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Factors Influencing Young Adults' Decision to Purchase Health Insurance in Bangladesh

Abstract

The paper will look into the factors that affect the intention of young adults to get health insurance in Bangladesh, with the Theory of Planned Behavior (TPB) as the guiding model. The study explores the mechanisms behind the influence of attitude, behavioral control as perceived, subjective norm, and perceived financial benefits on purchase intention. A structured online questionnaire was used in a quantitative design that was conducted on 385 respondents aged 18-35 years in Bangladesh. The results of multiple regression analysis showed that the attitude and subjective norms have a significant effect on predicting the purchase intention, but the perceived behavioral control and perceived financial benefits did not have any statistically significant effect. The results indicate that positive perceptions and social norms are the primary factors behind the adoption of insurance, and the role of confidence in handling insurance procedures and financial rewards is minor. The findings have some recommendations to policy makers and insurers, indicating that awareness campaigns, trust building campaigns, and streamlined processes may be effective in promoting health insurance among the youth in Bangladesh and the overall aim of achieving universal health cover.

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1. Introduction

Health insurance has emerged as an important mechanism in the world to access quality healthcare and reduce the financial burden of unforeseen healthcare costs. The World Health Organization (WHO, 2021) reports that more than 930 million individuals worldwide actually use at least 10 percent of their household income on healthcare, pushing millions of people into poverty annually. In this respect, health insurance serves as a key insurance, allowing people to cope with the growing price of medical care and preventing the disastrous spending on out-of-pocket (OOP) (World Bank, 2022). Bangladesh is still struggling with significant issues of financing and accessing healthcare. Funding almost 67 percent of the total health spending is out of pocket- one of the highest health spending rates in South Asia (World Bank, 2022). This is a significant financial strain especially on the low- and middle-income households. Although everyone needs to be financially secured, the coverage of health insurance

is low, and fewer than 1% of the population has health insurance (Islam, Hossain, and Sarker, 2020). The lack of awareness, lack of trust in insurance providers, and attitude to insurance as an unnecessary cost caused low adoption rates (Rahman and Sultana, 2019). The young adults are one of the most important demographics in this context since they are people aged between 18-35. It is a population at a stage of life that is characterized by increasing financial autonomy and long-term decision-making. Nevertheless, they are not always willing to buy health insurance, in part, due to the fact that they do not view themselves as susceptible to health risks. According to the behavioral science research, psychological and social factors, including attitudes, perceived behavioral control, subjective norms, and perceived financial benefits play a critical role in influencing purchase intentions (Ajzen, 1991; Ullah et al., 2021). Although these determinants are significant, there is limited empirical studies of intentions of young adults in Bangladesh towards health insurance.

1.1 Objectives of the Study

The main objective of this research is to analyze the factors that influence adults in Bangladesh when they decide to purchase health insurance. The study specifically aims to:

- Analyze how purchasing intention is affected by attitude, perceived behavioral control, subjective norms, and perceived financial benefits.
- Assess the degree to which societal influence, personal views, and intention to purchase health insurance are related.
- Examine how demographic factors (age, gender, income, and education) influence decisions about health insurance.
- Offer evidence-based suggestions to legislators and insurers to increase young adults' adoption of health insurance.

2. Literature Review

Although there is an abundance of literature on the health insurance behavior in developed countries and their neighbors in Asia; there is a paucity of empirical evidence on the same in Bangladesh. This paper fills this gap by incorporating behavioral, social, and financial aspects into the TPB model to understand the purchase intention in an emerging setting.

2.1 Attitude to Health Insurance.

When it comes to health insurance, attitude plays a crucial role in whether people decide to buy it. It reflects how consumers perceive the quality of the product and its relevance to their overall well-being. In a TPB-driven investigation of the impact of the COVID-19 pandemic on Malaysian young people, Yeow et al. (2021) found that attitude had a strong impact on the purchase intention, which suggests that positive attitudes toward financial security and risk management stimulate uptake. Besides, Maurya., Bansal, Ansari and Mishra (2023) established that people who were previously exposed to health services and those who have higher awareness to the benefits of financial security have higher intentions to purchase insurance. All these results point to the fact that the positive attitudes are a result of the awareness and the perceived value and, therefore, the educational interventions and communication on the protective effect of insurance could be effectively

used to increase purchase intent.

