A Study of Youth`s Perception Toward Health Insurance Among Working Youth in Madhya Pradesh, India

Ms. Neer Bohra[1], Dr. Siddharth Rewadikar[2], Dr. Deepesh Mahajan[3*], Ms. Bhoomika Gadekar[4]

[1]Research Scholar, Prestige Institute of Management and Research, Indore, Madhya Pradesh, India

[2]Associate Professor, Acropolis Institute of Management and Research, Indore, Madhya Pradesh, India

[3]Assistant Professor, Prestige Institute of Management and Research, Indore, Madhya Pradesh, India

[4]Scholar (MBA FA "(A)" SEM 4 Scholar No: 1121813590) Prestige Institute of Management and Research, Indore, Madhya Pradesh, India

***Corresponding Author**

DOI: https://doi.org/10.47772/IJRISS.2026.100700391

Received: 22 July 2026; Accepted: 28 July 2026; Published: 03 August 2026

ABSTRACT

Background: Acquiring health insurance is becoming an essential consideration for financial planning in India, where a growing proportion of working-age individuals are developing sedentary lifestyles, adopting unhealthy dietary patterns, and consequently, are vulnerable to lifestyle-associated diseases. There is an extensive body of literature addressing health insurance awareness in India; however, the level of awareness among working youth in Tier-2 states such as Madhya Pradesh is understudied. Objective: The present study aimed to (i) assess health insurance awareness among working-age individuals, (ii) explore their perception while buying health insurance, and (iii) evaluate their level of satisfaction with their current health insurance provider. Methods: A cross-sectional, descriptive survey was conducted among 104 working individuals aged 20–30 years in Madhya Pradesh using a predesigned Google Form. Statistical analysis was performed using Chi-Square Test of Association, One-way ANOVA, Independent-samples T test, Kruskal-Wallis H Test, and Principal Component Analysis in Statistical Package for the Social Sciences (SPSS).

Results: Approximately 76.0% of respondents revealed that they have health insurance. In terms of sociodemographic variables, no association was found between gender and perceived importance of having health insurance (Cramer's V = .077, p = .437). Further, respondents' annual income was significantly associated with preferred health insurance companies (Kruskal-Wallis H = 12.493, df = 2, p = .002) and satisfaction with methods of insurance communication (H = 7.624, df = 2, p = .022). Notably, factor analysis retrieved a single underlying factor that explained 72.04% of the variance in respondents' levels of health insurance awareness.

Conclusion: Overall, the studied sample of working-age individuals demonstrated a relatively high level of health insurance awareness. In addition, findings suggest that in the studied population, the choice of a preferred health insurance company and satisfaction with methods of communication is primarily driven by respondents' annual income rather than their gender, which may be useful information for the targeted marketing of health insurance companies.

Keywords: health insurance; awareness; perception; consumer satisfaction; working youth; Madhya Pradesh, India

INTRODUCTION:

A developing fragment of the Indian economy is medical coverage. With around 1.3 billion possible recipients, the Indian wellbeing framework is among the greatest on the planet. As far as pay and work, the wellbeing area in India has in practically no time ascended to the first spot on the list. There are strategies that give both individual and family inclusion. The medical care framework in India joins public and confidential suppliers.

According to the IRDA's annual reports, the insurance in-dustry's premiums contributed 3.7% of India's GDP in the fiscal year 2023-24. Previ-ously, the customers raised health insurance claims after taking the medical treatment; this means all medical expenses are first paid by the claimant, and then insurance pro-viders recover them. By adopting the new technology, insurers disbursed the health care costs of insured individuals as soon as they were discharged from the hospitals. Cashless technology helps providers to settle the claim immediately after getting the intimation of the claim from the clients[1]. Neighborhood centers offering essential consideration, territorial emergency clinics, and public emergency clinics are instances of general well-being organizations that are upheld by government states and the administrative state and run by state authorities. The Indian government-managed retirement framework safeguards protected individuals from chances related to advanced age, inadequacy, demise, as well as affliction, pregnancy, joblessness, lastly, work environment mishaps and word related sicknesses. The Service of Work and Business is entrusted with checking all risks. Whether you are hitched or single, it is fundamental to have medical coverage. Protection buying is a part of monetary preparation. Having health care coverage facilitates the monetary and profound burden on you and your folks, who are normally monetarily reliant upon you when you are youthful, single, and start working. You can pick family floater intends to protect your family even subsequent to getting hitched.

Whether or not you are hitched or single, medical coverage is fundamental. Monetary arranging incorporates buying protection. Having health care coverage reduces the monetary and profound weight on you and your folks, particularly assuming you have monetarily subordinate guardians when you are youthful, single, and starting to work. Indeed, even in the wake of getting hitched, you can pick family floater approaches to cover your family's protection needs.

Most of youthful people who quit health care coverage refer to two explanations behind their choice: they don't figure they can bear the cost of it and they don't see its advantage. In any case, the people who felt free to purchase protection guarantee to have done so on the grounds that they partake in the security it offers, (for example, the true serenity or the capacity to try not to need to pay for clinical costs). A punishment or fine under the Reasonable Consideration Act (ACA) for not having protection is accounted for by half of the people who got inclusion. Youthful people put a high need on by and large expense and seen incentive for cash, and they are not excessively worried about brand or the better places of medical coverage, including admittance to a wide supplier organization.

