE	.000	.000				
	BELIEF	.000	.000	.000			
	SUBJNOR M	.000	.000	.000	.000		
	PBC	.000	.000	.000	.000	.000	
N	BEHAVIOU R	288					
	AWARENE SS	288	288				
	ATTITUDE	288	288	288			
	BELIEF	288	288	288	288		
	SUBJNOR M	288	288	288	288	288	
	PBC	288	288	288	288	288	288

** . There is significant correlation at 0.01 (1 - tailed).

Regression Analysis

Test of Normality, Collinearity, independence of errors, Model Summary, ANOVA as well as Coefficients of the residuals, their assumptions need to be examined and met (Hair, Black, Babin & Anderson, 2010, and Juliet Pallant, 2010). The assumptions are applied to all variable and their relationship (Hair, Black, Babin & Anderson, 2010).

Test of Normality Assumptions

Histogram, normal P-P plot and scatter plot were used to check data shape and distribution of each variable to normal distribution, normality assumptions are met as residuals fall along the diagonal with no substantial or systematic departures are observed in plots below (Hair, Black, Babin & Anderson, 2010). Normal data distribution for the variables under study helps researchers to make inferences, (Tabachnick & Fidell, 2007) as shown in figure 3.1, 3.2 and 3.3 below, suggesting that there is no diversion from the assumptions.

Figure 3.1: Histogram

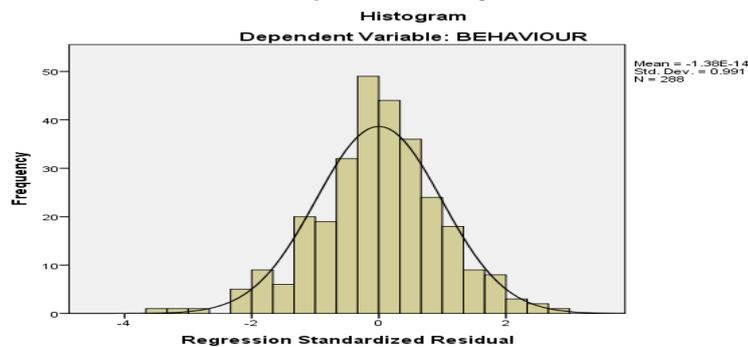


Figure 3.2: Normal P-P Plot

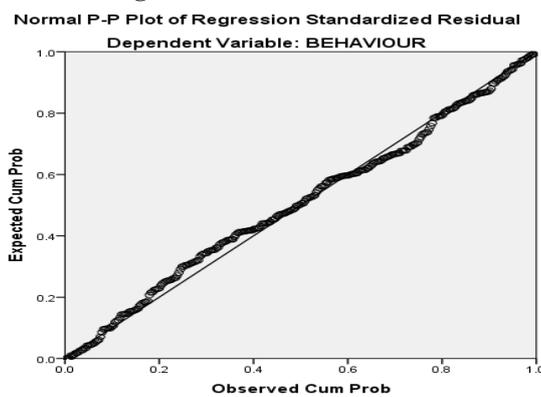
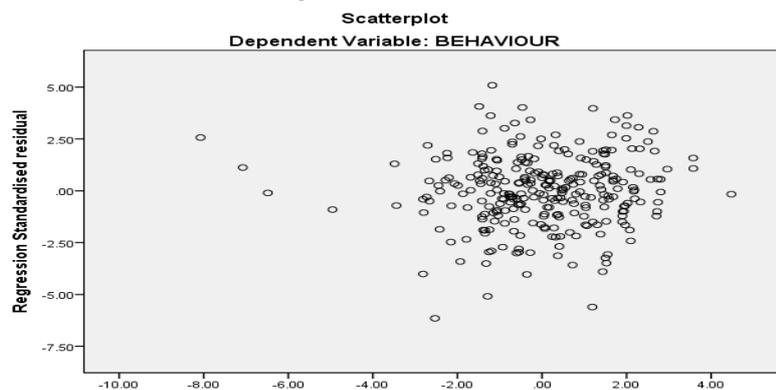