2.2 Perceived Behavioral Control and Confidence

Perceived behavioral control (PBC) is the belief an individual hold in his or her ability to do a behavior- in this case to purchase and keep health insurance. This is an acknowledged view of control that has been proven to have a strong influence on purchasing. Yeow et al. (2021) report that PBC positively and directly affected intention, which confirms the effect of self-efficacy and confidence to handle finances on health insurance uptake. On the same note, Wilfred (2020) has demonstrated that the perceived control is greater with the knowledge of insurance products and awareness of purchasing process, which minimize the hesitation. In terms of operations, complex policies, inaccessible agents, and complex claims procedures are some of the barriers that decrease the perceived control of individuals (Abdullah et al., 2025). There is also research by Indian scholars (Kansra and Gill, 2017) that consumer autonomy is lower due to the lack of understanding and dependency on agents, which implies that making policy-related language more straightforward and improving its transparency can lead to a stronger perceived control and, therefore, increase the willingness to take an insurance.

2.3 Social Influence and Subjective Norms.

The impact of social norms, which refers to the perceived social pressure of the family, peers, or the society, has yielded mixed outcomes in literature. Yeow et al. (2021) revealed that subjective norm did not play an important role in influencing the purchase decisions of Malaysian youth, which means that social influence might become less influential when people are financially literate or hold strong personal beliefs. Goel (2014) have found that in the Indian setting, preliminary awareness and perceived legitimacy of insurance products can and tend to be influenced by social networks and agent interactions. Along the same lines, Gajula and Dhanavanthan (2019) added that non-policyholders (72.9% of them were informed about insurance) were reluctant to purchase it without some form of encouragement, meaning that social approval could serve as a catalyst to actual purchase but not be a sufficient factor. These results suggest that subjective norms are contingency-specific, that is, they are stronger in low-awareness objects and less applicable when they are financially empowered and informed.

2.4 Economic Considerations and Perceived Financial Benefits.

The important role in influencing attitudes and behavioral control is influenced by financial factors, which include income, affordability and perceived economic returns. Various researchers testify to the fact that the willingness to pay is determined by income and financial literacy of people, as the most accurate predictors (Asgary et al., 2004; Liu, Gao and Rizzo, 2011). The higher income groups will view insurance as an investment tool where the lower income groups usually see it as more of a cost as opposed to a benefit (Lewis, 1989; Wang and Rosenman, 2007). Furthermore, it has been stressed in the literature that a positive impact can be positively achieved through the emphasis on financial incentives and economic security in terms of improving positive attitudes and purchase intentions. Yeow et al. (2021) noted the importance of perceived financial gains in the selection of young consumers in the form of savings

and value of the coverage. Bundorf and Pauly (2002) also believe that affordability is a relative term that lacks income but depends on the behavioral preference, and therefore even those who can afford insurance may not choose to take it out of perceived insignificance. On the same note, Mahdavi (2012) caution about the adverse selection that would occur when riskier people buy insurance at a disproportionate rate, pointing out the importance of an adequate pricing and policy design that would ensure affordability and inclusiveness. Combined, the above reflections point to the importance of financial perception and literacy as a factor contributing to insurance take up as much as economic capacity.

2.5 Synthesis and Research Gap

Altogether, the preceding research indicates that the choice to buy health insurance is a complex process that is influenced by attitudinal, social, and financial aspects. As always, attitude comes up as the most predictive among them with perceived behavioral control as the second and subjective norms effect varies extensively based on culture and context. The positive attitudes and self-efficacy are reinforced by financial benefits and literacy. Nonetheless, there are also persistent challenges, including low awareness, poor financial education, and poor trust in agents, which are found mostly in the low-income and middle-income nations.

3. Methodology

This section consists of five sub-sections. The subsections are target groups, data collection, research framework, sample size and data analysis techniques.

3.1 Target Group

The target of this study will be the youthful adults (18-35 years) in Bangladesh since they are an important age group because they become financially independent and can make decisions to buy health insurance.