Wellbeing is a significant element. A sound populace will in general live longer and extraordinarily propels the economy. Having health care coverage for a sound population is fundamental. Protection suppliers currently give specific intends to satisfy the needs of different clients. Also, the public authority offers distraught gatherings free medical care administrations. The objective of this study is to learn Mumbai's functioning youth's perspectives on health care coverage.

India's childhood commonly have exceptionally bustling lives, voyaging two hours by and large (Metro urban areas) every approach to and from their work environments. They basically never possess energy for practice in their regular routine subsequently, long work hours, business related pressure, and less occasions. Because of their chaotic timetables, individuals habitually pick inexpensive food, which is terrible for their wellbeing and makes it difficult to guarantee that the feast was ready with legitimate sterilization. Many working youths experience the ill effects of heftiness, coronary illness, and other way of life problems because of liquor, low quality food, and a lighthearted and stationary way of life.

Since individual medical coverage is moderately costly, most endeavors at health care coverage change ordinarily incorporate some sort of hazard pooling; such pooling exists in boss gave health care coverage plans. In most boss gave plans, another representative is naturally signed up for the organization s health care coverage without requiring any kind of actual assessment. Likewise, commonly all workers pay a similar charge, no matter what their wellbeing status.

REVIEW OF LITERATURE:

Existing literature suggests that consumers purchase health insurance facing numerous challenges associated with understanding the nuances of the policies and the associated costs. Pathak et al. (2024) assess the extent to which

digital payment gateways contribute to the achievement of accessibility and equity in healthcare in India. Undertaking a study based on a scope review of the existing body of knowledge, the authors provide evidence on the potential of the BHIM-UPI platform to eliminate transactional inconveniences and challenges in the provision of care to patients. Specifically, technology is associated with reduced corruption and ease of making payments to caregivers. The researchers note the presence of impediments to the widespread adoption of this technology ranging from the absence of digital literacy to inadequate security and low levels of adoption among vulnerable populations. Pathak et al. recommend addressing these challenges through targeted financial literacy programs as well as the implementation of multifactor authentication systems as recommended by policymakers. Thus, the authors conclude that the combination of technology and appropriate policy interventions will promote healthcare accessibility in India.

Shin (2020) identifies predictors of intent to buy health insurance from older adults enrolling in a health insurance program. The author reports that the decision to purchase health insurance is determined by the financial capability of the enrollee, their health status, and the extent to which they understand the nuances of the plans. In addition, the study demonstrates that the likelihood of buying health insurance is influenced by the existence of social factors such as considerations of value and lifestyle and the prevalence of preexisting conditions. Shin determines that financial stability is a critical factor influencing the propensity of older adults to purchase health insurance while also noting the presence of barriers to entry such as the complexity of the enrollment process. Thus, the author concludes that the provision of differentiated products to older people considering their financial status and consumer support measures such as education will facilitate their adoption of health insurance.

Abdilwohab et al. (2021) investigate predictors of enrollment in a community-based health insurance scheme in the periphery of southern Ethiopia. Undertaking a mixed methods study, the authors determine that community-based health insurance (CBHI) is influenced by a range of demand and supply factors. Demand factors include the general knowledge about the scheme, the size of the family, and the prevalence of diseases in the community. In contrast, the study reveals that the lack of adequate healthcare services and the absence of commitment at the local level contribute to the low uptake of CBHI schemes. In addition, the authors highlight the absence of supportive policies in this area as a critical barrier to insurance enrollment. These factors range from the inconsistent premiums charged by local insurance companies to the reluctance of local policymakers to enforce appropriate actions. Thus, Abdilwohab et al. conclude that there is a need for multifactorial strategies to promote CBHI enrollment in peripheral areas by increasing awareness and addressing the quality of care, among others.

Kumari et al. (2026) examine the structural antecedents and consequences of post-purchase regret in the context of health insurance purchases. The authors adopt a mixed-methodology approach based on structural equation modeling and artificial neural networks to analyze the factors associated with post-purchase regret and develop a framework that supports the intervention measures taken by managers to reduce this phenomenon. The study reports that the amount of the premium paid and over-consideration are the core determinants of post-purchase regret in the context of health insurance. In addition, the study reveals that the occurrence of regret leads to an increase in post-purchase dissonance levels among customers and subsequently affects their perceptions of the brand, engagement levels, and loyalty to the insurer. Kumari et al. conclude that in order to reduce the occurrence of post-purchase regret among consumers, insurance marketers should consider minimizing the decision-making space as well as managing the expectations of the clients.

Tiyagura and B (2026) assess the effect of impostor syndrome on the ethical message framing strategies of healthcare marketers with a view to establishing the intervening and moderating roles played by moral sensitivity. The authors analyze the influence of impostor syndrome on the ethical message framing of healthcare professionals using an innovative moderated mediation framework. Tiyagura and B report that moral sensitivity acts as a mediator in the relationship between the feeling of being an impostor and the ethical message framing of healthcare marketers. Similarly, the study demonstrates that psychological safety plays a moderating role in the relationship between impostor syndrome and ethical message framing. Thus, the authors conclude that healthcare managers should prioritize the creation of conditions conducive to psychological safety and promote moral sensitivity among marketers to enhance ethical message framing.