Figure 3.3 Scatter Plot



Measures of Multi-Collinearity/Collinearity:

Tables 3.2 show the correlation matrix, which revealed no sign of Multi-Collinearity problem among all the independent variables (Pearson correlation below 0.9). Additionally, VIF and Tolerance are two statistical methods that can be used to assess Collinearity/Multi-Collinearity. VIF value that exceed 10 or a tolerance that is below 0.10 are indications of Multi-Collinearity problem (Hair, Black, Babin& Anderson, 2010). In table 3.3, result showed no Multi-Collinearity between variables, since tolerance value is above 0.10, and VIF is below 10. The results indicate no problem of Multi-Collinearity.

Table 3.3: VIF and Tolerance Values

Independent variables	Collinearity Statistics	
	Tolerance	VIF
Awareness	.319	3.134
Attitude	.198	5.044
Belief	.161	6.220
Subjective Norm	.136	7.335
PBC (perceived behavioural control)	.241	4.152

Source: The Field Survey, 2015

Measure of Independence of Error

Durbin-Watson within 1.5 and 2.5, does not violate independence of error assumption (Norusis, 1995). In this study, Durbin-Watson of 1.940 is arrived at, which is a good value as shown in table 3.4 below.

Measures of Model Summary

Model Summary below (table 3.4) shows $R^2 = 0.788$, which indicates that 78.8% variability of patronage has been explained by variables (independent) identified. The result obtained imply that awareness, attitude, religious belief, subjective norms and PBC are good predictors of consumer’s behaviour towards insurance patronage. Thus, this explains the high correlation figure above (table 3.1) between independents and dependent variables, also represents significant contribution made by independent variables on clarifying variability of dependent variable. The $R^2 = 0.788\%$ is reasonable and substantial in this study (Cohen, 1988).

Table 3.4: Model Summary

Model Summary ^b										
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		Change Statistics				Durbin-Watson
				Change	Change	F Change	df1	df2	Sig. F	
1	.888 ^a	.788	.784	1.72161	.792	292.465	5	288	.000	1.940

a. Predictors: (Constant), PBC, Awareness, Attitude, Belief, Subjective Norm
 b. Dependent Variable: Consumer Behaviour

Measures of the ANOVA

The ANOVA in table 3.5 below indicates model as statistically significant at 0.000. Hence, the Model is good and fit for the study (Sig. = .000 this means $p < .0005$).

Table 3.5 ANOVA^a

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3103.589	5	620.718	209.423	.000 ^b
	Residual	835.831	282	2.964		
	Total	3939.420	287			

a. Dependent Variable: Behaviour
 b. Predictors: (Constant), PBC, Awareness, Attitude, Belief, Subjective Norm

Furthermore, the coefficient table below also indicate that three of the five Independent Variables, namely: Awareness, Attitude, and Religious Belief, are not significant predictors of the Dependent Variable (Behaviour towards Patronizing insurance) as shown in the table 3.6. The standardized beta coefficients indicate

that PBC represents the highest predictor dependent variable, with standardized coefficient beta of 0.465 relative to other predictors. This implies that when all other variables are held constant, PCB explains exactly 46.5% of the Dependent Variable under study. The next variable is Subjective Norm which makes the second highest contribution by explaining variation of dependent variable. This is because it has beta of 0.329 relative to other predictors in the Model. Impliedly, if all other variables are held constant, the variable explained 32.9% relationship with behaviour. Furthermore, Attitude is next variable that has a Beta value of 0.465. Impliedly, this means that the variable explains only 8.5% relationship of Independent and Dependent Variable (Consumer Behaviour). Also, Awareness is the next variable that has a beta value of only 0.41. This implies that the variable explains 4.1% of the relationship of Independent and Dependent Variables. Finally, Religious Belief has the lowest Beta value of 0.019. This indicates that if other predictors are controlled, the variable will explain 1.9% of the Dependent Variable (Consumer behaviour).

