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FACTORS AFFECTING COMMUNITY BASED HEALTH INSURANCE PURCHASE INTENTION PURCHASE INTENTION IN NIFAS SILK SUB-CITY

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BY

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DECLARATION

I, the undersigned, declare that this thesis is my original work, prepared under the guidance of. All sources of materials used for the thesis have been duly acknowledged. I further confirm that the thesis has not been submitted either in part or in full to any other higher learning institution for the purpose of earning any degree.

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Addis Ababa University, Addis Ababa **Nov 2024**

ENDORSEMENT

This thesis has been submitted to Addis Ababa University, School of Graduate Studies for examination with my approval as a university advisor.

DR ABEBAW KASSIE

Advisor **Signature**

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ABSTRACT

The study conducted at Addis Ababa University aimed to identify factors affecting community-based health insurance (CBHI) purchase intention in Nifas Silk Sub-City. The research was driven by the need to understand the dynamics influencing CBHI uptake, which is crucial for achieving Universal Health Coverage in Ethiopia. A quantitative research approach was employed, utilizing cross-sectional surveys and statistical analysis to gather data from low-income households in Addis Ababa. The methodology involved a structured questionnaire designed to capture the interplay between expected utility, access motive, availability bias, and awareness, and their collective impact on purchase intention of CBHI. A sample size of 384 households was determined using a formula that accounts for the number of independent variables. Data analysis was performed using SPSS software, focusing on descriptive and inferential statistics to establish correlations and multiple regression models. Findings revealed a strong positive correlation between expected utility and purchase intention, indicating that perceived benefits significantly influence individuals' decisions to enroll in CBHI. Access motive and awareness also showed moderately strong positive relationships with purchase intention, suggesting that ease of access and knowledge about CBHI are important determinants of enrollment. The study concluded that enhancing awareness and perceived value of CBHI are key to increasing enrollment rates. Recommendations include implementing targeted communication strategies to improve understanding of CBHI benefits and addressing service quality concerns to build trust among potential enrollees. By addressing these factors, policymakers can design more effective interventions to promote CBHI uptake and move closer to achieving Universal Health Coverage in Ethiopia.

Key Words: *Community Based Health Insurance, Nefas Silk Sub-City, Expected Utility, Access Motive, Availability Bias, Awareness*

CHAPTER ONE

INTRODUCTION

1.1. Background of the Study

1.1.1. Community Based Health Insurance

Community-based health insurance (CBHI) schemes have emerged as a significant strategy for improving healthcare access and financial protection in low- and middle-income countries (LMICs), particularly in rural and informal sectors (Xu et al., 2020). In Ethiopia, the implementation of CBHI is a cornerstone of the country's efforts to achieve Universal Health Coverage (UHC). The scheme, launched in 2011, aims to cover 80% of districts and the population by 2020 (Federal Ministry of Health, Ethiopia, 2011).

CBHI fosters a sense of ownership and participation within communities, encouraging them to contribute to the sustainability of the scheme (Carrin et al., 2018). Studies by (Lindungu et al., 2018 and (Zeleke et al., 2019 in Ethiopia demonstrate increased healthcare utilization, particularly preventive and outpatient services, among CBHI members. CBHI reduces out-of-pocket expenditures and the risk of catastrophic health costs for member households (Alemu et al., 2019). This aspect is particularly crucial for empowering women, who are often disproportionately affected by healthcare costs (Deribe et al., 2020). Conceptually, CBHI is rooted in the principles of solidarity and mutual aid, where members contribute to a common fund used to cover the health expenses of the group (Oxfam, 2019). This approach fosters social cohesion and promotes collective well-being within communities.

In the broader African context, CBHI schemes are diverse, reflecting the varied socio-economic and health system contexts across the continent (Asobayo et al., 2018). A narrative review by (Agyemang et al., 2018 identified CBHI as one of the main models for universal health insurance in Africa, alongside social security-type health insurance, public health insurance, and private health insurance. The review found that government-run health insurance produced better results than CBHI in terms of management and resource pooling. However, the study acknowledges that CBHI remains a critical component of the health financing landscape in Africa, especially in areas with a large informal sector and a substantial number of people with low contributory capacity.

Empirical studies globally have provided mixed evidence on the impact of CBHI. A systematic review and meta-analysis by (Fan et al., 2017) assessing the impact of CBHI in LMICs found that such schemes generally improved healthcare utilization, particularly outpatient services, and offered some level of financial risk protection. However, the effectiveness of CBHI in delivering consistent financial protection from health expenditure shocks was found to be inconsistent. This suggests that while CBHI can be a stepping stone towards UHC, it requires context-specific policies and operational modifications to fully realize its potential.

Socio-economic factors, health beliefs, and lack of awareness about the importance of health insurance can affect scheme uptake (Alem et al., 2018). Concerns about the quality of services offered by CBHI can discourage participation (Woldeyohannes et al., 2018). Transparency and accountability in managing CBHI funds are crucial for building trust among members (Assefa et al., 2019). The scope of benefits offered by CBHI schemes may not adequately address the needs of all members, particularly those requiring specialized care (Hanlon et al., 2019).

Addressing these challenges requires a multi-pronged approach involving community engagement, capacity building for CBHI management, improving healthcare service quality, and potentially expanding benefit packages. By continuously monitoring and adapting the scheme based on local needs and ongoing evaluations, CBHI can play a significant role in achieving UHC in Ethiopia and other LMICs.

1.1.2. Purchase Intention

The intention to purchase health insurance is a multifaceted issue that has been studied from various theoretical, conceptual, and empirical perspectives. In Ethiopia, the implementation of Community-Based Health Insurance (CBHI) schemes has been a significant step towards improving healthcare access and financial protection. Mulat et al. 2022) highlighted the early achievements and challenges in scaling up CBHI in Ethiopia, emphasizing the importance of political support and community engagement. Similarly, Merga et al. 2022) assessed the determinants of health insurance coverage in Ethiopia, finding that socio-economic and demographic factors significantly influence coverage. These studies contribute to the theoretical understanding of health insurance systems in a developing country context.

Conceptually, the framework of health insurance purchase intention can be influenced by subjective norms, perceived product risk, and perceived behavioral control, as demonstrated in

studies conducted across Africa. For instance, Ly et al. 2022) conducted a narrative review of universal health insurance in Africa, comparing institutional models and their effectiveness in achieving universal health coverage. This conceptual analysis provides insights into the institutional characteristics that can facilitate or hinder the purchase intention of health insurance.

Empirically, global studies have examined the factors affecting health insurance purchase intention. Mamun et al. 2021) explored the effects of insurance literacy, perceived usefulness, and attitudes toward health insurance on purchase intentions among Malaysian working adults, providing a model that can be applied to other contexts. Jayaraman et al. 2017) also conducted an empirical study in Malaysia, focusing on customer perceptions of health insurance products and services and their influence on purchase intention. These empirical findings offer a broader perspective on the variables that impact individuals' decisions to purchase health insurance.

In summary, the intention to purchase health insurance is shaped by a complex interplay of theoretical, conceptual, and empirical factors. Studies from Ethiopia and across Africa provide a rich context for understanding the unique challenges and opportunities in health insurance systems. Meanwhile, global empirical research offers a comparative lens to evaluate the factors influencing health insurance purchase intention. Together, these studies form a comprehensive body of knowledge that can inform policymakers, stakeholders, and researchers in their efforts to enhance health insurance coverage and financial protection for populations worldwide.

1.13. Community Based Health Insurance in Ethiopia

Community-Based Health Insurance (CBHI) schemes have emerged as a significant strategy for advancing Universal Health Coverage (UHC) in low and middle-income countries, including Ethiopia (Xu et al., 2020). The implementation of CBHI in Ethiopia, initiated in 2011, aimed to increase healthcare access and provide financial protection to households (Federal Ministry of Health, Ethiopia, 2011). Studies from Ethiopia have shown positive impacts of CBHI on healthcare utilization and financial burden.

A qualitative study by (Woldeyohannes et al. 2018) on the scaling up of CBHI in Ethiopia highlighted increased utilization of preventive and outpatient services among members. Similarly, (Tafere et al. 2020) using quantitative data found a significant association between CBHI membership and preventive care utilization.

A comparative cross-sectional study by (Alemu et al. 2019) nested within a larger national household survey assessed the impact of CBHI on financial risk protection. Their findings revealed that CBHI membership resulted in a significant reduction in annual out-of-pocket payments and protected members from catastrophic health expenditures. This aligns with research by (Amare et al. 2018) who found that CBHI membership reduced household impoverishment due to healthcare costs.

The theoretical underpinnings of CBHI are rooted in the concept of **risk pooling**, where a community of individuals share the financial risk associated with health care costs (Oxfam, 2019). This approach is particularly relevant in the Ethiopian context, where a significant portion of the population is engaged in informal employment and lacks access to formal insurance mechanisms (Deribe et al., 2020). Conceptually, CBHI is designed to promote equity and solidarity, as it allows for cross-subsidization between the healthy and the sick, the rich and the poor (Alem et al., 2018).

Research by (Zeleke et al. 2019) in Ethiopia found that CBHI membership was associated with increased utilization of maternal health services, particularly among women in rural areas. This aligns with broader evidence from Africa, as a review by (Lindungu et al. 2018) highlights similar trends in increased healthcare utilization, especially among women and children, following CBHI implementation in various African countries.

A study by (Hanlon et al. 2019) in Ethiopia suggests that CBHI can incentivize improvements in healthcare service quality, as providers compete for members and aim to deliver services that meet member expectations.

In Africa, the experience of Rwanda's CBHI scheme, often cited as a successful model, provides valuable insights (Binagwaho et al., 2018). Rwanda's CBHI has achieved high coverage rates and has been associated with improved health outcomes and reduced financial barriers to care (Bitran et al., 2017). Globally, the World Health Organization (WHO) recognizes CBHI as a viable option for countries striving to achieve UHC, especially in settings where formal sector employment is limited (World Health Organization, 2010).

The empirical evidence from Ethiopia aligns with broader trends observed across Africa and globally. A systematic review by (Alem et al. 2018) of factors affecting the uptake of CBHI in Ethiopia identified awareness, perceived quality of care, and trust in the management of the scheme

as critical determinants. These findings underscore the importance of community engagement strategies to raise awareness and address concerns (Carrin et al., 2018). Additionally, the need for robust management structures to ensure transparency, accountability, and efficient use of funds is crucial for building trust among members (Assefa et al., 2019).