Adebayo et al. (2015) conduct a systematic review of the literature on the determinants of community-based health insurance in low and middle-income countries. A total of 24 studies are thematically analyzed to establish

the factors that influence community-based health insurance enrollment in low and middle-income countries. The study reports that individual factors such as wealth, level of education, and the prevalence of diseases affect community-based health insurance enrollment. In contrast, low-quality care, the reluctance of policymakers to endorse insurance, and the absence of appropriate premium structures negatively influence the process of enrolling in community-based health insurance schemes. Adebayo et al. conclude that multifactorial strategies that focus on improving the quality of care as well as implementing flexible premium structures are critical for promoting community-based health insurance enrollment among informal workers in low and middle-income countries.

Shah et al. (2026) develop a conceptual model that explains consumer decision-making processes in relation to the adoption of Life InsurTech. Applying a mixed-methodology approach, the authors integrate theory-driven content analysis with thematic analysis to arrive at the conceptual model of consumer behavior in relation to Life InsurTech adoption in India. This study builds upon the extant technology adoption and consumer behavior literature to determine the factors affecting the purchase of life insurance through emerging technologies. The authors determine the key variables that influence the decision-making process of consumers purchasing life insurance through InsurTech and report that these factors include technology-related, behavior-related, knowledge-related, and individual-related determinants. Thus, Shah et al. conclude that by considering the influence of these variables on the beliefs about the perceived usefulness and ease of use of technology, Life InsurTech managers and policymakers will be able to design optimal distribution strategies and reduce the perceived risks associated with the adoption of this emerging disruptive force.

Shivaprasad and Babu (2026) examine the effect of socio-cultural factors on the attitude of Gen Z towards funeral insurance. The study determines the effect of the socio-cultural background of consumers on their perception of funeral insurance by analyzing the mean perception scores associated with different social groups. Shivaprasad and Babu report that the cultural beliefs of Gen Z affect their perception of funeral insurance in terms of risk and their likelihood to purchase the insurance product. According to the study, cultural taboos against discussing death lead to negative perceptions held by young adults towards funeral insurance. The authors conclude that in order to facilitate the adoption of funeral insurance among young adults, marketers should focus on addressing the cultural beliefs that prevent this population group from considering the benefits of such products.

RATIONALE OF THE STUDY:

The review is led to figure out the discernment and consciousness of health care coverage among youth in Madhya Pradesh (India). Having medical coverage for various reasons is urgent. Individuals without protection have lower wellbeing results, get less opportune clinical consideration, are monetarily troubled for them as well as their family, and get less clinical consideration generally speaking. Also, the benefits of broadening inclusion offset the cost of the additional administrations. Medical clinic and center security net consideration builds admittance to mind yet misses the mark concerning thoroughly supplanting health care coverage. Various investigations have approved these ends, but utilizing them with some caution is shrewd.

OBJECTIVES:

1) To find out about the awareness among the youth regarding Health Insurance.

2) To find out perception of youth while taking health insurance.

3) To find their level of satisfaction with their current insurance provider.

METHODOLOGY

RESERCH DESIGN: The study is descriptive in nature. A sort of research called descriptive research is used to outline a population's characteristics. It gathers information that is used to respond to a variety of what, when, and how inquiries regarding a certain population or group**.**

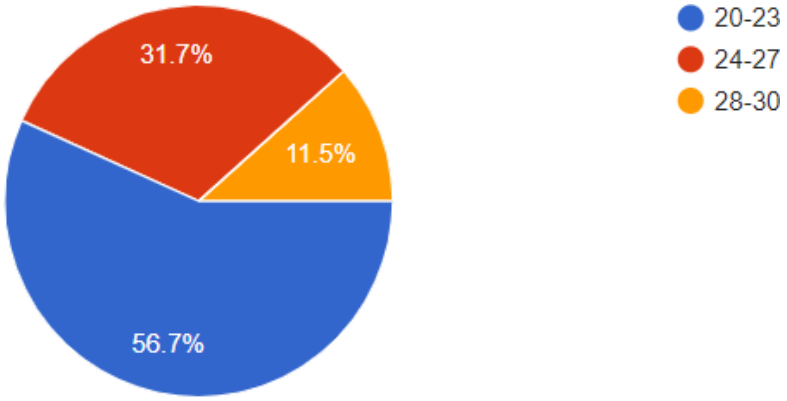
SOURCES OF DATA COLLECTION: Data has been collected from both secondary as well primary sources. From various websites, articles and through circulation of questionnaire (googleform).

SAMPLE SIZE: The sample is 104. Data has been collected from people aged between 20-30 toknow about their perception and their level of awareness regarding health Insurance.

TOOLS FOR DATA ANALYSIS: Chi-square, one–way ANOVA, Independent T- test, SPSS.