Table 3.6: Coefficients^a

Model	Unstandardized Coefficients		Standardized Coefficients	Sig.	95.0% Confidence Interval for B		Correlations			Collinearity Statistics		
	B	Std. Error			Beta	Lower Bound	Upper Bound	Zero-order	Partial	Part	Tolerance	VIF
Constant)	.331	.486		.682	.496	-.625	1.288					
Awareness	.206	.047	.329	4.424	.000	.114	.297	.851	.255	.121	.136	7.335
Attitude	.656	.079	.465	8.315	.000	.501	.812	.858	.444	.228	.241	4.152
Belief	.019	.070	.019	.271	.787	-.119	.156	.796	.016	.007	.161	6.220
Subj-Norm	.052	.062	.041	.850	.396	-.069	.174	.703	.051	.023	.319	3.134
PBC	.070	.051	.085	1.383	.168	-.030	.171	.772	.082	.038	.198	5.044

a. Dependent Variable: BEHAVIOUR

From the above tables, regression and model summary shows 78% influence of independent variables on the dependent variable. The $R^2 = 0.788$ is reasonable and substantial enough (Cohen, 1988). However, two hypotheses which states that, “awareness and attitude has no significant effect on consumer behaviour towards insurances services” are not supported, because they made unique and significant contribution on explaining behaviour, they have a strong *beta t* and *p* values of awareness ($\beta: 0.329, t: 4.424, p: 0.000$), and attitude ($\beta: 0.465, t: 8.315, p: 0.000$).

On the contrary, the remaining hypotheses that says “subjective norm, PBC and religious belief has no significant effect on consumer behaviour towards insurance services” were supported because of their weak $\beta = 0.041, t = 0.850, p = 0.396, \beta = 0.085, t = 1.383, p = 0.168$ and $\beta = 0.019, t = 0.271, p = 0.787$ respectively. As a summary of the study findings, Table 3.7 summarizes the results of the hypotheses tested in this study.

Table 3.7: Summary of the Study Findings

Null Hypothesis	Statement of Null Hypothesis	Remarks
Ho₁:	Awareness has no significant influence on the behaviour of consumers towards insurance services.	Rejected
Ho₂:	Attitude has no significant influence on the behaviour of consumers towards insurance services.	Rejected
Ho₃:	Religious beliefs have no significant influence on the behaviour of consumers towards insurance	Supported
Ho₄:	Subjective Norms have no significant influence on the behaviour of consumers towards insurance services	Supported
Ho₅:	Perceived Behavioural Control (PBC) has no significant effect on the consumer behaviour towards insurance services	Supported

3.3 Discussion

The hypothesis stating that, “awareness has no significant influence on the consumers’ behaviour towards insurance services” is rejected, because of its significant contribution on explaining behaviour with $\beta = 0.210$, $t = 3.269$, $p = 0.000$. It also shows a Pearson correlation of 0.847 between awareness and Consumers’ Behaviour towards insurance services. This means that high level of awareness guarantee patronage. Essentially, if people are not aware of the operations and products of insurance, they might not patronise these products. A study by Olugbenga-Bello & Adebimpe, (2010) in southern Nigeria on awareness show that majority of their respondents who patronise insurance has awareness of its services and products that is why they patronise it.

The hypothesis stating that attitude towards insurance services has no significant influence on the consumers’ behaviour towards insurance services’ patronage” is rejected. because it has made tremendous contribution in explaining behaviour with $\beta = 0.517$, $t = 9.811$, $p = 0.000$. It also shows a Pearson correlation of 0.872 This means that, an individual accepting and patronising insurance services have a positive attitude towards it.

The hypothesis that says religious belief has no significant influence on the consumers’ behaviour towards insurance services” is Accepted due to its little or no contribution on explaining behaviour, with $\beta = 0.088$, $t = 1.518$, $p = 0.130$. This means that, being affiliated to a religion is not enough to justify whether a person can patronise or not patronise insurance services. The results of their findings indicated that not religion, but other factors were more significant in their decision to patronise insurance services. Such as risk, cost of borrowing and expected return. Daniel (2015) found economic factors like cost and service quality as more significant than religion in insurance choice. Likewise, in Kenya, Guyo and Adan (2013) found out that, religious values have least influence on customers’ choice of insurance among the four factors mentioned in the literature review.