1.2. Statement of the Problem

The empirical gap in the study of factors affecting community-based healthcare insurance (CBHI) in Nifas Silk Lafto sub-city, Ethiopia, can be discerned by examining existing literature and identifying areas that lack thorough exploration or understanding. In Ethiopia, CBHI schemes were launched with the vision of enhancing health service utilization, providing financial protection, and achieving broad population coverage by 2020 (Federal Ministry of Health, Ethiopia, 2011). Despite these efforts, disparities persist in healthcare coverage and utilization, particularly in maternal healthcare services within Addis Ababa (Amare et al., 2018). Nifas Silk Lafto sub-city exhibits one of the largest coverage gaps, highlighting the need for targeted research.

Studies across Ethiopia and Africa have shown that CBHI positively impacts health service utilization and reduces out-of-pocket payments (Alemu et al., 2019; Bitran et al., 2017; Lindungu et al., 2018). This suggests CBHI is an effective strategy for promoting universal health coverage (UHC). However, the effectiveness and sustainability of CBHI depend on various contextual factors (Asobayo et al., 2018). A deeper understanding of these factors and their interplay within the specific context of Nifas Silk Lafto is crucial.

While CBHI improves access to healthcare, the extent to which it empowers women, who are often the primary healthcare decision-makers in households, remains under-researched (Deribe et al., 2020). Studies like (Hanlon et al. 2019) suggest CBHI can incentivize service quality improvements, but how this translates to women's decision-making power and healthcare choices in Nifas Silk Lafto needs further exploration.

CBHI's role in addressing social determinants of health (SDoH), such as poverty, education, and sanitation, which significantly contribute to health disparities, is not well understood (Braveman, 2017) (Braveman & Davies, 2017). Research is needed to explore how CBHI can be integrated with broader interventions that address SDoH in Nifas Silk Lafto.

The socio-economic barriers that prevent the poorest households from receiving recommended healthcare services, despite CBHI membership, need further investigation. Studies like (Alem et al. 2018) highlight awareness and trust in scheme management as key determinants of uptake. Research in Nifas Silk Lafto should identify specific barriers faced by low-income households and explore strategies to overcome them, such as targeted outreach programs or subsidized membership fees.

The challenges associated with CBHI implementation, such as staff training and developing robust health information systems, require further investigation (Assefa et al., 2019). Research in Nifas Silk Lafto can identify specific operational bottlenecks and inform the development of context-specific solutions. The potential of CBHI to mobilize additional resources through stakeholder engagement, including healthcare providers, policymakers, and the private sector, is an under-explored area (Carrin et al., 2018). Studies in Nifas Silk Lafto can explore how to leverage partnerships with various stakeholders to strengthen CBHI's financial sustainability and service delivery capacity.

The empirical gap in CBHI research in Nifas Silk Lafto sub-city can be addressed by focusing on socio-economic determinants, healthcare service quality, women's empowerment, SDoH, operational challenges, and resource mobilization. Future research that provides a comprehensive understanding of these factors can inform the effective scale-up of CBHI and contribute to achieving UHC in Ethiopia.

1.3. Research Question

1. What is the effect of expected utility on purchase intention of community-based health insurance in Nifas Selk Sub City
2. What is the effect of access motive on purchase intention of community-based health insurance in Nifas Selk Sub City
3. What is the effect of availability bias on purchase intention of community-based health insurance in Nifas Selk Sub City
4. What is the effect of awareness on purchase intention of community-based health insurance in Nifas Selk Sub City

1.4. Research Objectives

1.4.1. General Objective

The study aims to analyze the factors that affect purchase intention of community based health insurance in Nefas Silk sub-city

1.4.2. Specific Objectives

The research will have the following specific objectives

1. To analyse the effect of expected utility on purchase intention of community-based health insurance in Nifas Selk Sub City
2. To analyse the effect of access motive on purchase intention of community-based health insurance in Nifas Selk Sub City
3. To analyse the effect of availability bias on purchase intention of community-based health insurance in Nifas Selk Sub City
4. To analyse the effect of awareness on purchase intention of community-based health insurance in Nifas Selk Sub City

1.5. Significance of the Study

For Scholars: Studying the factors affecting community-based healthcare insurance in Nifas Silk Lafto sub-city holds significant academic value. It provides an opportunity for scholars to contribute to the existing body of knowledge in the field of healthcare economics, public health, and community-based insurance. By conducting research in this area, scholars can explore the dynamics of healthcare access, affordability, and utilization within a specific community, thereby enriching the academic literature with valuable insights into the effectiveness and challenges of community-based healthcare insurance models.

For Policy Makers: The study of factors affecting community-based healthcare insurance in Nifas Silk Lafto sub-city is crucial for policy makers. It provides evidence-based data that can inform the development and implementation of healthcare policies and initiatives at the local, regional, and national levels. Policy makers can utilize the findings to design targeted interventions aimed at improving healthcare coverage, addressing disparities, and promoting sustainable healthcare financing mechanisms. Additionally, the research outcomes can guide the allocation of resources

and the establishment of regulatory frameworks to support the expansion and effectiveness of community-based healthcare insurance schemes.

For Existing Literature: The significance of this study extends to the existing literature on community-based healthcare insurance and healthcare access in urban settings. By delving into the specific factors influencing healthcare insurance in Nifas Silk Lafto sub-city, the research contributes to the enrichment of the literature with context-specific findings. These insights can serve as valuable references for future studies, comparative analyses, and policy evaluations in similar urban communities, thereby fostering a deeper understanding of the complexities and nuances associated with community-based healthcare insurance initiatives.

1.6. Scope of the Study

Methodological Scope

The study on factors affecting community-based healthcare insurance in Nifas Silk Lafto sub-city will employ a quantitative research approach. Quantitative methods, such as surveys and statistical analysis, will be utilized to assess the prevalence and impact of healthcare insurance within the community. The research will also involve a comprehensive review of existing literature and policy documents to contextualize the findings within the broader healthcare landscape.

Geographical Scope

The geographical scope of the study will be focused specifically on Nifas Silk Lafto sub-city, which is located in Addis Ababa, Ethiopia. The sub-city has a total land area of 5876.02 hectares and exhibits noticeable elevation differences in the landscape, ranging from 2074 to 2485 meters above sea level. By concentrating on this specific urban area, the research aims to capture the unique dynamics and determinants of community-based healthcare insurance within the context of Nifas Silk Lafto sub-city.

Conceptual Scope

The study will be guided by a conceptual framework that encompasses the multifaceted factors influencing community-based healthcare insurance. This framework will consider the interplay of socio-economic determinants, healthcare access barriers, policy implications, and community

perceptions. It will also incorporate the dimensions of expected utility, access motive, availability bias, and awareness of healthcare services within the context of the sub-city.

Time Scope

The research will be conducted over a specified time frame 2023-2024), allowing for the collection of cross-sectional data to capture temporal variations and trends in community-based healthcare insurance. The time scope will encompass an initial phase of data collection, including surveys, followed by a period of data analysis and interpretation.

1.7. Organization of the Study

The research paper is organized into five chapters. Chapter one contains background of the study, statement of the problem, research questions and hypothesis, research objectives, significance of the study, limitation of the study, definition of terms. Chapter two provides literature review about the study area. Chapter three presents the Methodology which use in the research and this include research approach and design, population and sample size, methods of data analysis. Chapter four discusses about data analysis and results. Finally, chapter five comprises conclusion and recommendation of the study.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

Insurance plays a pivotal role in risk management, offering individuals and organizations a way to mitigate potential financial losses due to unforeseen events. This chapter delves into the intricacies of insurance, particularly health insurance, and its impact on economic stability and healthcare accessibility. It explores the theoretical underpinnings, reviews key concepts, and examines empirical evidence on purchase intentions within the insurance sector. By analyzing various models and studies, the literature review aims to provide a comprehensive understanding of the factors influencing the effectiveness and uptake of insurance, with a focus on community-based schemes and their role in achieving universal health coverage.

2.2. Theoretical Review

2.2.1. Review of Concepts

2.2.1.1. Insurance

Insurance is a fundamental component of risk management systems, providing a mechanism for individuals and organizations to mitigate potential financial losses due to unforeseen events (Clark et al., 2019). The concept is rooted in the principle of risk pooling, where individuals or entities exposed to similar risks contribute to a common fund (Swiss Re, 2020). This fund is then used to compensate members who suffer losses (Toppr, 2015). This collective approach to managing uncertainty allows for the distribution of risk across a wider base, reducing the financial impact on any single member. A study by (Liu et al. 2020) highlights the effectiveness of risk pooling in risk mitigation, demonstrating that well-designed insurance schemes can significantly improve financial resilience, particularly for vulnerable populations.

The primary function of insurance is to offer financial protection and peace of mind by replacing the uncertainty of a potential loss with the certainty of a regular premium payment (Ehrhardt & Deck, 2017). This exchange is formalized through an insurance policy, a contract in which the insurer agrees to compensate the insured for specific losses in return for a premium (Toppr, 2015). The insurer's ability to provide this protection is based on the law of large numbers, a statistical

principle that states as the number of insured entities increases, the easier it is to predict the overall risk of the pool with a reasonable degree of accuracy (Wacholder, 2019). This predictability allows insurers to calculate appropriate premiums to cover potential payouts.

Insurance principles are guided by the concept of utmost good faith, requiring both the insurer and the insured to act honestly and disclose all relevant facts that could affect the terms of the insurance contract (Picazo & Guillén, 2018). This principle ensures that the contract is valid and enforceable, and that the risks are adequately understood and priced. For instance, failing to disclose pre-existing health conditions in a life insurance policy could be considered a breach of good faith.

The economic role of insurance extends beyond risk mitigation, contributing to capital formation and economic stability (Cummins & Weiss, 2016). The premiums collected by insurers represent a significant pool of capital, which can be invested in various sectors of the economy, such as infrastructure development or venture capital. This investment generates income and facilitates economic growth (Toppr, 2015). Moreover, insurance companies often play a vital role in fulfilling legal requirements, such as mandatory car insurance or professional liability insurance. This promotes social welfare by ensuring compliance with regulations and protecting individuals from financial burdens in case of accidents or negligence (Blake et al., 2019).