3.2 Data Collection

The questionnaire in this study involved items based on the validated instrument created by Yeow, Tay, Lye, and Fauzi (2021) on the purchase intention of Malaysian young adults regarding health insurance, with some slightly modified items to fit the current study setting. The information collected about the factors that influence young adults to buy health insurance policies was gathered using an online Google form questionnaire and data was obtained about individuals from various regions of Bangladesh. The respondents have been reached through various platforms, which include social media, employment rungs, and student families to pursue various degrees. The study collected demography (age, gender, educational level, income) and other pertinent factors that influence the decision-making regarding the purchase of health insurance. The analysis will be provided to identify how prospective policyholders adopt health insurance purchases when it comes to influence of preferred factors.

3.3 Research Framework

The study framework investigates the conditions that affect purchase intentions among the young adults in Bangladesh regarding the health insurance. It has four independent variables, the attitude, subjective norm, perceived behavioral control, and perceived financial benefits

and one dependent variable, which is purchase intention. All these are contributing to the willingness of young adults to purchase health insurance.

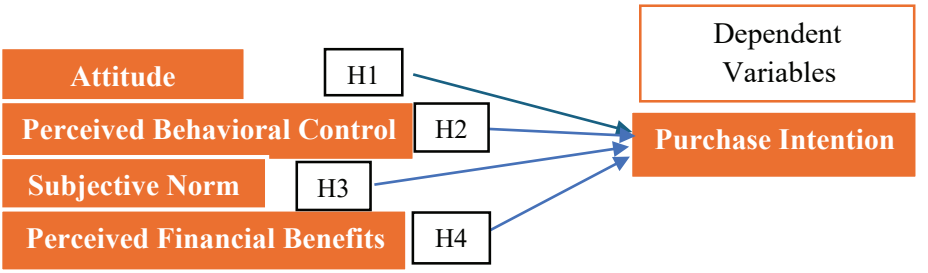


Figure 1: The Research Framework

3.4 Sample Size

To determine the required sample size of the study, Cochran (1977) formula was adopted and is appropriate when the population proportion is unknown to a large population.

The following is the presentation of the calculation:

$$n_0 = \frac{Z^2 pq}{e^2}$$

$$= ((1.96)^2 (0.5)\ (0.5)) / (0.05)^2$$

$$= 385$$

Where,

e = The amount of accuracy that is desired.

p = The (estimated) fraction of the population who have the characteristic e question,

q = 1 – p

3.5 Data Analysis Techniques

This research was conducted to understand the influencing factors which act as a catalyst to buying a health insurance policy by the potential policy buyer and an existing policy buyer. In this study, the analysis (e.g., frequency and percentage) was employed in order to determine the most influencing factors. In this study, the five-point Likert scale was utilized to determine opinions of the respondent concerning the demographic and socio-economic factors influencing the purchase of insurance policies. The opinion of each respondent has been elicited to come up with five statements; the likert scale has been used to display a series of attitudes towards each variable with numerical values (Strongly Agree- Disagree Strongly). The Ratings will be on 5-point scale (5 = strongly agree, 4 = agree, 3 = not sure, 2 = disagree, 1= strongly disagree).

i. Descriptive statistics (mean, standard deviation, skewness, and kurtosis) were first applied to summarize the main study variables.

ii. Reliability Test: To assess the internal consistency of the measurement scales, a reliability test (Cronbach's Alpha) was conducted.

iii. Kolmogorov–Smirnov (KS) test: It was used to examine the normality of individual items, while the Shapiro–Wilk test, histogram, normal Q-Q

plot were performed on the regression residuals to evaluate the normality assumption of the model.

iv. Multicollinearity test: In Multicollinearity test (Variance Inflation Factor and Tolerance values) was applied to check intercorrelations among predictors.

v. Research Hypothesis: Based on the research framework, these research hypotheses were presented which were tested in this study.

H1: The attitude and the purchase intention of health insurance have a positive relationship with the young adults in Bangladesh.

H2: The perceived behavioral control and the purchase intention of health insurance have a positive relationship with the young adults in Bangladesh.

H3: The subjective norm and the purchase intention of health insurance have a positive relationship with the young adults in Bangladesh.

H4: Perceived financial benefits of health insurance and purchase intention among young adults are positively related to one another in Bangladesh.

The hypotheses were statistically evaluated with the help of multiple regression analysis that estimated the effect of attitude, perceived behavioral control, perceived financial benefits, and subjective norm on the purchase intention toward health insurance.