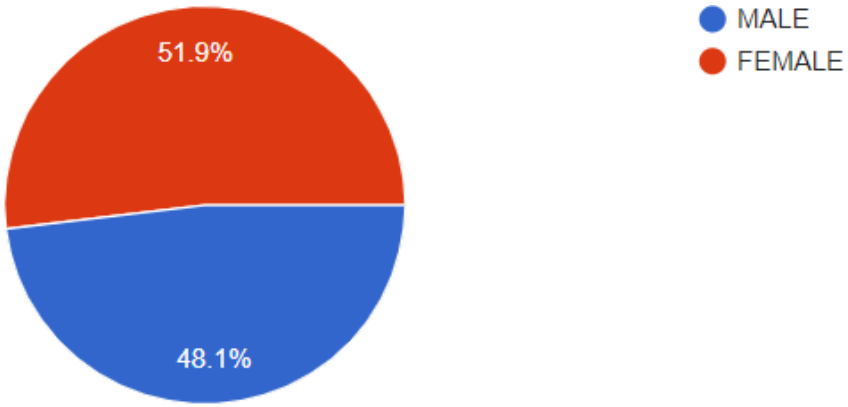
ANALYSIS AND INTERPRETATION:

1. YOUR AGE?



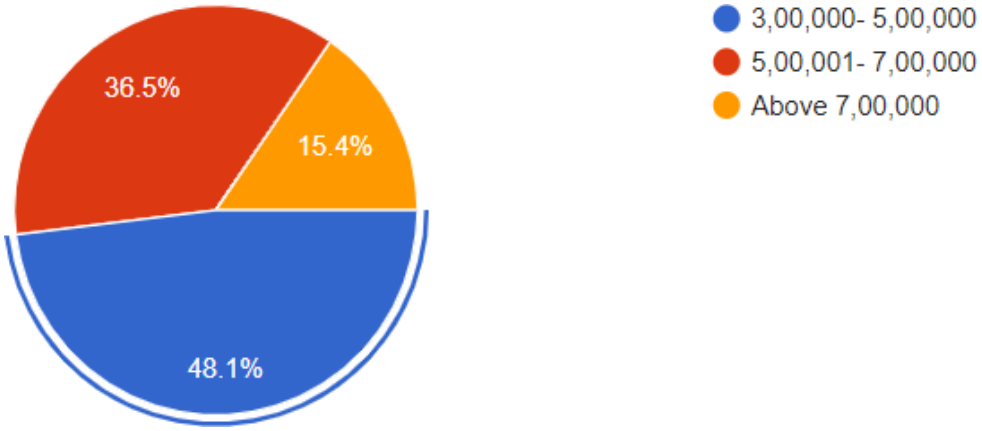
There are 59 people between the age group 20-23, and 33 people between the age group 24-27and 12 people between 28-30.

2. GENDER?



There are 50 males who responded and there are 54 female Respondents.

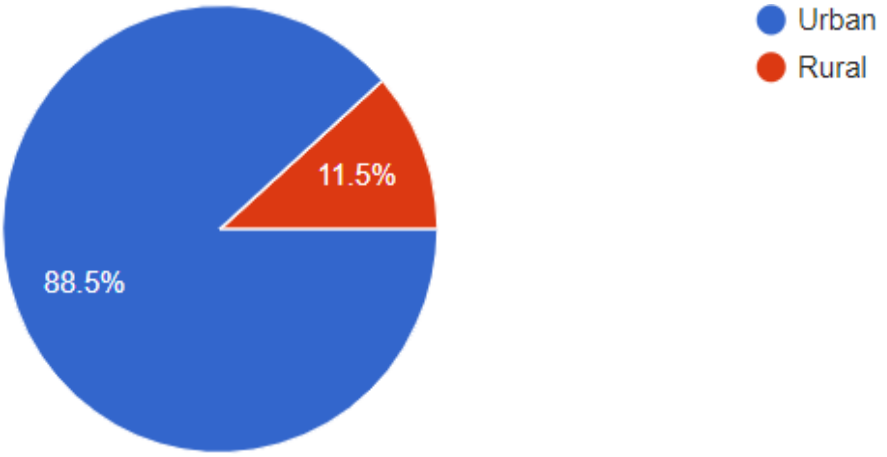
3. YOUR ANNUAL INCOME?



There are 50 people between the income group 300000-500000, and 39 people between500001-700000, and 16 people above 700000.

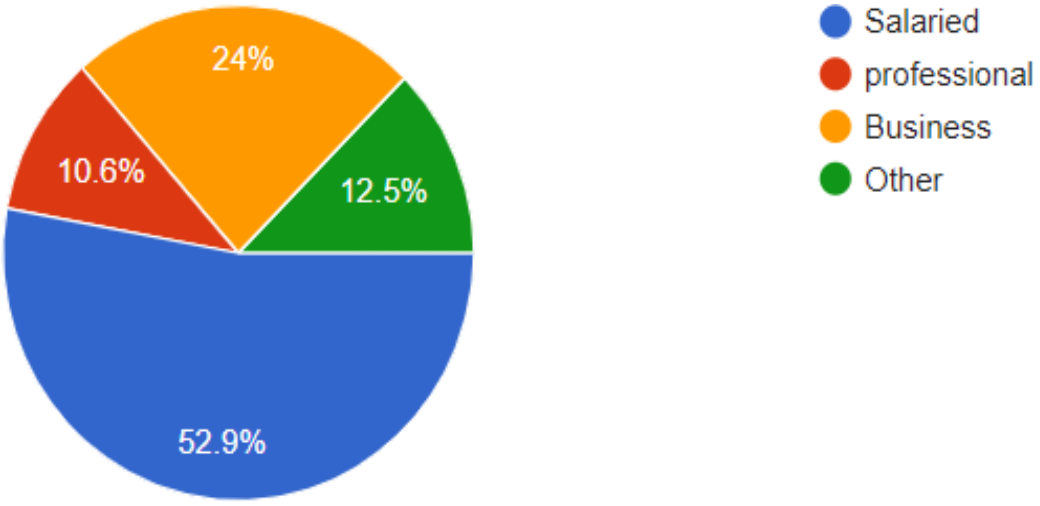
ISSN No. 2454-6186 | DOI: 10.47772/IJRISS | Volume X Issue VII July 2026