From an economic perspective, insurance is seen as a contingent good, with its value derived from the coverage it provides against potential losses (Menezes et al., 2012). The economics of insurance has evolved to address challenges such as moral hazard, where the insured might engage in riskier behavior knowing they are protected (e.g., driving recklessly with car insurance). Additionally, adverse selection occurs when those most likely to suffer a loss are more inclined to purchase insurance, potentially leading to higher premiums for everyone (Chiappori et al., 2020). These challenges necessitate sophisticated underwriting and pricing strategies to maintain the viability and fairness of the insurance system. Actuarial science plays a crucial role in this process, as actuaries analyze data and calculate probabilities to determine appropriate risk profiles and premiums.

2.2.1.2. Health Insurance

Health insurance is a critical component of healthcare systems worldwide, providing financial protection against the high costs of medical care. The concept is rooted in the notion of risk sharing, where individuals contribute to a common fund to cover the expenses of healthcare services when

needed (Cutler, 2004). This approach promotes equity and social solidarity, ensuring that everyone has access to necessary care, regardless of their ability to pay upfront.

The impact of cost sharing, where policyholders share some of the costs of covered services, has been a subject of ongoing research. The RAND Health Insurance Experiment, a landmark study by (Newhouse et al. (1993), found that cost sharing did reduce the use of both highly effective and less effective services. However, it did not significantly affect the quality of care received by participants. This suggests that cost sharing may incentivize individuals to be more mindful of healthcare utilization, but it is crucial to strike a balance to avoid discouraging necessary preventive or treatment services.

The scope of health insurance can vary greatly, with plans offering a spectrum of coverage options. Some plans provide **comprehensive coverage**, encompassing a wide range of services, including hospitalization, physician visits, diagnostic tests, and medications (Oliver et al., 2019). In contrast, other plans may be more limited, focusing on specific categories like hospitalization or major medical events. Managed care plans, such as Health Maintenance Organizations (HMOs), often emphasize preventive care and gatekeeper systems to manage costs (Gruber, 2014).

As (Lieberthal 2016) discusses, health insurance involves a trade-off between the degree of protection and the price. Full coverage plans offer the most protection against financial risk but can be expensive. Conversely, more limited plans may be more affordable but leave individuals exposed to higher out-of-pocket costs if they require extensive medical services. Understanding these trade-offs is crucial for individuals when choosing a health insurance plan that meets their needs and budget.

The field of health economics plays a vital role in analyzing the behavior of stakeholders in the health insurance market, including insurers, healthcare providers, and patients (Folland et al., 2017). This analysis helps us understand how factors like insurance design, provider reimbursement structures, and consumer cost-sharing influence the quality and cost of medical care. By understanding these dynamics, policymakers can design health insurance systems that promote efficiency, affordability, and access to quality care.

The conceptualization and measurement of health for adults in the Health Insurance Study (HIS) is another significant aspect of health insurance research. This study, conducted by the RAND

Corporation, reviewed existing literature and documented the construction of health status measures used in the HIS. It provided detailed methods for sample selection and data collection on health status, allowing for robust analysis of the impact of health insurance on individuals' health outcomes (RAND Corporation, 2024).

2.2.1.3. Community Based Insurance

Community-Based Insurance (CBI), often implemented as Community-Based Health Insurance (CBHI), is a pivotal mechanism designed to provide financial risk protection, improve access to health services, and promote healthcare equity, particularly in low and middle-income countries (LMICs) (Xu et al., 2020). The concept of CBHI is rooted in the collective pooling of resources by community members to offset healthcare costs, thereby reducing the financial burden on individuals.

Studies across Africa have demonstrated the positive impact of CBHI on healthcare utilization and financial protection. A study conducted in Ethiopia by (Alemayehu et al. 2023) assessed the impact of CBHI on health service utilization and financial risk protection. Their findings revealed that CBHI membership resulted in increased health service utilization and reduced out-of-pocket payments, which are significant indicators of improved financial protection. Similarly, (Tafere et al. 2020) found a positive association between CBHI membership and preventive care utilization in Ethiopia.

A systematic review and meta-analysis by (Eze et al. 2023) corroborated these findings, indicating that CBHI schemes substantially improved healthcare utilization across various African countries. The review also highlighted a positive impact on financial risk protection, with reduced catastrophic health expenditures among CBHI members.

The World Health Organization (WHO) acknowledges that while CBHI schemes hold much promise, their impact on financial protection and access to needed healthcare can be moderate for those enrolled (World Health Organization, 2010). This suggests that while CBHI can be an effective strategy for promoting UHC, there are limitations to its efficacy. These limitations may be attributed to several factors, including:

Low enrollment rates can dilute the risk pool and financial sustainability of CBHI schemes (Deribe et al., 2020). Factors such as affordability of premiums and perceived value of the benefits can

influence enrollment rates. The design of the CBHI scheme, including the benefit package and cost-sharing arrangements, can significantly impact its effectiveness (Alem et al., 2018). Balancing comprehensive coverage with affordability is crucial. The range of healthcare services covered by the CBHI scheme can influence its impact. Exclusion of certain services may discourage utilization or leave members exposed to significant out-of-pocket costs for essential care (Hanlon et al., 2019).

Despite these limitations, CBHI schemes can play a crucial role in achieving UHC by providing a safety net for those not financially capable of managing out-of-pocket medical bills (Lindungu et al., 2018). This is particularly significant in rural settings of LMICs, where access to basic healthcare services is often limited.

Active involvement of the community in scheme design, implementation, and management is crucial for building trust and ensuring sustainability (Carrin et al., 2018). The benefit package should cover a range of essential healthcare services to provide meaningful protection and incentivize utilization (Xu et al., 2020). Careful consideration of premium pricing, enrollment rates, and benefit packages is necessary to ensure the long-term financial viability of the scheme (Assefa et al., 2019).

Effective implementation requires careful consideration of the local context, including (Alem et al., 2018) Premium affordability is essential for broad participation. The benefit package should address the most common health issues in the community. The capacity of local healthcare providers to deliver covered services is crucial.

2.2.1.4. Purchase Intentions

Purchase intention is a significant concept in consumer behavior research, representing the likelihood that a consumer will plan to acquire a specific product or service. The foundation of this concept is rooted in the theory of reasoned action, which posits that behavioral intentions are influenced by an individual's attitude toward the behavior and subjective norms (Fishbein & Ajzen, 1975). Studies have expanded on this by exploring the various factors that can influence purchase intention, such as consumer perception, emotional interaction, and perceived usefulness. For instance, Cozer 2018) conducted a qualitative study on second-hand clothing stores and found that consumer's perception significantly impacts their purchase intentions, highlighting the role of motivational and moderating drivers. Similarly, Wang, Sun, and Hou 2021) examined how emotional interaction in social commerce affects purchase intention, revealing that familiarity and

intimacy positively influence purchase intentions through perceived usefulness. This aligns with the stimulus-organism-response (SOR) framework, which suggests that environmental stimuli (S) affect the organism's internal state (O), leading to a response (R), such as a purchase intention (Mehrabian & Russell, 1974).

Further research has delved into the moderating effects of product type on purchase intention. Wang et al.'s 2021) study supports the idea that product type can moderate the relationship between emotional interaction and purchase intention, indicating that different products may evoke varying levels of emotional engagement, which in turn affects the consumer's intention to purchase. Additionally, the influence of social and environmental consciousness on purchase intention has been a growing area of interest. For example, a meta-analysis on the factors influencing green purchase intention suggested that environmental concern and social influence are significant predictors of consumers' intention to purchase environmentally friendly products (Ding, Wang, Liu, & Long, 2017).

The concept of purchase intention is also closely linked to the perceived risk and trust a consumer has towards a product or service. Research indicates that perceived risk can negatively affect purchase intention, while trust can mitigate this effect and encourage purchase behavior (Kim, Ferrin, & Rao, 2008). In the context of online shopping, factors such as website quality, ease of use, and security can influence consumers' trust and, consequently, their purchase intentions (Pavlou, 2003).

2.2.1.5. Purchase Intention of Healthcare Insurance

Purchase intention in healthcare insurance is a multifaceted domain that has been the subject of various studies. Purchase intention refers to the likelihood that a consumer will choose to purchase an insurance policy and is influenced by several factors, including individual attitudes, perceived usefulness, and social influence. Mishra et al. 2024) extended the Theory of Planned Behavior (TPB) to include perceived product risk and found that subjective norms, perceived behavioral control, and perceived product risk significantly impact health insurance purchase intention among Indian tobacco and alcohol consumers. Similarly, Mamun et al. 2021) identified insurance literacy, perceived usefulness, and attitude toward health insurance as significant predictors of purchase

intention among Malaysian working adults, with intention to purchase showing a strong positive effect on the actual purchase of health insurance.

These studies suggest that consumers' decision-making processes are complex and influenced by a variety of factors that go beyond mere cost-benefit analyses. For instance, the cultural context can play a crucial role, as indicated by the stronger influence of perceived behavioral control among rural respondents compared to urban ones in Malaysia. This highlights the importance of tailoring health insurance policies and marketing strategies to fit the specific needs and perceptions of different demographic groups.

The purchase intention of healthcare insurance is a dynamic concept influenced by a myriad of factors. Studies like those conducted by Mishra et al. 2024) and Mamun et al. 2021) contribute significantly to our understanding of these factors and can guide the development of strategies to promote health insurance uptake. As the healthcare landscape continues to evolve, ongoing research will be essential to adapt to changing consumer needs and market dynamics. The APA citations provided offer a starting point for further exploration into this critical area of health economics and public policy.

2.3. Empirical Review

2.3.1. Expected Utility and Purchase Intention

The empirical literature on the effect of expected utility on the purchase intention of health insurance has been a subject of extensive research globally, including in African and Ethiopian contexts. Expected Utility Theory (EUT) posits that individuals make decisions based on the anticipated outcomes of their actions, aiming to maximize their satisfaction or utility. In the domain of health insurance, this translates to individuals assessing the potential benefits and costs associated with purchasing a policy. For instance, a study on the determinants of attitude and intention towards private health insurance among young adults in Australia highlighted the role of perceived value and trust in insurers as significant factors influencing purchase intentions (Tam et al., 2021). Similarly, research on Indian tobacco and alcohol consumers revealed that subjective norms, perceived product risk, and perceived behavioral control significantly affect health insurance purchase intention (Mishra et al., 2024).