4. Theory of Planned Behavior (TPB)

Theory of planned behavior (TPB) developed by Ajzen (1991) describes how people make plans which result in a particular behavior. It determines three major factors affecting intention which include attitude, subjective norm and perceived behavioral control. Attitude is a personal assessment of a behavior- like the belief that health insurance should or should not be taken. Subjective norm involves the social pressure which may be family, friends or society to purchase or disregard health insurance. The perceived behavioral control shows the level of confidence that an individual holds on their purchasing power of insurance taking into account aspects such as price, understanding, and availability. Because financial considerations are highly influential in health insurance decisions, this paper expands the TPB model by incorporating perceived financial benefits as another variable. The combination of these factors will offer a detailed overview of the role of behavioral, social and financial determinants in the decision of young adults to buy health insurance in Bangladesh.

Purchase Intention: Purchase intention is the desire of young adults to purchase health insurance according to their need, cost and value. It is influenced by their attitude, social influence and their perceived control regarding affordability. Monetary incentives such as health cover and tax allowances also provide a buying incentive. To reinforce intention, insurers are advised to touch on the psychological, social and financial point that foster trust and long-term embrace.

Attitude: The attitude of young adults to health insurance manifests the beliefs and attitudes toward the importance, value, and advantages of health insurance. It is seen in a positive light by many as a financial security and protection against any random medical expenses. Other individuals view it as unnecessary because

of low perceptions of health risks. In general, positive attitudes enhance the chances of health insurance purchase whereas negative attitudes lower them.

Perceived Behavioral Control: Perceived behavioral control indicates how the young adults believe they can afford and retain insurance cover against health. Such issues as cost, complicated procedures, and insufficient knowledge may reduce this trust. Nevertheless, financial security and information access make them feel more control and willing to buy insurance.

Subjective Norm: Subjective norms show the role played by the family, peers, and social expectations in the decision undertaken by young adults to purchase health insurance. The positive intention can be formed with the support of close circles, whereas the negative perception can demoralize the purchase. Therefore, social influence has a major role in the creation of awareness and attitudes towards health insurance.

Perceived Financial Benefits: Perceived financial benefits of health insurance are based on the idea that insurance lowers medical bills and guards against unforeseen costs. Young adults' intention to buy health insurance is strengthened by their perception of it as financial security that will help them avoid debt and protect savings in times of need.

5. Data Analysis and Results

5.1 Demographic Profile

In this section, demographic data of respondents are described in appendix table 1 includes demographic information such as gender, age, education level, employment, monthly income, health problem, and health insurance. The sample (N = 385) was mostly composed of young and educated (74.3% with bachelors or master degrees) and low-to-middle income earners (41% with incomes less than BDT 10,000). The rate of penetration of health insurance is very low as confirmed by the 16.1% of those who indicated to have health insurance.

5.2 Descriptive Statistics

Table 2: Descriptive Statistics

Variables	Mean	Standard Deviation	Skewness	Kurtosis
Purchase Intention (Dependent Variable)	3.0143	0.8797	0.0475	-0.4384
Independent Variables				
Attitude	3.7591	0.7961	-0.6495	0.2849
Perceived Behavioral Control	3.0104	0.8744	0.2259	-1.0281
Subjective Norm	2.6658	0.899	0.3825	-0.6862
Perceived Financial Benefit	3.5494	0.7227	-0.2339	0.3149

Source: Author's calculation based on R

See in appendix table 2, descriptive studies show that the mean (3.01) and standard deviation (0.88) have a positive intention to purchase health insurance. It also shows that favorable attitude towards health insurance, reflected in an average score of 3.76 and a standard deviation of 0.80. The conditional willingness was also given by the respondents (If given the opportunity, I will buy health insurance, M = 3.45) as compared to the immediate intention (I am planning to purchase health insurance, M = 2.55). This observation is indicative of an intention-behavior gap, meaning that whereas people recognize the need to buy health insurance, structural or psychological factors do not allow them to do so immediately.

All of the items' skewness values lie between -0.59 and 0.67, which is well within the suggested ±1 threshold (Hair et al., 2010). This indicates that there isn't any significant asymmetry in the data distribution. A slight negative skew (e.g., if given the opportunity, skew = -0.59) shows a tilt toward agreement, whereas a slight positive skew (e.g., preparing to purchase, skew = 0.67) indicates a propensity for lower-scale responses. Kurtosis values fall between -1.2245 and +2.0052, all of which are within the permissible range of ±2. This suggests that the distribution shapes are neither unduly flat nor peaked. Together, these statistical traits imply that the data fairly resemble a normal distribution, meeting the need for the assumption of normality in the majority of parametric statistical processes.