4. Your Residential status?



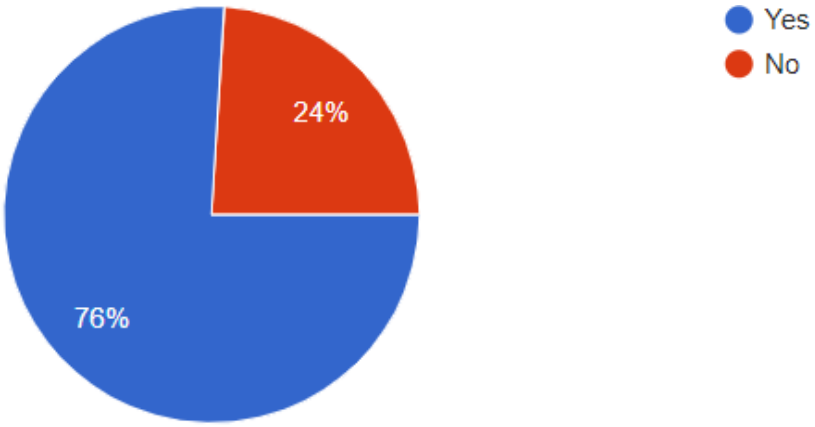
There are 92 respondents from urban area and 12 are from rural.

5. Your Occupation?



There are 55 salaried people, and 11 professionals who responded, 25 from business andrest are others.

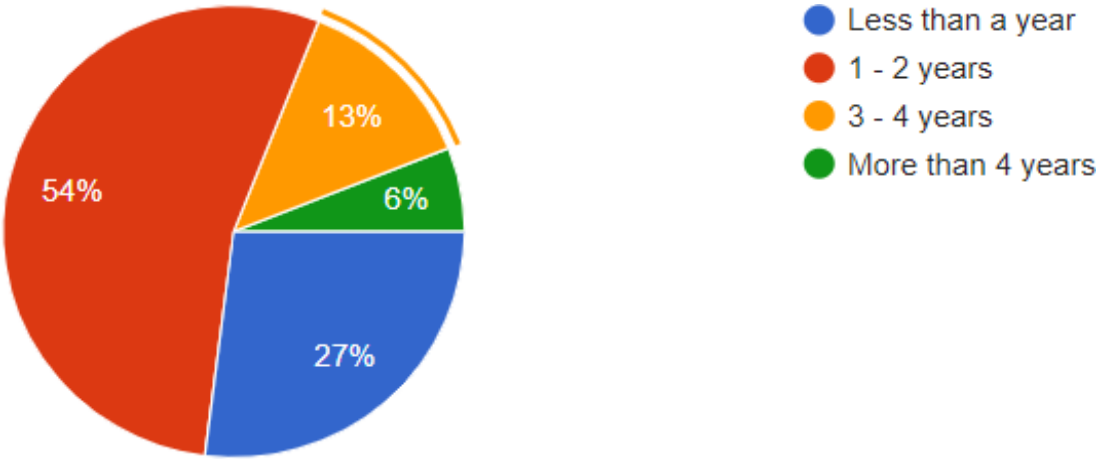
6. Do you currently have health insurance coverage?



79 Respondents have health Insurance, 24 respondents does not have an Insurance.

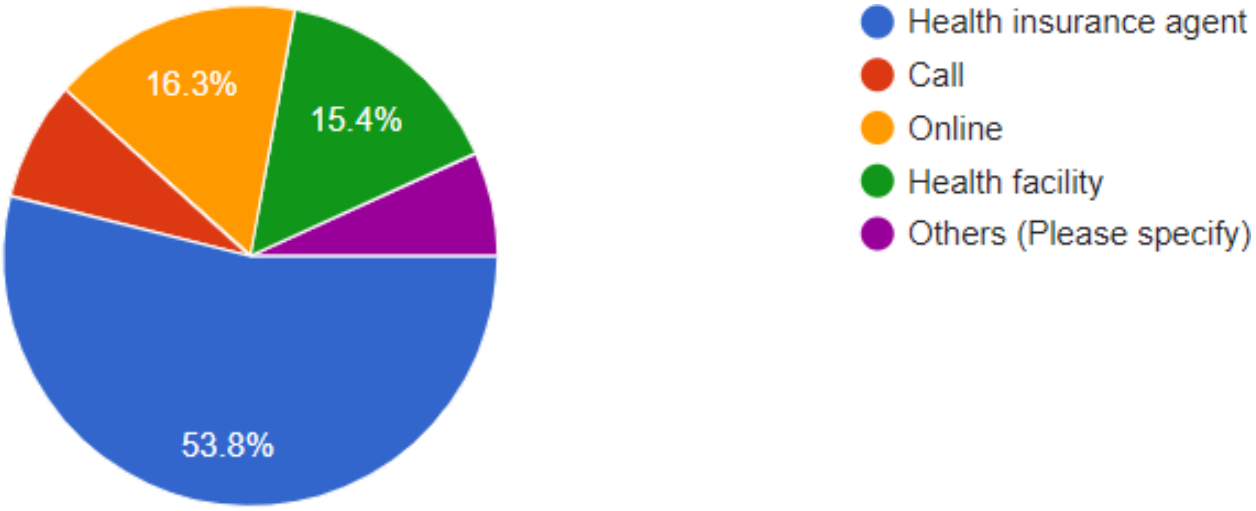
ISSN No. 2454-6186 | DOI: 10.47772/IJRISS | Volume X Issue VII July 2026