In the African context, studies have shown that perceived value proposition plays a crucial role in health microinsurance uptake among informal sector workers in Kenya, with a significant interaction effect on uptake (Magambo et al., 2021). Moreover, factors such as wealth, education level, access to information, and urban residence have been associated with the demand for health insurance in Uganda (Ssempala, 2020). These findings suggest that the expected utility of health insurance is closely tied to socio-economic and demographic factors.

Ethiopian studies have also contributed valuable insights into this area. The scaling-up of community-based health insurance in Ethiopia has demonstrated benefits such as improved access to health services and financial protection, although challenges remain in achieving sustainable population coverage (Mulat et al., 2022). Another study assessing health insurance coverage in Ethiopia found that socio-economic and demographic factors were significantly associated with health insurance coverage, indicating the influence of expected utility considerations on insurance decisions (Merga et al., 2022).

2.3.2. Access Motive and Purchase Intention

The empirical literature on the effect of access motive on the purchase intention of health insurance is a multifaceted subject that has garnered attention across various studies. Globally, Erlangga et al. (2019) conducted a systematic review highlighting that expanding public health insurance in low- and middle-income countries improves access to healthcare, financial protection, and health status. This finding is echoed by Saraf and Baser (2023), who observed a paradigm shift in health insurance purchase behavior during the COVID-19 pandemic, driven by fear and the need for financial protection against unforeseen medical expenses. In Africa, Ly et al. (2022) provided a narrative review of universal health insurance programs, underscoring the need for equitable financing and prepayment systems to ensure access to quality healthcare at an affordable cost. Amu et al. (2022) further analyzed demographic and health survey data from urban sub-Saharan Africa, revealing that education and media exposure significantly influence health insurance coverage.

In Ethiopia, Mulat et al. (2022) identified the benefits and challenges of scaling up community-based health insurance, noting its role in mobilizing community resources and improving access to health services. Merga et al. (2022) assessed the coverage of health insurance in Ethiopia, finding that socio-economic and demographic factors significantly associate with health insurance

coverage. These studies collectively suggest that the access motive, which encompasses the desire for financial protection and healthcare accessibility, is a critical determinant of health insurance purchase intention. The literature indicates that policy interventions aimed at improving education about health insurance and leveraging media platforms for public education could enhance the understanding and uptake of health insurance, ultimately contributing to the achievement of universal health coverage. The synthesis of these studies provides a comprehensive overview of the empirical evidence on the subject, offering valuable insights for policymakers, healthcare providers, and insurance companies aiming to increase health insurance penetration and ensure equitable access to healthcare services.

2.3.3. Availability Bias and Purchase Intention

The empirical literature on the effect of availability bias on health insurance purchase intention is a burgeoning field that intersects behavioral economics and health policy. Availability bias, a cognitive shortcut where individuals overestimate the likelihood of events based on their recall, can significantly influence decision-making in health insurance purchases (Hershfield et al., 1999).

A global study by Berthet (2020) highlights that cognitive biases, including availability bias, impact decision-making across various professional fields, such as finance and law. This finding suggests a potential influence on health insurance decisions as well. Similarly, a meta-analysis by Hoffrage & Hertwig (2004) found that availability bias consistently affects judgments of risk and decision-making across various domains.

The African context offers unique insights into the interplay between cognitive biases and health insurance decisions. A systematic review by Bayked et al. (2021) found that willingness to pay for National Health Insurance Services in Africa is influenced by several factors, including cognitive biases. This review underscores the complexity of health insurance decisions and the need for a nuanced understanding of the underlying psychological drivers, particularly in settings where health insurance systems are evolving.

In Ethiopia, the implementation of Community-Based Health Insurance (CBHI) schemes has provided a valuable research ground to understand the role of cognitive biases in health insurance uptake. Mulat et al. (2019) provide insights into the benefits and challenges of scaling up CBHI. Availability bias can potentially affect scaling efforts as individuals may overestimate the

likelihood of needing healthcare based on recent personal experiences with illness (e.g., a family member's hospitalization) or high-profile health events reported in the media.

Alemayehu et al. (2023) further explored the impact of CBHI on health service utilization and financial risk protection in Ethiopia. Their study found that CBHI membership increased health service use and financial protection. This suggests that participation in CBHI may alter perceptions of health risks and insurance needs, potentially mitigating the influence of availability bias over time.

The interplay between availability bias and health insurance purchase intention is multifaceted, involving individual cognitive processes, socio-economic factors, and the broader health system context (Hais et al., 2018). Individual risk perception, risk tolerance, and prior experiences with healthcare can all influence how availability bias shapes decisions about health insurance (Meir et al., 2018). Factors like income, education level, and social safety nets can influence the perceived value of health insurance and the salience of health risks (Gong et al., 2020). availability and quality of healthcare services, affordability of premiums, and public trust in health insurance institutions all contribute to the overall perception of health insurance value and can influence the weight given to vivid recollections of health events (Liu et al., 2019).

Empirical studies from diverse geographical and cultural settings provide valuable insights into how availability bias can shape health insurance markets. For instance, Xu et al. (2012) found that framing health insurance messages in terms of potential losses (avoiding illness) was more effective than highlighting potential gains (staying healthy) in a Chinese population, suggesting cultural variations in how availability bias interacts with health insurance messaging.

2.3.4. Awareness and Purchase Intention

The empirical literature on the effect of awareness on the purchase intention of health insurance reveals a multifaceted relationship influenced by various factors, including socio-economic status, educational level, and cultural perceptions. A systematic review protocol by Reshmi et al. (2021) highlights the significance of interventions in India aimed at promoting health insurance awareness and their impact on uptake, suggesting that increased awareness correlates with higher enrollment rates. Similarly, Saraf and Baser (2023) identify the COVID-19 pandemic as a catalyst for heightened awareness and subsequent behavioral change towards health insurance in India, indicating that fear can be a powerful motivator for purchase intention.

In the African context, Ly et al. (2022) conducted a narrative review of universal health insurance programs across the continent, finding that government-run health insurance schemes have been more effective than community-based models in achieving universal health coverage, which is intrinsically linked to awareness and purchase intention. Amu et al. (2022) further elaborate on this by analyzing demographic and health survey data from urban sub-Saharan Africa, revealing that media exposure significantly influences health insurance coverage, suggesting that awareness through media can lead to increased purchase intention.

Focusing on Ethiopia, Mulat et al. (2022) discuss the challenges and benefits of scaling up community-based health insurance, emphasizing the role of awareness in improving access to health services and providing financial protection. Merga et al. (2022) examine health insurance coverage in Ethiopia within the sustainable development goals framework, finding that socio-economic and demographic factors are closely associated with health insurance coverage, which can be interpreted as a proxy for purchase intention.

These studies collectively underscore the complexity of the relationship between awareness and purchase intention for health insurance. They suggest that while awareness is a critical factor, it operates within a broader socio-economic and cultural landscape that influences individual and collective decisions regarding health insurance uptake. The literature indicates that targeted interventions, particularly those leveraging media and fear appeals, can effectively increase awareness and purchase intention, but these must be contextually adapted to address the specific needs and challenges of different populations.

2.4. Summary and Research Gap

Insurance acts as a key element of risk management, allowing for financial loss mitigation through risk pooling (Clark et al., 2019; Swiss Re, 2020). Beyond risk mitigation, insurance contributes to capital formation and economic stability, influencing sectors like infrastructure development (Cummins & Weiss, 2016). As a vital part of healthcare systems, health insurance ensures access to necessary care and can vary in scope from comprehensive to limited coverage (Cutler, 2004; Oliver et al., 2019).

CBHI schemes, particularly in low and middle-income countries, offer financial risk protection and improved healthcare access, though challenges like low enrollment rates persist (Xu et al.,

2020; Alemayehu et al., 2023). While studies like Alemayehu et al. (2023) have assessed CBHI's impact on health service utilization and financial protection, there is a need for comprehensive impact evaluations that consider long-term effects on health outcomes and economic stability.

The document mentions the influence of availability bias on health insurance decisions. Further research could explore other cognitive biases and psychological factors affecting CBHI enrollment and renewal decisions in Ethiopia. Although socio-economic and demographic factors are known to influence health insurance coverage, more detailed studies are required to understand how these factors specifically affect CBHI uptake and sustainability in various Ethiopian communities. The document highlights the importance of local context in CBHI scheme design and implementation. Research gaps exist in the study of policy implementation strategies that effectively address the unique challenges faced by rural and urban populations in Ethiopia.

2.5. Conceptual Framework

A conceptual framework for understanding the purchase intention of community-based health insurance is constructed to illustrate the relationships between the independent variables (expected utility, access motive, availability bias, and awareness) and the dependent variable (purchase intention). This framework will help map out the variables and the expected relationships between them, providing a visual representation of the factors influencing individuals' decisions regarding the purchase of community-based health insurance.

Independent Variables:

- **Expected Utility:** This variable represents the perceived benefits and value associated with community-based health insurance. It reflects individuals' assessments of the advantages and positive outcomes they expect to derive from participating in such insurance schemes. Studies have shown that expected utility significantly influences purchase intentions, with individuals more likely to enroll in CBHI when they perceive tangible benefits (Eze, Ilechukwu, & Lawani, 2023).
- **Access Motive:** This variable captures the influence of accessibility and ease of use on individuals' purchase intentions. It encompasses factors such as convenience, affordability, and the perceived ease of accessing and utilizing community-based health insurance.

Research indicates that access motive plays a crucial role in the uptake of CBHI, especially in low- and middle-income countries (Eze et al., 2023).

- **Availability Bias:** This variable reflects the impact of the visibility and prominence of community-based health insurance on individuals' purchase intentions. It encompasses the influence of the insurance's visibility and prominence in shaping individuals' perceptions and decisions. Availability bias can affect enrollment decisions, as individuals may overestimate the likelihood of events based on their recall (Alemayehu et al., 2023).
- **Awareness:** This variable represents individuals' knowledge and understanding of community-based health insurance. It encompasses the level of awareness, information, and education individuals have regarding the features, benefits, and availability of such insurance. Increased awareness has been linked to higher enrollment rates in CBHI schemes (Eze et al., 2023).