5.3 Assumption Test

5.3.1 Kolmogorov–Smirnov (KS) test

Table 3: Kolmogorov-Smirnov (KS) Test

Variable		Mean	SD	D_Statistic	p_ value
Purchase Intention (Dependent Variable)					
i.	I am likely to purchase health insurance in future	3.05714	1.04675	0.20737175	0.000
ii.	I am planning to purchase health insurance	2.55065	0.99904	0.304049712	0.000
iii.	I want to purchase health insurance	2.9974	1.06922	0.214157972	0.000
iv.	If given the opportunity, I will buy health insurance in future	3.45195	1.03753	0.311719547	0.000
Independent Variables					
Attitude					
v.	I consider buying health insurance to be a smart financial choice	3.92727	0.86597	0.338660039	0.000
vi.	I believe that purchasing health insurance is beneficial	3.81299	0.92778	0.286367549	0.000

vii.	I believe that health insurance is helpful in managing medical costs	3.75065	0.92992	0.278432611	0.000
viii.	I would be content if I could purchase personal health insurance	3.54545	1.06244	0.2422359	0.000
Perceived Behavioral Control					
ix.	I am confident in my ability of buying health insurance that fits to my requirements	3.24416	1.02957	0.262072442	0.000
x.	I do not need anyone's assistance to purchase health insurance	2.96883	1.06754	0.275080212	0.000
xi.	I am knowledgeable enough to purchase health insurance	3.00519	1.07042	0.267709191	0.000
xii.	I can recommend a reliable source (such as an insurance agent) when purchasing health insurance	2.82338	1.05573	0.304357604	0.000
Subjective Norm					
xiii.	When I purchase health insurance, I receive a lot of positive feedback	2.75844	1.044	0.316876119	0.000
xiv.	People that have an impact on my behavior believe that I ought to purchase health insurance	2.80519	1.083	0.254522928	0.000
xv.	The environment that I faced advises me to purchase health insurance	2.43377	1.14401	0.310054572	0.000
Perceived Financial Benefit					
xvi.	I can save money by purchasing health insurance because it exempts me from paying income taxes	3.18442	0.98677	0.239901072	0.000
xvii.	Purchasing health insurance allows me to save money by transferring the financial risk to the insurance company	3.91429	0.71475	0.365909578	0.000

Source: Author's calculation based on R

The formal KS test verifies non-normality across all indicators, despite the descriptive statistics showing means that are often between 2.43 and 3.92, indicating moderate levels of agreement, and standard deviations that are between 0.71 and 1.14, indicating rather consistent dispersion. Therefore, in order to assure reliable hypothesis testing, subsequent studies should rely on parametric methods.

5.3.2 Multicollinearity Test

Table 4: Multicollinearity Test

Predictor	VIF	Tolerance
ATT	1.301357	0.768429
PBC	1.865811	0.53596
SN	1.824469	0.548105
PFB	1.395004	0.716844

Source: Author's calculation based on R

The Variance Inflation Factor (VIF) values for all the independent variables is 1.30 to 1.87, way below the critical level of 5. On the same note, all tolerance values were greater than 0.1. This implies that there was no problem of multicollinearity in the regression model.