7. How long have you been associated with your current insurance provider?



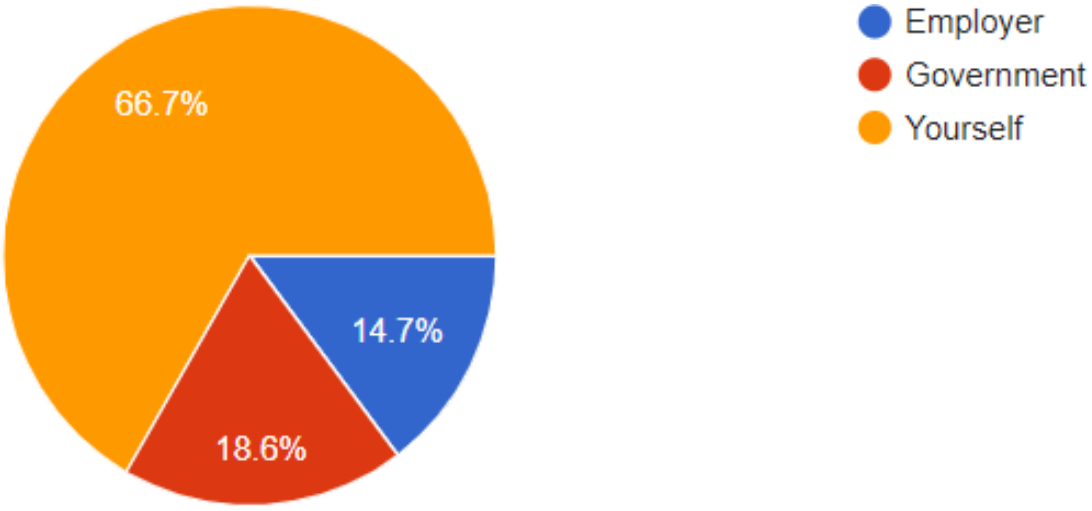
There are 54 respondents who are associated with current insurance provider, there are 27people who are associated for less than a year, and 13 who associated for 3-4.

8. What is your preferred option to get information on your health insurance?



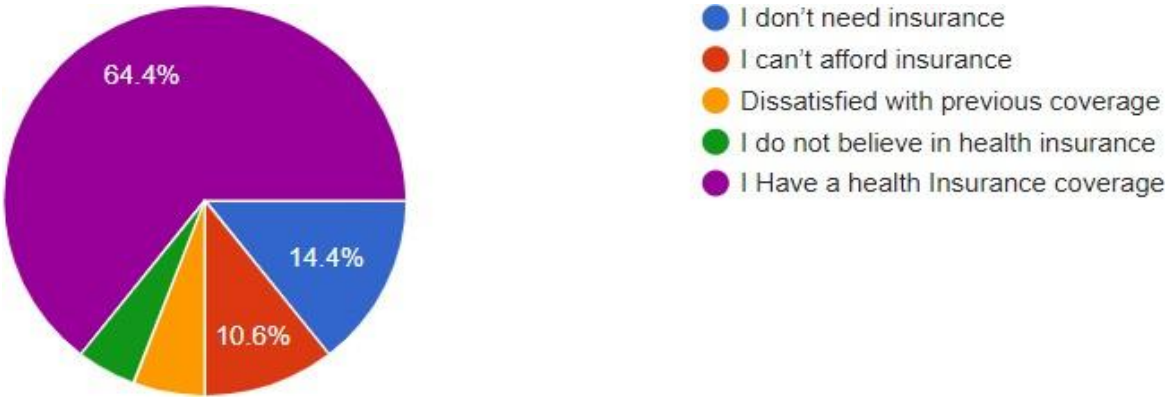
56 respondents prefer health insurance for information, 17 prefer health facility and 16 preferonline services.

9. Who pays for your health insurance?



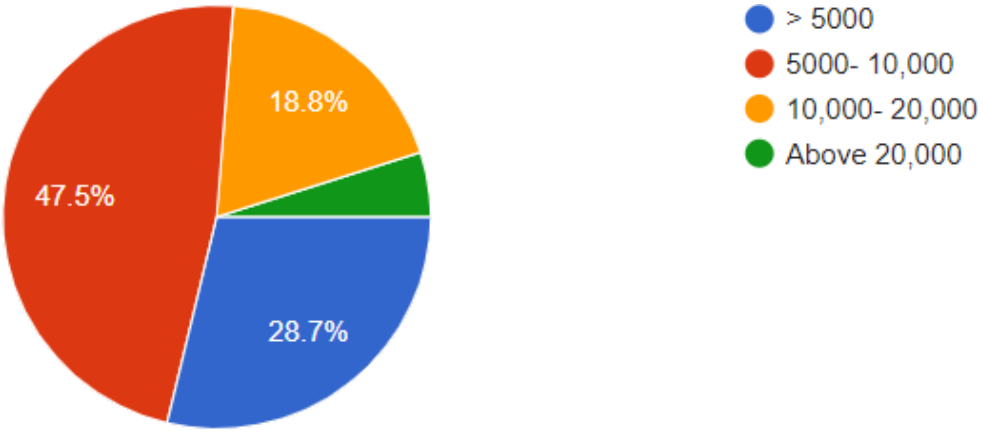
There are 67 who pay for their insurance, 15 whose insurance is paid by their employers, and forrest government pay the insurance.