The hypothesis stating that subjective norm has no significant influence on the consumers’ behaviour towards insurance services” is accepted since it made a little or no contribution in explaining behaviour, with insignificant $\beta = 0.059$, $t = 1.434$, $p = 0.152$. This indicates that a social pressure by those people close to a person cannot influence his choice of insurance and finance decision. As shown in the finding of Umar (2011), close association with other persons does not mean a customer can reveal his financial information talk-less of influencing his decisions. The finding of Karjaluo (2012) also indicates the insignificant influence of reference group and opinion leaders in consumer behaviour to financial issues.

The Null hypothesis which states that “Perceived Behavioural Control has no significant influence on the behaviour to accept insurance services” is accepted due to its little or no contribution on explaining behaviour, with a $\beta = 0.062$, $t = 1.119$, $p = 0.264$. It also shows a Pearson correlation of 0.791 between perceived behavioural control and consumers’ behaviour towards insurance patronage. This indicates that personal ability and confidence of a consumer to patronise insurance is not enough to influence his behavioural patronage, unless he is highly aware and has positive attitude towards the services.

Out of the five research hypotheses formulated for the study only two are rejected, the remaining three are accepted. Therefore, Consumers’ Behaviour towards insurance services is significantly influenced only by awareness and attitude.

IV. CONCLUSION, LIMITATIONS AND RECOMMENDATIONS

One of the most important things is to recommend a way out of improving consumers’ patronage of insurance services. These are some of the recommendations as extracted from the findings to cover the gaps in the literature:

Strategic Awareness of Benefits: Findings demonstrated that level of awareness of insurance services has strong relationship with consumers’ patronage. Customers are therefore interested on having awareness of the products and services as well as the awareness of the expected benefit from patronage. Thus, in order to have increased patronage, insurance providers have to create not just awareness of its existent or products, but what they have to offer in order to create conviction in the minds of individuals as in the work of De-Meza, & Webb, (2001). Insurance service providers should make clear to their prospective consumers the difference their product can make as well as the benefits. This can be done through media houses, personal communication, templates, and lectures. Yet, care has to be taken in order to ensure not losing focus or create another notion of religious difference. Insurance service providers should promote their product as a holistic business entity ready to offer an excellent service to their customers and an alternative means of financing and risk mitigation.

Handling religious sensitivity issue: Since religion if found to have no influence on consumers’ patronage of insurance and people are likely to be too sensitive to religious issues, insurance service providers should sponsor programs that can enlighten people on why they should patronize insurance products at the same time fulfilling their business obligations, to attract more patronage. But, be careful of not given the program a religious or cultural coloration, instead of being a holistic business operation.

Proactive and intensive marketing by management, staff and promotional agencies: If insurance officers can engage in proactive and intensive marketing drive, the likely hood of increasing patronage is very high. Building positive attitude and high level of awareness motivates consumers if approached. As Ashfaq, (2010) put it that there is a need by insurance service providers to ensure holistic marketing by branding their services as an alternative by rendering profit and risk mitigation model for every race and religious affiliation.

Building strong financial institutions: Strong financial institutions, highly capitalised can attract more confidence of people, they can also make process of claims to losses easier. Strong institutions also employ professionals that can build trust and confidence between service providers and clients.

Owing to limitations regarding to this study, it cannot cover aspects other than its scope. Therefore, it can be suggested that, future research should explore other variables that may have influence on the consumer behaviour towards acceptance and patronage apart from the independent variables state in the study. R-squared (R^2) of 78.8%, shows the variance of the model as not fully 100% explained by awareness, attitude, religious belief, subjective Norm and PBC) in the model. This indicates other variables can still be incorporated by explaining 21.2% of the model variance. In view of the above, future research was recommended for examining other variables to explain consumers' behaviour towards insurance services. It is also recommended that future researchers should make this investigation on Islamic insurance (Takaful) alone.

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