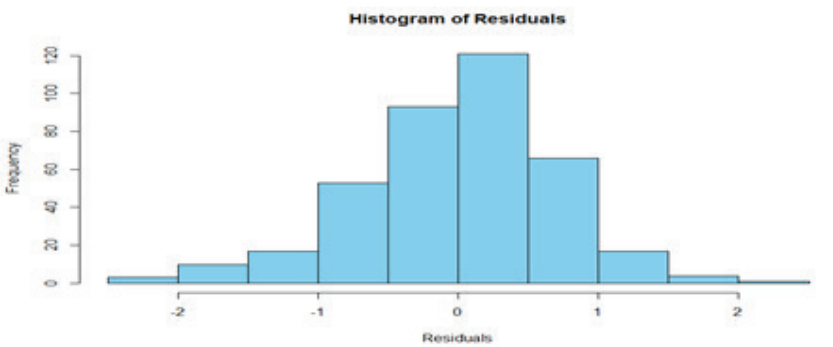
5.3.3 Shapiro Wilk Test for Residuals

Table 5 Shapiro Wilk Test

Model	W Statistic	P- Value
Regression Model (Residuals)	0.9861	0.0009454

Source: Author's calculation based on R

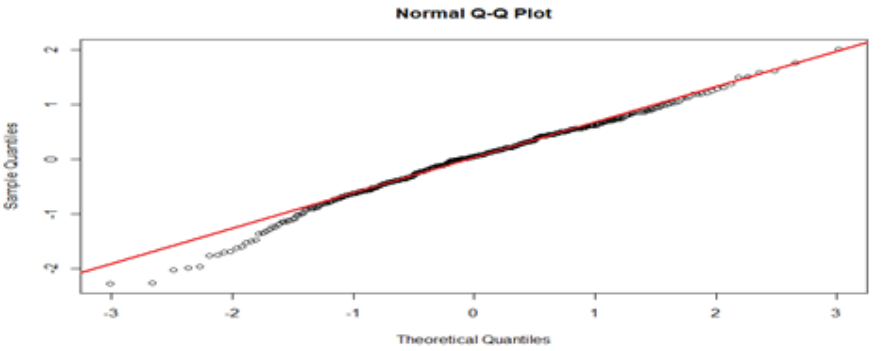
Figure 2 Histogram of Residuals



The Shapiro-Wilk test (p = 0.0009454) shows that the residual values are not distributed exactly normally. The histogram however indicates a more or less symmetric, bell-shaped distribution with the centre being at zero which implies no extreme skewness. Since the sample size (n = 385) is large, the Central Limit Theorem also guarantees the regression estimates are valid and reliable even

though slight deviations of normality do exist.

Figure 2: Normal Q-Q Plot



Source: Author's calculation based on R

The Q-Q plot indicates that most of the residual values are near to the reference line indicating approximate normality. There are small deviations at the ends, indicating a small deviation of perfect normality.

5.4 Reliability Results

Table 6: Cronbach's Alpha Test

Variables	Number of Items	Cronbach's Alpha
Dependent Variable		
Purchase Intention	4	0.87
Independent Variables		
Attitude	4	0.86
Perceived Behavioral Control	4	0.85
Subjective Norm	3	0.76
Perceived Financial Benefit	2	0.58

Source: Author's calculation based on R

Table 6, Cronbach alpha coefficient showed a good level of internal consistency: Purchase Intention (α = 0.87), Attitude (α = 0.86), Perceived Behavioral Control (α = 0.85), and Subjective Norm (α = 0.76). Perceived Financial Benefit had a lower alpha (α = 0.58), but had theoretical completeness to the participants and thus was maintained in the extended TPB. Multicollinearity tests had been conducted

to ensure that the model was adequate (VIF < 2, Tolerance > 0.5), and diagnostic tests (KS, SW, Q-Q plots) showed that the model met satisfactory distributional assumptions to be used in the regression analysis.

5.5 Hypothesis Results

Table 7: Hypothesis Results

Variable	β	t	p-value	Result
Attitude (ATT)	0.425	8.379	<.001	H1 supported
Perceived Behavioral Control (PBC)	0.097	1.756	0.08	H2 not supported
Subjective Norm (SN)	0.276	5.192	<.001	H3 supported
Perceived Financial Benefits (PFB)	-0.005	-0.094	0.925	H4 not supported

Notes: R^2 =0.385; α = o.05
Source: Author's calculation based on R

The hypothesized relationships between Attitude, Subjective Norm, Perceived Behavioral Control, Perceived Financial Benefits, and Purchase Intention were tested using multiple regression analysis (Table 7). Among the young adults, the model explained 38.5 percent of the purchase intention variance (R^2 = 0.385).

6. Discussion

The present study sought to determine the determinants of intention to purchase health insurance among young adults in Bangladesh through the Theory of Planned Behavior (TPB). The regression model accounted 38.5 percent of the purchase intention variance, and the results indicated that the attitude and subjective norm played a significant role in influencing intention and perceived behavioral control and perceived financial benefit did not play a significant role. To some extent, these findings confirm the TPB model and indicate the high behavioral and social factors in the formation of insurance intentions.