Dependent Variable:

- **Purchase Intention:** This variable represents individuals' inclinations and readiness to engage with and consider community-based health insurance as a viable option for health coverage. It reflects individuals' intentions and willingness to participate in such insurance schemes.

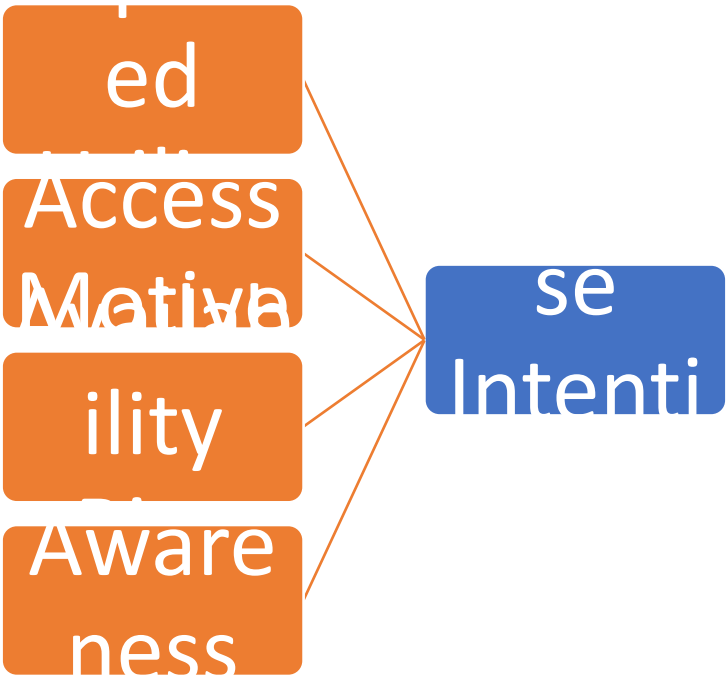

Figure 1: Conceptual Framework of the Study

Source: *Hasna Ashraf and Anjali Nambiar, 2021*

Relationships and Expected Effects:

- **Expected Utility and Purchase Intention:** It is expected that a strong positive relationship exists between expected utility and purchase intention, indicating that as the perceived benefits and value associated with community-based health insurance increase, individuals' intentions to purchase the insurance also tend to increase.
- **Access Motive and Purchase Intention:** A moderately strong positive relationship is expected between access motive and purchase intention, suggesting that as the influence of accessibility and ease of use on the decision to purchase community-based health insurance increases, the intention to purchase the insurance also tends to increase.
- **Availability Bias and Purchase Intention:** It is anticipated that a moderately strong positive relationship exists between availability bias and purchase intention, indicating that as the influence of the visibility and prominence of community-based health insurance on the decision to purchase increases, the intention to purchase the insurance also tends to increase.

- **Awareness and Purchase Intention:** A strong positive relationship is expected between awareness and purchase intention, suggesting that as individuals' awareness of community-based health insurance increases, their intention to purchase the insurance also tends to increase.

This conceptual framework provides a structured representation of the relationships between the independent variables and the dependent variable, offering a visual guide to the expected cause-and-effect relationships and the interplay of factors influencing individuals' purchase intentions regarding community-based health insurance.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1. Introduction

Designing an appropriate research methodology is a prerequisite in order to conduct a good research work. Accordingly, this chapter discusses about the methodology by which the researcher used to conduct this study. Thus, research design, sampling, data source and method of collection and method of data analysis of research is presented below respectively.

3.2. Research Design and Approach

The framework of an investigation is referred to as its research design. The methods and processes used to gather and analyze data on the variables indicated in the research topic are referred to as the research design. For the data we acquire to be as clear as possible in answering our questions or testing our beliefs, we must design it.

As a result of this quantitative research, we want to gain a better understanding of the link between various determinants and insurance purchase. A cross-sectional research strategy will be used in this study, which means that just one sample of the pre-defined population will be surveyed. Using this study method, we can find out if there is any correlation between a group of independent factors and a single, dependent variable (Frankfort-Nachmias and Nachmias, 1996).

Explanatory research is the primary research design of this study, which aims to address the issue of how various determinants influence insurance purchase in the case of smartphone in Addis Ababa. The purpose of the experiment is to determine the strength and type of the correlation between the two variables. To acquire quantitative primary data from the population in Addis Ababa, structured questionnaires will be distributed.

Predictions concerning probable correlations between various determinants and insurance purchase are among the topics the researcher is interested in addressing. Quantitative research approach will be used to ensure objectivity. In order to make statistical computations and draw conclusions, it is necessary to gather and translate data into numerical form.

Various methods are used to gather data, which is then processed for statistical analysis in accordance with rigorous guidelines. A quantitative method is a way to test objective hypotheses

by looking at the relationship between different variables. These variables can then be monitored using tools and statistical processes can be used to examine the numerical results (Creswell, 2008). A knowledge of how various determinants and insurance purchase are linked is necessary for data collection and analysis using a quantitative technique, which relies on inferential statistical assumptions. In 2006, (Trochim, 2006)

3.3. Population, Sample and Sampling

Low income households in Addis Ababa will be the intended audience for this research. Sampling units refer to the constituent parts of a population. The elements of the target population from which samples might be selected are referred to as sampling units. Low income households in Addis Ababa are those who are most exposed to the company's and other competing firms' media advertising campaigns, hence this pick will be made with that in mind.

To collect data from the population of interest without wasting too much time or resources, a non-probability sampling strategy will be used. This is necessary since the population size is so huge. This approach for sampling involves picking a portion of the universe that is smaller than the total in order to provide a sample that is representative of the whole universe (Kothari, 2004). The selection of the sample will be based on customer information that will be readily available in the company’s archives or on responders who just so happened to be in attendance at the appropriate time and place. This study made use of a sample method known as convenience sampling. The researcher made contact with the target group in Addis Ababa, and they gave their permission to take part in the study.

The following sampling formula for infinite population is used to come up with the sample size.

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

Where:

n_0-Sample size
Z – z value at specified confidence interval, e.g., z=1.96 at 95% CI
p – Degree of variability (0.5)
q – Q=1-p (0.5)
e – Desired level of precision (±5%)

Where n0 is the sample size, Z^2 is the abscissa of the normal curve that cuts off an area at the tails (1 –) equals the desired confidence level, e is the desired degree of accuracy, p is the estimated proportion of an attribute that is present in the population, and q is 1-p. The value for Z may be found in statistics tables that show the area beneath the normal curve.

As an example, assumed p=.5 since there os a big population and we didn't know the fluctuation in the proportion of people who followed the practice (maximum variability). Furthermore, a 95 percent confidence level and a 5% accuracy level is needed.

$$\boldsymbol{n_0 = \frac{Z^2 pq}{e^2}} = \frac{(1.96)^2(0.5)0.5)}{(0.05)^2} = 384.16 \approx 384$$

3.4. Data Sources and Methods of Collection

To systematically achieve the research objectives, the researcher used an entirely primary data sources. The primary source had been employed from low income households in Addis Ababa. To acquire the intended information the researcher used different data collection instruments like distributing questionnaire. Regarding the primary data questionnaires (which is an open and close-ended one) will be distributed to the selected 384 respondents in an effort to answer the research questions

3.5. Methods of Data Analysis

The data will be collected, verification also been conducted and a complete questionnaire will be identified. Then the data coded in to SPSS (statistical package for social science) according to the variables selected and the questions asked. The data analysis will be performed using descriptive and inferential statistics. The descriptive statistics also used in view of the first specific objects and the inferential statistics also employed in view of the second specific objective and with this regard SPSS statistics (statistical Package for social scientists) software version 23 will be used to process the data. Regarding the data from the structured interview, the researcher tried to analyze simultaneously/parallelly with the result of the questionnaire so as to look for patterns or contradictions.

3.5.1. Descriptive statistical Analysis

The final report of the relevant demographic variables produced through central tendency measurements (frequency and frequency distribution, valid & cumulative percentage and

comparison of mean). In addition, tabular explanations are used to present the result with the help of SPSS.

3.5.2. Inferential statistical Analysis

In inferential statistical analysis, correlation and multiple linear regression methods will be utilized using statistical package for social sciences (SPSS) software. The use of these statistical tools and methods of presentation are described below

A. Correlation

Correlation (r) is used to describe the strength and direction of relationship between two variables. Since all variables are measured as an interval level, Pearson product moment correlation will be used. A positive correlation between two variables means both the variables move in the same direction. An increase in one variable leads to an increase in the other variable and vice versa. A negative correlation between two variables means that the variables move in opposite directions. An increase in one variable leads to a decrease in the other variable and vice versa. No correlation exists when one variable does not affect the other.

B. Multiple linear Regression Analysis

Multiple linear regression analysis is a major statistical tool for predicting the unknown value of a variable from the known value of variables. And it is about finding a relationship between variables and forming a model. The Model for this study is developed using two factors or predictors which have influences on adoption of digital financial service.

$$Y=\beta 0+\beta 1x1+\beta 2x2+\beta 3x3+\cdots+\beta nxn+e$$

Where Y is the dependent variable and the independent variables are those which explain the response ranges from X1 to Xn.

Table 1. Model Specification of Variables

No	Predictor Variable (X)	Beta Coefficient (β)	Predictor X-Value Assigned
1	Expected Utility	β1	X1
2	Access Motive	β2	X2
3	Availability Bias	β3	X3
4	Awareness	β4	X4
6	Insurance purchase	Constant	Y

3.6. Reliability and Validity of the Instrument

To assure the validity of the measurement tool of the questionnaire, the researcher collected comments on the items of the questionnaire from research advisor in order to improve the items based upon their comments. Additionally, prior to starting the distribution of the questionnaire, the researcher carried out a pre-test (*i.e., pilot study*) on randomly selected respondents for the sake of checking whether the items of the questionnaire are feasible, clear, consistent and understandable to the respondents.

To ascertain reliability (*internal consistency*) of items of the survey questionnaire, on the other hand, the researcher analyzed the reliability measurement test (*i.e., Cronbach's alpha*) using SPSS V. 24. As known, the Cronbach's alpha reliability measurement test is a popular model of internal consistency reliability which relied on the average inter-item correlation of the instrument (Koonce & Kelly).