10. If you do not have a health insurance coverage, why are you not insured?



There are 67 respondents who already have an health Insurance, 15 do not need Insurance.

11. Amount of Annual premium?



There are around 48 Respondents who has to pay around 5000-10000 premium, and 19 whohave to pay around 10000-20000

Descriptives

6. Do you currently have health insurance coverage?

	N	Mean	Std. Deviation	Std. Error	95% Confidence Interval for Mean		Minimum	Maximum
					Lower Bound	Upper Bound		
salaried	55	1.25	.440	.059	1.14	1.37	1	2
professional	11	1.09	.302	.091	.89	1.29	1	2
business	25	1.16	.374	.075	1.01	1.31	1	2
other	13	1.46	.519	.144	1.15	1.78	1	2
Total	104	1.24	.429	.042	1.16	1.32	1	2

ANOVA

6. Do you currently have health insurance coverage?

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	1.054	3	.351	1.959	.125
Within Groups	17.936	100	.179		
Total	18.990	103			

Since the value is 0.125 which is greater than 0.05, we accept the null hypothesis.

2. GENDER? * 14. How important do you consider health insurance to be? Crosstabulation				
Count				
		14. How important do you consider health insurance to be?		Total
		extremely important	neutral	
2. GENDER?	female	37	16	53
	male	30	18	48
Total		67	34	101

Symmetric Measures			
		Value	Approximate Significance
Nominal by Nominal	Phi	.077	.437
	Cramer's V	.077	.437
N of Valid Cases		101	

Since the value is more than 0.05, we fail to reject the null hypothesis.

There is no significant association between gender and Importance of health insurance

Total Variance Explained						
	Initial Eigenvalues			Extraction Sums of Squared Loadings		
Component	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	3.602	72.041	72.041	3.602	72.041	72.041
2	.497	9.937	81.977			
3	.374	7.485	89.463			
4	.308	6.161	95.624			
5	.219	4.376	100.000			
Extraction Method: Principal Component Analysis.						

Ranks			
	3. YOUR ANNUALINCOME?	N	Mean Rank
13. Which Insurance companydo you prefer?	3,00,000-5,00,000	48	41.66
	5,00,000-7,00,000	37	58.01
	above 7,00,000	16	62.81
	Total	101	
14. How important do you consider health insurance to be?	3,00,000-5,00,000	48	49.78
	5,00,000-7,00,000	38	51.28
	above 7,00,000	15	54.20
	Total	101	
15. How satisfied are you with your current insurance provider?	3,00,000-5,00,000	48	45.47
	5,00,000-7,00,000	37	57.18
	above 7,00,000	16	53.31
	Total	101	
16. With your current coverage,how easy is it to file a claim?	3,00,000-5,00,000	49	49.84
	5,00,000-7,00,000	37	54.80
	above 7,00,000	16	48.97
	Total	102	
17. Are you satisfied with howhealth insurance services are described and communicated?	3,00,000-5,00,000	49	46.55
	5,00,000-7,00,000	37	61.45
	above 7,00,000	16	43.66
	Total	102	

18. Level of awareness regarding health InsuranceClaim procedure?	3,00,000-5,00,000	50	50.31
	5,00,000-7,00,000	38	57.58
	above 7,00,000	16	47.28
	Total	104	
19. Level of awarenessregarding Withdrawal procedure?	3,00,000-5,00,000	50	48.24
	5,00,000-7,00,000	38	60.64
	above 7,00,000	16	46.47
	Total	104	
20. Level of awareness regarding the Tax benefits?	3,00,000-5,00,000	50	48.32
	5,00,000-7,00,000	38	60.32
	above 7,00,000	16	47.00
	Total	104	
21. Level of awareness regarding consequences of 2n-payment ?	3,00,000-5,00,000	50	51.84
	5,00,000-7,00,000	38	56.70
	above 7,00,000	16	44.59
	Total	104	

Test Statistics[a,b]

	13. Which Insurance company do you prefer?	14. How important do you consider health insurance to be?	15. How satisfied are you with your current insurance provider?	16. With your current coverage, how easy isit to file a claim?	17. Areyou satisfied with how health insurance services are described and communicated?	18. Level of awareness regarding health Insurance Claim procedure?	19. Level of awareness regarding Withdrawal procedure?	20. Level of awarenes s regarding the Tax benefit s?	21. Levelof awareness regarding consequences of 2n-payment ?
Krusk al-Wallis H	12.493	.396	3.790	.850	7.624	2.021	4.824	4.425	2.085
df	2	2	2	2	2	2	2	2	2
Asym p. Sig.	.002	.820	.150	.654	.022	.364	.090	.109	.352

From the above results we can conclude that the level of income forms a significant in case ofinsurance company preference and their satisfaction with their current insurance policy provider.