The most significant predictor was attitude (β = 0.425, p < 0.001), which supports the fact that the positive beliefs about health insurance have a profound positive impact on the willingness to purchase. This is consistent with Yeow et al. (2021), who discovered positive attitudes to financial security related to purchase intention. Favorable attitudes are created as a result of awareness of the protective effect of insurance as suggested by Maurya., Bansal, Ansari and Mishra (2023). Therefore, better education, and awareness creation regarding the advantages of having health insurance will reinforce the attitude of young adults and help them to take the lead.

The perceived behavioral control (β = 0.097, p = 0.080) was not statistically significant, which implied that the young adults might not have enough confidence or knowledge to cope with complex insurance systems. Kansra and Gill (2017) and Abdullah et al. (2025) have also reported similar problems, noting that complex processes and financial illiteracy decreases perceived control. Thus, institutionalization and trust-based

problems can hinder the intentions into the real purchase behavior.

Subjective norm ($\beta = 0.276$, $p < 0.001$) had a significant impact on purchase intention, which confirms research findings by Goel (2014) and Gajula and Dhanavanthan (2019) that peer and family encouragement is of great importance in collectivist cultures. Group approval which is a critical factor in influencing financial choices in Bangladesh makes social influence a strong force behind behavioral intention.

Surprisingly, perceived financial benefit ($\beta = -0.005$, $p = 0.925$) was not a significant predictor. This is contrary to such studies as Yeow et al. (2021), which indicate that young adults might not view health insurance as a financial benefit. This weak association could be due to limited knowledge of possible tax benefits or the long-term savings. Affordability according to Bundorf and Pauly (2002) is only a perception, therefore, even the people who will be able to afford the insurance do not necessarily value it unless there is a clear economic communication.

On the whole, these results show that behavioral and social motives are more influential in determining the intentions of Bangladeshi youth regarding health insurance than financial incentives. The research expands TPB to demonstrate that although attitude and social pressure are highly motivating factors, perceived control and monetary gains are not applicable in low-trust and low-literacy countries. This implies to policymakers and insurers to target awareness campaigns and social marketing and streamline policy processes to attract participation by young adults.

7. Conclusion and Policy Implication

To understand influences on the intention to purchase health insurance among young adults in Bangladesh, the study tested four main variables: attitude, perceived behavioral control, subjective norms, and perceived financial benefits. The results of the regression analysis indicated that the most potent predictors were attitude and subjective norms, indicating that people are more inclined to purchase insurance when they have a favorable opinion of it and are encouraged to do so. However, there was no significant difference in perceived behavioral control and financial benefits, suggesting that financial rewards and confidence in managing the policies had minimal bearing. Because most participants were interested but not yet committed due to a lack of social support and financial stability, the results also showed the existence of an intention-behavior gap. In general, policymakers and insurers can encourage the idea of health coverage for everyone in Bangladesh and raise the number of young adults who would purchase health insurance by enhancing awareness, cost, and confidence in addition to the beneficial social influence considering the following policy recommendations in mind: Firstly, to promote awareness and education programs amongst young adults. The study showed that the attitude greatly influences the purchase intention and therefore specific awareness programs are needed. Along with insurers, policymakers should develop activities that can counter the myths and emphasize the benefits of the health insurance and its role of a financial safety net. When it comes to the youth, they are more likely to experience these advertisements when the advertisement is youth-oriented and

the medium of delivery is a location such as social media sites, college campuses and work environments. Second, one should use family and peer pressure to increase adoption. Plans of insurance companies should involve peer to peer promotions, advertising systems, and family-based packages as the subjective standards are significant. Advocating positive experiences among the existing policyholders may have the ripple effect, normalizing health insurance among the social circle of young adults.

Third, standardization of insurance procedures and products is important. Lots of young adults are not confident they can find the health insurance because of the complicated words and procedures. Thus, it requires insurers to communicate effectively, reduce the administrative burden, and develop user-friendly online platforms to enable comparison and purchase to be easy. The ability of young adults to make sound decisions will also be boosted by the introduction of insurance literacy programs at colleges and places of employment. Fourth, there should be a greater adaptation of payment options and affordability. Cost still remains a factor stopping students and early-career professionals even though it was not a key predictor in terms of perceived financial benefits. They can make health insurance more affordable and attractive among this group of people by offering low-level plans, micro insurance, or ask them to pay their insurance premiums in readings. Fifth, to enhance coverage, there should be support of cooperation between institutions. The governmental organizations, businesses and universities, could collaborate with insurers to provide group insurance at a reduced price. These types of agreements would diminish hesitancy to obtain insurance and make it part of the routine financial planning of the young adults.