Cronbach's Alpha value of 0.7 and higher will be selected as the acceptable dependability coefficient. Consequently, the test showed that the instrument's components are trustworthy. It will be determined that all the scales employed in this research will be trustworthy by utilizing Cronbach's alpha coefficient, which had an alpha value more than 0.6 and for the majority closer to 1. The table below shows the results of Cronbach's alpha test.

Table 2. Reliability Analysis

Study Variables	Reliability Statistics	
	Cronbach's Alpha	**N of Items**
Insurance purchase	.732	4
Expected Utility	.806	5
Access Motive	.723	5
Availability Bias	.708	5
Awareness	.682	5

Source: *SPSS Output, 2024*

3.7. Ethical Consideration

The ethical issues will be taken into consideration while carrying out the current study. Hence, the permission will be obtained from respondents who are working in the study area before any sort of data collection is started. To assure the confidentiality of information, name of the respondents will be omitted from the questionnaire. On the other hand, objectives of the study will be clearly

explained to each and every participant of this study in order to obtain their verbal consents. Besides, the respondents of the questionnaire will also be vividly told that the whole process of the questionnaires' administration would be set up with great confidentiality, and their involvements and/or their information provided for the current study would be kept and used anonymously.

CHAPTER FIVE

DATA ANALYSIS AND INTERPRETATION

The following is a general outline for the structure of this chapter: It includes a reliability test for the measures employed, as well as an analysis of the demographics of the respondents. Pearson's correlation coefficient and descriptive analyses were provided sequentially in order to make it easier to do the empirical analysis.

4.1. Samples and response rate

Out of the 384 questionnaires that were issued, 363 were returned, yielding a return rate of 94.5%. After excluding six faulty forms, a total of 357 acceptable questionnaires were authorized, resulting in a response rate of 94.5 percent. Out of the 384 questionnaires that were given, 92.9 percent of the participants returned valid surveys.

4.2. Demographic characteristics of respondents

Based on the statistics provided in 3, out of the 357 survey participants, 204 (or 57.2%) were male and 153 (or 32.8%) were female. The subsequent table, labeled 3, provides the information mentioned. Based on the data shown in Table 3, out of the 357 respondents, 139 (38.9 percent) were aged 18 to 29, 151 (42.3 percent) were aged 30 to 39, 36 (10.1 percent) were aged 36 to 45, and 31 (8.7 percent) were beyond the age of 50. The subsequent table, numbered 4.3. (b), illustrates this.

Based on the data provided in 3, out of the 357 respondents, 122 (34.2 percent) had a first degree, 103 (28.9 percent) held a diploma, 104 (29.1 percent) held a second degree, and 28 (7.8 percent) held a bachelor's degree or below. The data is displayed in a graphical fashion under subsection 4.3(c). Table 3 reveals that a majority of the 357 participants, namely over 50%, were engaged in self-employment. Subsequently, individuals employed by the government had a growth rate of 117.8 percent, while those in private employment saw a growth rate of 47.8 percent. The remaining individuals, categorized as "others," experienced a growth rate of 31.77 percent. (d). This is seen in the table 3 provided below.

Table 3. Demographic Distribution of Respondents

Variables	Type	Count	%

Age (in years)	18-29	139	38.9
	30-39	151	42.3
	40-49	36	10.1
	50+	31	8.7
Gender	Male	204	57.2
	Female	153	32.8
Educational Qualification	Certificate and below	28	7.8
	Diploma	103	28.9
	Bachelor	122	34.2
	Masters	104	29.1
Occupation	Government respondent	117	32.8
	Private respondent	47	13.2
	Self-employed	162	45.4
	Other	31	8.7

Source: *Survey result, 2024*

The demographic information provided is helpful to some extent in analyzing factors affecting purchase intention of community-based health insurance (CBHI) in Nefas Silk sub-city, but with limitations. Age groups show a willingness to pay for future health needs. Younger adults (18-39) might be less interested compared to older adults (above 50) who are more likely to anticipate needing healthcare.

Educational attainment can be linked to income and awareness of health benefits. People with higher education (second degree or above) might be more financially secure and understand the value of CBHI. Gender alone may not significantly impact purchase intention for CBHI. Employment status is crucial factor in understanding the financial capacity and stability of individuals, which can influence their purchase intention for health insurance.

4.3. Descriptive Analysis

An itemized rating scale is used to create a range by the researcher. Respondents' attitudes regarding each variable was gauged with the use of this range. The range is constructed using the following formula (Shrestha, 2015).

The mean scores of each variable were employed in this study's analysis, which was done using descriptive statistics or central tendency. Assessment of the average replies of respondents to each question contained in each dimension of the predictor variable and the grand mean of the dimensions was the primary purpose of this measurement. Finally, the grand mean of each independent dimension is used to arrive at the study's partial research objectives.

$$\text{Itemized rating scale: } \frac{Max - Min}{5}$$

$$= \frac{5 - 1}{5}$$

$$= 0.80$$

The mean of each individual item ranging from 1- 5 falls within the following interval:

Interval of Means	Perception
1.00 – 1.80	Very Low
1.81 – 2.60	Low
2.61 – 3.40	Medium
3.41 – 4.20	High
4.21 – 5.00	Very High

4.3.1. Expected Utility

Table 4: Descriptive Statistics Result for Expected Utility

	Mean	Std. Deviation
I believe that purchasing community-based health insurance would provide financial security for me and my family.	4.1176	.76998
The benefits offered by community-based health insurance are worth the investment.	4.1933	.65270
I feel that community-based health insurance would offer good value for the premiums paid.	3.9524	.96307
I believe that community-based health insurance would alleviate concerns about unexpected healthcare expenses.	4.0700	.81979
I see community-based health insurance as a wise investment for my future healthcare needs.	3.9608	.95613
Grand Mean	**4.0588**	**.48715**

Source: *Survey result, 2024*

The survey results indicate the attitudes of respondents towards community-based health insurance across several dimensions. The survey asked respondents whether they believed that purchasing community-based health insurance would provide financial security for themselves and their families. The mean value for this question was 4.1176, with a standard deviation of 0.76998.

Another question in the survey focused on the perceived worth of the benefits offered by community-based health insurance. The mean value for this question was 4.1933, with a standard deviation of 0.65270. Respondents were also asked about their perception of the value offered for

the premiums paid for community-based health insurance. The mean value for this question was 3.9524, with a standard deviation of 0.96307.

The survey inquired about whether community-based health insurance would alleviate concerns about unexpected healthcare expenses. The mean value for this question was 4.0700, with a standard deviation of 0.81979. Lastly, respondents were asked whether they saw community-based health insurance as a wise investment for their future healthcare needs. The mean value for this question was 3.9608, with a standard deviation of 0.95613.

The grand mean for the variable "expected utility" was found to be 4.0588, with a standard deviation value of 0.48715. This indicates an overall positive attitude towards community-based health insurance among the surveyed respondents, with the majority of responses leaning towards agreement with the statements presented in the survey. These results suggest a generally favorable perception of community-based health insurance among the respondents surveyed, with a consistent trend of positive attitudes across various aspects of the insurance coverage.

The mean scores (ranging from 3.95 to 4.19) on a 5-point Likert scale suggest a moderate to strong level of agreement with the positive statements about community-based health insurance. The standard deviations (around 0.7-1.0) indicate some variation in responses, but the means are all well above the neutral midpoint (likely 3).

These findings suggest that respondents generally perceive CBHI as a valuable investment offering financial security, worthwhile benefits, and reduced anxiety about healthcare costs. This positive perception could support high enrollment rates if a CBHI program is implemented.

4.3.2. Access Motive

Table 5: Descriptive Statistics Result for Access Motive

	Mean	Std. Deviation
Having access to a wide network of healthcare providers through community-based health insurance is important to me.	4.0868	.72729
The convenience of accessing healthcare services through community-based health insurance influences my purchase intention.	4.0532	.76067
I consider the ease of obtaining medical care through community-based health insurance as a significant factor in my decision to purchase it.	3.9916	.80548
Timely access to medical services through community-based health insurance is an important consideration for me.	4.0840	.86356

Having the ability to choose my preferred healthcare provider through community-based health insurance is a key factor for me.	4.0896	.89180
Grand Mean	**4.0611**	**.55927**

Source: *Survey result, 2024*

The survey results shed light on the attitudes of respondents regarding access to healthcare providers through community-based health insurance. Respondents were asked about the importance of having access to a wide network of healthcare providers through community-based health insurance. The mean value for this question was 4.0868, with a standard deviation of 0.72729.

Another question focused on how the convenience of accessing healthcare services through community-based health insurance influenced the purchase intention of the respondents. The mean value for this question was 4.0532, with a standard deviation of 0.76067. The survey also inquired about whether the ease of obtaining medical care through community-based health insurance was a significant factor in the decision to purchase it. The mean value for this question was 3.9916, with a standard deviation of 0.80548.

Respondents were asked about the importance of timely access to medical services through community-based health insurance. The mean value for this question was 4.0840, with a standard deviation of 0.86356. Lastly, the survey explored whether having the ability to choose a preferred healthcare provider through community-based health insurance was a key factor for the respondents. The mean value for this question was 4.0896, with a standard deviation of 0.89180.

The grand mean for the variable "access motive" was found to be 4.0611, with a standard deviation value of 0.55927. These results indicate a strong positive inclination towards the importance of access to healthcare providers and services through community-based health insurance among the surveyed respondents. The consistent trend of positive attitudes across various aspects of access to healthcare providers suggests that respondents place significant value on the availability, convenience, and choice of healthcare services provided by community-based health insurance.

The mean scores for all questions (ranging from 3.99 to 4.09) are well above the neutral point (usually 3 or 4 on a 5-point Likert scale). This suggests a strong positive agreement among respondents regarding the importance of access to healthcare providers through community-based

health insurance. The results emphasize the importance of highlighting accessibility in marketing and promotional efforts for CBHI programs.

Knowing the respondents can access healthcare without facing high out-of-pocket costs likely contributes to the positive view of CBHI. Accessibility translates to less time and effort spent traveling or waiting for care, potentially improving overall well-being. respondents might recognize that easier access to healthcare can lead to earlier diagnosis, treatment, and improved health outcomes.