CONCLUSION

We show up to the end that the majority of the respondents know about the significance of medical coverage. An insurance contract for medical care fills in as a dependable wellspring of financing in the midst of hardship. A large portion of them have a health care coverage inclusion. The monetary circumstance might be altogether affected by the consumptions of difficult sicknesses like disease, heart conditions, and so on. A health care coverage plan can furnish with significant monetary insurance to take care of the expenses of getting treatment both locally and abroad. Also, it gives the comfort of quick repayments for more prominent monetary adaptability and covers the expenses of hospitalization, conclusion, emergency vehicle, and drug. Presently, medical coverage can be the best decision for financial backers in the business class. Considering how muddled and modern monetary business sectors are becoming, business class financial backers need a monetary mediator who can give the mastery and data essential for compelling putting resources into the venture channel. Financial backers in the business class are continuously looking for the best open doors with the most reduced risk. Business Class Financial backers are fulfilled by health care coverage since they offer enticing gets back with reasonable dangers. Banks are now being supplanted by the monetary area. Various factors, including as age, resource proportion, and earlier execution, affect the viability of shared store plans. Wasteful execution is shown by more established and high resource proportion plans. Health care coverage, be that as it may, are bound to do as such from here on out assuming they have done well previously.

CONTRIBUTION OF THE STUDY

This study contributes region-specific empirical evidence on health insurance awareness and satisfaction from Madhya Pradesh, a market underrepresented in the existing literature relative to metropolitan India. Methodologically, it jointly tests the influence of income and gender across multiple dimensions of consumer experience using a combination of Chi-square, Kruskal-Wallis, and PCA techniques, offering a more granular view of the demographic drivers of health insurance perception than studies reporting awareness levels alone. Practically, the findings offer insurers and policymakers an evidence base for designing income-tiered product communication targeted at working youth.

LIMITATIONS OF THE STUDY

This study is subject to several limitations. First, the sample was restricted to 104 respondents drawn from Madhya Pradesh, which limits the generalizability of findings to working youth in other states or to India as a whole. Second, the cross-sectional design captures perceptions at a single point in time and cannot establish causal relationships between demographic characteristics and insurance-related attitudes. Third, self-reported survey data may be subject to social-desirability or recall bias, particularly for items concerning premium amounts and awareness levels.

Future research could extend this study by (i) employing a larger, stratified random sample across multiple states to enable regional comparison, (ii) incorporating sum-insured adequacy as an outcome variable, (iii) applying confirmatory factor analysis to validate the procedural-awareness construct identified through PCA, and (iv) adopting a longitudinal design to assess whether post-pandemic increases in insurance awareness are sustained over time.

SCOPE OF THE STUDY

- This research will provide us with a better framework for understanding the origins,development, and a host of other mutual fund-related topics.
- It would also help to understand how Indian investors interact with health insurance.
- It will also help in understanding the value of health insurance.

REFERENCES

1. https://www.atlantis-press.com/article/126020933.pdf
2. Pathak, B.G., Mathew, G., Chandru, V., Kamath, M.S.: Catalyzing healthcare accessibility through cashless payment gateways in India: A digital revolution. The Lancet Regional Health - Southeast Asia 23, 100288 (2024). https://doi.org/10.1016/j.lansea.2023.100288
3. Shin, S.: Factors influencing the elderly's decisions on purchasing private healthcare insur-ance. Consumer Policy and Education Review 16(2), 57–81 (2020). https://doi.org/10.15790/cope.2020.16.2.057
4. Abdilwohab M. G., Abebo Z. H., Godana W., Ajema D., Yihune M., Hassen H. (2021). Factors affecting enrollment status of households for community based health insurance in a resource-limited peripheral area in Southern Ethiopia. Mixed method. *PLoS One*, 16(1), Article e0245952.
5. Kumari N, Mishra N, Shivani S (2026;), "Unveiling the aftermath of choice: exploring health insurance buyer's regret using mixed method approach". *International Journal of Pharmaceutical and Healthcare Marketing*, Vol. ahead-of-print No. ahead-of-print. https://doi.org/10.1108/IJPHM-06-2025-0121
6. Tiyagura NK, B KB (2026;), "Imposter syndrome and ethical messaging in health-care marketing: the mediating role of moral sensitivity and the moderating role of psychological safety". *International Journal of Pharmaceutical and Healthcare Marketing*, Vol. ahead-of-print No. ahead-of-print. https://doi.org/10.1108/IJPHM-07-2025-0149
7. Adebayo E. F., Uthman O. A., Wiysonge C. S., Stern E. A., Lamont K. T., Ataguba J. E. (2015). A systematic review of factors that affect uptake of community-based health insurance in low-income and middle-income countries. *BMC Health Services Research*, 15, 1–13.
8. Shah R, Laghate K, Chelawat A (2026), "Transforming life insurance buying: conceptual model for the

adoption of Life InsurTech services in India". *The Bottom Line*, Vol. 39 No. 1 pp. 77–95, doi: https://doi.org/10.1108/BL-07-2023-0222

9. Shivaprasad, G., & Babu, S. R. (2026). Gen Z perception towards funeral insurance in India: Cultural barriers. In *Empowering Inclusive Innovation* (pp. 390-398).
10. Raj, Meera, and Vivek Sharma. (2021). Digital Natives with a Twist: Understanding Indian Gen Z. Asian Journal of Communication Research 13 (4): 201–17.
11. Sinha, Arundhati. (2022). Silence, Superstition, and Stigma: Death as a Cultural Taboo in Indian Society. Journal of Cultural Anthropology 9 (1): 55–70.
12. Ahmed, Zohra. (2020). Death and Rituals in South Asian Communities: A Comparative Perspective. New Delhi: Sage Publications.