Finally, transparency and insurer trust must be increased in the insurance sector. Due to the inability to see transparency and passion in the settlement of the claims by insurance companies, very many young people remain sceptical about insurance. Based on this, a business must emphasize rapid service to customers, clear terms, simple and reliable claims processing. There should also be uniformity in rules and tighter control by the regulators to enhance acceptance and reputation.

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Appendix

Table- A1. Demographic Profile of Respondents

Sr. No.	Particular	No. of Respondents	Percentage (%)
1.	Total	385	100%
2.	**Gender**		
	Male	183	47.5
	Female	202	52.5
3.	**Age**		
	18-23	79	20.5
	24-29	189	49.1
	30-35	117	30.4
4.	**Education level**		
	Secondary	22	5.7
	Higher Secondary	77	20
	Bachelor degree	146	37.9
	Master's degree	140	36.4
5.	**Employment**		
	Government	46	12
	Private	89	23.1
	Self- employed	44	11.4
	Not- employed	78	20.3
	Student	128	33.2
6.	**Monthly Income Level**		
	Less than BDT 10,000	159	41
	BDT 10,000 – 19,999	46	11.9
	BDT 20,000 – 29,999	51	13.2
	BDT 30,000 – 39,999	74	19.2
	BDT 40,000 and above	55	14.5
7.	**Health Problem**		
	Yes	132	34.3
	No	253	65.7
8.	**Health insurance**		
	Yes	62	16.1
	No	323	83.9

Source: Authors Survey Data (2025)

Table-A2. Descriptive Statistics

Variables	Mean	Standard Deviation	Skewness	Kurtosis
Purchase Intention (Dependent Variables)	3.0143	0.8797	0.0475	-0.4384
i. I am likely to purchase health insurance in future	3.0571	1.0467	0.1309	-0.9391
ii. I am planning to purchase health insurance	2.5506	0.999	0.6736	-0.2107
iii. I want to purchase health insurance	2.9974	1.0692	0.0561	-0.9823
iv. If given the opportunity, I will buy health insurance in future	3.4519	1.0375	-0.5907	-0.5332
Independent Variables				
Attitude	3.7591	0.7961	-0.6495	0.2849
i. I consider buying health insurance to be a smart financial choice	3.9273	0.866	-1.012	1.061
ii. I believe that purchasing health insurance is beneficial	3.813	0.9278	-0.6376	-0.113
iii. I believe that health insurance is helpful in managing medical costs	3.7506	0.9299	-0.5738	-0.1467
iv. I would be content if I could purchase personal health insurance	3.5455	1.0624	-0.294	-0.9444
Perceived Behavioral Control	3.0104	0.8744	0.2259	-1.0281
i. I am confident in my ability of buying health insurance that fits to my requirements	3.2442	1.0296	-0.0708	-1.2245
ii. I do not need anyone's assistance to purchase health insurance	2.9688	1.0675	0.3051	-1.1576
iii. I am knowledgeable enough to purchase health insurance	3.0052	1.0704	0.2693	-1.1852
iv. I can recommend a reliable source (such as an insurance agent) when purchasing health insurance	2.8234	1.0557	0.4214	-1.0379

Subjective Norm	2.6658	0.899	0.3825	-0.6862
i. When I purchase health insurance, I receive a lot of positive feedback	2.7584	1.044	0.5883	-0.7913
ii. People that have an impact on my behavior believe that I ought to purchase health insurance	2.8052	1.083	0.1698	-1.0616
iii. The environment that I faced advises me to purchase health insurance	2.4338	1.144	0.5891	-0.7545
Perceived Financial Benefit	3.5494	0.7227	-0.2339	0.3149
i. I can save money by purchasing health insurance because it exempts me from paying income taxes	3.1844	0.9868	-0.0981	-0.9919
ii. Purchasing health insurance allows me to save money by transferring the financial risk to the insurance company	3.9143	0.7147	-0.9839	2.0052

Source: Author's calculation based on R