4.3.3. Availability Bias

Table 6: Descriptive Statistics Result for Availability Bias

	Mean	Std. Deviation
I am more likely to consider purchasing community-based health insurance if it is readily available and easy to understand.	3.7395	.81553
The visibility of community-based health insurance options affects my likelihood of considering them for purchase.	3.7171	.95756
I am influenced by the prominence of community-based health insurance when making decisions about healthcare coverage.	3.8095	1.09011
I find it easier to consider community-based health insurance when there are clear comparisons with other insurance options.	3.9496	.75901
Marketing efforts for community-based health insurance impact my likelihood of considering it for purchase.	3.9132	.89679
Grand Mean	**3.8258**	**.61863**

Source: *Survey result, 2024*

The survey asked respondents about their likelihood of considering purchasing community-based health insurance if it is readily available and easy to understand. The mean value for this question was 3.7395, with a standard deviation of 0.81553.

Another question focused on how the visibility of community-based health insurance options affected the likelihood of respondents considering them for purchase. The mean value for this question was 3.7171, with a standard deviation of 0.95756. Respondents were asked about the influence of the prominence of community-based health insurance on their decisions about healthcare coverage. The mean value for this question was 3.8095, with a standard deviation of 1.09011.

The survey also inquired about whether respondents found it easier to consider community-based health insurance when there are clear comparisons with other insurance options. The mean value for this question was 3.9496, with a standard deviation of 0.75901. Lastly, respondents were asked about how marketing efforts for community-based health insurance impacted their likelihood of considering it for purchase. The mean value for this question was 3.9132, with a standard deviation of 0.89679.

The grand mean for the variable "availability bias" was found to be 3.8258, with a standard deviation value of 0.61863. These results suggest that while there is a positive inclination towards the availability and visibility of community-based health insurance, there is also a notable variance in attitudes among the surveyed respondents. The findings indicate that the readiness, comprehensibility, visibility, and marketing efforts of community-based health insurance play significant roles in influencing respondents' likelihood of considering it for purchase. This underscores the importance of clear communication, visibility, and effective marketing strategies in promoting the adoption of community-based health insurance among respondents.

The high mean scores and low standard deviations for questions on readily available, easy-to-understand, and clearly compared CBHI options suggest a strong positive response. This highlights the importance of developing easy-to-understand materials and clear comparisons with existing plans. The slightly higher mean score (3.91) and standard deviation for the marketing question suggest that while respondents generally lean towards CBHI with good communication, effective marketing strategies can further enhance its appeal.

4.3.4. Awareness

Table 7: Descriptive Statistics Result for Awareness

	Mean	Std. Deviation
I feel well-informed about the features and benefits of community-based health insurance.	3.9300	.92598
I actively seek information about community-based health insurance options available to me.	3.9524	.90905
I believe that increasing my awareness about community-based health insurance could positively impact my purchase intention.	3.6667	1.15308
Clear and comprehensive information about community-based health insurance would influence my decision to purchase it.	4.0420	.80443

The sources from which I receive information about community-based health insurance influence my purchase intention.	4.0364	.85217
Grand Mean	**3.9255**	**.57293**

Source: *Survey result, 2024*

The survey asked respondents about their feeling of being well-informed about the features and benefits of community-based health insurance. The mean value for this question was 3.9300, with a standard deviation of 0.92598.

Another question focused on whether respondents actively seek information about community-based health insurance options available to them. The mean value for this question was 3.9524, with a standard deviation of 0.90905. Respondents were asked about their belief that increasing their awareness about community-based health insurance could positively impact their purchase intention. The mean value for this question was 3.6667, with a standard deviation of 1.15308.

The survey also inquired about whether clear and comprehensive information about community-based health insurance would influence the decision to purchase it. The mean value for this question was 4.0420, with a standard deviation of 0.80443. Lastly, respondents were asked about how the sources from which they receive information about community-based health insurance influence their purchase intention. The mean value for this question was 4.0364, with a standard deviation of 0.85217.

The grand mean for the variable "awareness" was found to be 3.9255, with a standard deviation value of 0.57293. These results suggest a generally positive inclination towards feeling well-informed, actively seeking information, and recognizing the influence of awareness and information sources on the decision-making process related to community-based health insurance among the surveyed respondents. The findings underscore the significance of clear, comprehensive, and easily accessible information about health insurance features and benefits. Additionally, the respondents' active information-seeking behavior and the impact of information sources on their purchase intention highlight the importance of effective communication and information dissemination strategies in promoting awareness and understanding of community-based health insurance options.

The mean scores for all questions range from 3.67 to 4.04, with standard deviations between 0.8 and 1.2. While some interpretations of Likert scales vary, a common interpretation suggests these

scores fall between "agree" and "strongly agree." However, the standard deviations indicate some spread in the responses, meaning not everyone felt as strongly on each issue.

Studies in Ethiopia on CBHI awareness have shown mixed results. Some, like Atnafu et al., 2013, report high levels of awareness, while others like Mebratie et al., 2014 suggest awareness may not always translate to enrollment. Your findings seem to align more with the former, suggesting a positive attitude towards CBHI information.

The results strongly suggest respondents value information about CBHI and believe it can influence their decision-making. This supports the need for clear, comprehensive, and accessible information campaigns. The finding that respondents actively seek information indicates a motivated population. This can be leveraged by providing readily available resources and channels for them to learn more about CBHI options.

The emphasis on information source suggests respondents may be more receptive to information from trusted sources. This highlights the importance of collaborating with community leaders and healthcare providers to disseminate accurate information.

4.3.5. Purchase Intention

Table 8: Descriptive Statistics Result for Purchase Intention

	Mean	Std. Deviation
I am seriously considering purchasing community-based health insurance in the near future.	4.1933	.65270
I am likely to recommend community-based health insurance to my friends and family.	3.9524	.96307
When it comes to choosing health insurance, community-based options are at the top of my list.	3.9216	.69469
Based on my current understanding, I am leaning towards purchasing community-based health insurance.	3.9216	.64434
Grand Mean	**3.9972**	**.48393**

Source: *Survey result, 2024*

The survey revealed that respondents expressed a strong inclination towards seriously considering purchasing community-based health insurance in the near future, with a mean value of 4.1933 and a standard deviation of 0.65270. This indicates a high level of intention and readiness to invest in this type of health insurance.

The survey also indicated that respondents are moderately likely to recommend community-based health insurance to their friends and family, with a mean value of 3.9524 and a standard deviation of 0.96307. This suggests a positive but somewhat reserved attitude towards recommending this type of health insurance to others.

When it comes to choosing health insurance, respondents indicated that community-based options are relatively high on their list, with a mean value of 3.9216 and a standard deviation of 0.69469. This indicates a favorable consideration of community-based health insurance in the selection process.

Based on their current understanding, respondents expressed a tendency to lean towards purchasing community-based health insurance, with a mean value of 3.9216 and a standard deviation of 0.64434. This demonstrates a positive inclination towards this type of health insurance, reflecting a growing interest in its potential benefits.

The grand mean for the variable "purchase intention" was calculated to be 3.9972, with a standard deviation of 0.48393. This suggests that, overall, respondents have a positive attitude towards community-based health insurance, indicating a strong level of intention and inclination towards its purchase and recommendation. These results collectively indicate a favorable disposition towards community-based health insurance among the surveyed respondents, demonstrating a notable readiness to engage with and consider this form of health coverage.

The results indicate a favorable disposition towards community-based health insurance among the surveyed respondents, demonstrating a notable readiness to engage with and consider this form of health coverage. The high level of intention and readiness to invest in community-based health insurance suggests that respondents recognize its potential benefits and value. The positive but reserved attitude towards recommending this type of health insurance may indicate the need for further information or assurance to confidently recommend it to others.

The favorable consideration of community-based health insurance in the selection process suggests that respondents perceive it as a viable and attractive option compared to other types of health insurance. The positive inclination towards purchasing community-based health insurance and the growing interest in its potential benefits indicate a shift in respondents' preferences and a recognition of the advantages it offers.

4.4. Inferential Statistics

The researcher used regression analysis to determine the influence of independent variables on purchase intention. The results of Correlation, ANOVA, and regression coefficients are provided in the following sections.

4.4.1. Correlation Analysis

The researcher used Pearson's Correlation analysis in order to examine the relationship between the four dimensions of independent variables (Awareness, Availability Bias, Access Motive, Expected Utility) and purchase intention. Pearson's correlation coefficient was used as a statistical tool. Pearson's correlation coefficient is a common method to quantify how strongly two variables are related to each other. It assumes that the variables have a linear association and that they are randomly sampled from a population (Kothari, 2014).

The results of the correlation analysis between the independent variables (Awareness, Availability Bias, Access Motive, Expected Utility) and the dependent variable (Purchase intention) are presented in the following section. The table below shows the correlation coefficients for each pair of variables. The coefficients range from moderate to high, indicating that there is a significant relationship between the physical working environment aspects and Purchase intention.

Table 9. Classification of Correlation Coefficient Result

> 0.00 to 0.20; < -0.00 to –0.20	Very weak or very low
> 0.20 to 0.40; < -0.20 to –0.40	Weak or low
> 0.40 to 0.60; < -0.40 to –0.60	Moderate
> 0.60 to 0.80; < -0.60 to –0.80	Strong or high
0.80 to 1.0; < -0.80 to –1.0	Very high or very strong

Table 10: Correlation Matrix

Correlations						
		Eu	AM	AB	A	PI
Expected Utility	Pearson Correlation	1	.596**	.337**	.630**	.771**
	Sig. (2-tailed)		.000	.000	.000	.000
	N	357	357	357	357	357
Access Motive	Pearson Correlation	.596**	1	.417**	.482**	.601**
	Sig. (2-tailed)	.000		.000	.000	.000
	N	357	357	357	357	357
Availability Bias	Pearson Correlation	.337**	.417**	1	.450**	.547**
	Sig. (2-tailed)	.000	.000		.000	.000
	N	357	357	357	357	357

Awareness	Pearson Correlation	.630**	.482**	.450**	1	.672**
	Sig. (2-tailed)	.000	.000	.000		.000
	N	357	357	357	357	357
Purchase Intention	Pearson Correlation	.771**	.601**	.547**	.672**	1
	Sig. (2-tailed)	.000	.000	.000	.000	
	N	357	357	357	357	357
**. Correlation is significant at the 0.01 level (2-tailed).						

Source: *Survey result, 2024*

4.4.1.1. Expected Utility

The finding from the study on the factors affecting community-based health insurance purchase intention reveals a significant relationship between expected utility and purchase intention. The Pearson correlation value between expected utility and purchase intention was found to be 0.771 at a significance level of $p < 0.05$.

The strong positive Pearson correlation value of 0.771 between expected utility and purchase intention indicates a robust and positive linear relationship between these two variables. This suggests that as the expected utility associated with the community-based health insurance increases, the intention to purchase the insurance also tends to increase. The significance level of $p < 0.05$ further reinforces the reliability of this relationship, indicating that it is unlikely to have occurred by random chance.

This finding underscores the importance of expected utility as a significant determinant of individuals' intentions to purchase community-based health insurance. Expected utility, which encompasses the perceived benefits and value derived from the insurance, appears to strongly influence individuals' decisions regarding the purchase of health insurance within the community context.

The high correlation value of 0.771 suggests a substantial degree of association between expected utility and purchase intention, indicating that individuals may be highly responsive to the perceived utility and benefits offered by the community-based health insurance when making their purchase decisions. This insight can be valuable for policymakers, insurers, and healthcare providers in designing and promoting community-based health insurance schemes that effectively communicate and deliver perceived utility to potential customers.

The relationship between expected utility and purchase intention in community-based health insurance (CBHI) plays a critical role in individual enrollment decisions (Schoemaker, 1982). As highlighted, the World Health Organization (WHO) emphasizes the voluntary nature of CBHI schemes, where community members pool funds to mitigate healthcare costs (WHO, 2019). However, the impact of CBHI on financial protection and access to healthcare remains moderate for enrolled individuals, with the poorest often excluded (Das et al., 2018). This suggests that while expected utility, which reflects an individual's preference for future outcomes, is a significant factor, its influence on purchase intention can be moderated by other variables.

Research across Africa reinforces the notion that individual factors beyond expected utility influence enrollment and scheme sustainability. A systematic review by Agyepong et al. (2017) identified factors like awareness and understanding of CBHI, trust in scheme managers, and perceived service quality as key determinants. These findings resonate with the notion of expected utility, as both awareness and trust can be seen as components influencing the perceived value (utility) of enrolling in CBHI.

Studies in specific countries further illuminate the multifaceted nature of CBHI enrollment decisions. In Ethiopia, for instance, uptake has been demonstrably influenced by demographics, socio-economic factors, health status, and health service-related issues (Alemu et al., 2019). This aligns with the study's finding of a strong correlation between expected utility and purchase intention (0.771, $p < 0.05$).

The high correlation value in the initial study suggests a potentially stronger association between expected utility and purchase intention compared to global or even African averages. This difference could be attributed to contextual variations. In Ethiopia, for example, limited healthcare access and a lack of financial protection against health expenses might heighten the importance of expected utility in enrollment decisions. These findings underscore the importance of tailored interventions that address local needs and constraints to enhance the effectiveness of CBHI schemes (Langenbrinck et al., 2020).

4.4.1.2. Access Motive

The finding from the study on the factors affecting community-based health insurance purchase intention indicates a significant relationship between access motive and purchase intention. The

study found that the Pearson correlation value between access motive and purchase intention was 0.601 at a significance level of $p < 0.05$.

The Pearson correlation value of 0.601 between access motive and purchase intention suggests a moderately strong positive linear relationship between these two variables. This indicates that as the influence of the access motive on the decision to purchase community-based health insurance increases, the intention to purchase the insurance also tends to increase. The significance level of $p < 0.05$ further reinforces the reliability of this relationship, indicating that it is unlikely to have occurred by random chance.

The moderate correlation value of 0.601 suggests a substantial degree of association between the access motive and purchase intention, indicating that individuals may be responsive to the specific motives and reasons that drive their decisions regarding the purchase of health insurance within the community context. The significance level of $p < 0.05$ provides confidence in the statistical significance of the relationship, further supporting the validity of the findings.

The relationship between expected utility and purchase intention in community-based health insurance (CBHI) schemes plays a crucial role in individual enrollment decisions (Schoemaker, 1982). As highlighted, the World Health Organization (WHO) emphasizes the voluntary nature of CBHI, where community members pool resources to mitigate healthcare costs (WHO, 2019). However, the impact of CBHI on financial protection and access to healthcare remains moderate for enrolled individuals, with participation levels often low and the poorest populations frequently excluded (Das et al., 2018). This suggests that while expected utility, reflecting an individual's preference for future outcomes, is a significant factor, other variables significantly influence enrollment decisions.

Research across Africa reinforces the notion that enrollment choices extend beyond individual expected utility. A systematic review by Agyepong et al. (2017) identified a wider range of factors influencing enrollment and sustainability. These include individual characteristics like awareness, understanding of CBHI, trust in scheme management, and perceived service quality. Additionally, interpersonal factors like household dynamics and social solidarity were found to be significant. Community-level factors such as cultural beliefs and community involvement, as well as systems-level factors encompassing governance and financial arrangements, also considerably impact

CBHI membership. These findings resonate with the global perspective but highlight the multifaceted nature of CBHI uptake beyond individual calculations of expected utility.

Studies in specific countries like Ethiopia further illuminate the intricate nature of CBHI enrollment decisions. Research by Alemu et al. (2019) demonstrates that demographic and socio-economic factors, health status, and health service-related issues all influence uptake. Furthermore, negative factors affecting membership include advanced age, low education levels, low household income, poor perceived quality of care, and a lack of trust in providers. Additionally, remoteness, overly strict or inappropriate scheme rules, and inadequate information campaigns were found to deter enrollment (Langenbrinck et al., 2020). These findings suggest that while expected utility plays a role, the complex interplay of socio-economic and service-related factors significantly impacts enrollment decisions.

4.4.1.3. Availability Bias

The Pearson correlation value of 0.547 between availability bias and purchase intention, as identified in the study on the factors affecting community-based health insurance, indicates a moderately strong positive linear relationship between these two variables. This suggests that as the influence of availability bias on the decision to purchase community-based health insurance increases, the intention to purchase the insurance also tends to increase. The significance level of $p < 0.05$ further supports the reliability of this relationship, indicating that it is unlikely to have occurred by random chance.

The significance level of $p < 0.05$ provides confidence in the statistical significance of the relationship, further supporting the validity of the findings. This robust correlation underscores the potential impact of availability bias on individuals' decisions regarding community-based health insurance, highlighting the need for further exploration and consideration of availability bias in the design and promotion of such insurance schemes.

The significant relationship between availability bias and purchase intention in community-based health insurance (CBHI) schemes, as indicated by the Pearson correlation value of 0.547 ($p < 0.05$), highlights an interesting aspect of enrollment decisions. This aligns with global observations where factors beyond immediate calculations of value influence CBHI uptake (Langenbrinck et al., 2020). The World Health Organization (WHO, 2019) emphasizes the potential of CBHI for improved access to healthcare, yet its impact on financial protection remains moderate, with the poorest

populations often excluded. A systematic review by McIntyre et al. (2017) elaborates on this point, highlighting how barriers like awareness, trust in scheme management, and perceived service quality are critical hurdles to CBHI uptake in low- and middle-income countries (LMICs).

The multifaceted nature of CBHI enrollment determinants is particularly evident in Africa. A scoping review by Aikins et al. (2018) in West Africa identified factors negatively affecting membership as advanced age, low education, low household income, and poor perceived quality of care. Similarly, a systematic review by Agyepong et al. (2017) across sub-Saharan Africa found a lack of awareness, socio-economic limitations, specific health beliefs, and a lack of trust in scheme management as significant barriers to enrollment. These findings suggest that while availability bias, where readily available information can influence decisions, may play a role, a complex interplay of factors shapes the decision to enroll in CBHI schemes.

Ethiopia presents a unique case study where CBHI schemes have been implemented with the goal of achieving universal healthcare coverage. A systematic review and meta-analysis reported a dropout rate of 34.0% among CBHI beneficiaries, influenced by socio-demographic characteristics, health status, length of enrollment, and knowledge about the scheme. This highlights that even after enrolling, various factors can lead individuals to discontinue participation. Conversely, a study by Adem et al. (2018) in the Amhara region found that CBHI enrollment increased health services utilization among vulnerable households, suggesting a potential positive impact. However, the factors determining the initial uptake of CBHI in Ethiopia, as reported by Alemu et al. (2019), remain multifaceted, encompassing demographics, socio-economic factors, health status, and health service-related issues. Interestingly, the influence of gender and age on enrollment shows inconsistencies across various studies.

The significant correlation between availability bias and purchase intention underscores the importance of readily available information and clear communication strategies in promoting CBHI enrollment. However, the research from Africa and Ethiopia emphasizes the need for a more holistic approach. By addressing the complex interplay of factors like socio-economic status, trust in scheme management, perceived service quality, and health literacy, policymakers and practitioners can create CBHI schemes that are more attractive and sustainable, ultimately achieving the goal of improved access to healthcare for all.

4.4.1.4. Awareness

The Pearson correlation value of 0.672 between awareness and purchase intention, as revealed in the study on the factors affecting community-based health insurance purchase intention, indicates a strong positive linear relationship between these two variables. This suggests that as individuals' awareness of community-based health insurance increases, their intention to purchase the insurance also tends to increase. The significance level of $p < 0.05$ further supports the reliability of this relationship, indicating that it is unlikely to have occurred by random chance.

This finding underscores the critical role of awareness as a significant determinant of individuals' intentions to purchase community-based health insurance. It suggests that individuals who are more informed and aware of the benefits and features of the insurance are more likely to express an intention to purchase it. The strong correlation value of 0.672 indicates a substantial degree of association between awareness and purchase intention, highlighting the potential impact of awareness on individuals' decisions regarding community-based health insurance.

The significance level of $p < 0.05$ provides confidence in the statistical significance of the relationship, further supporting the validity of the findings. This robust correlation underscores the potential impact of awareness on individuals' decisions regarding community-based health insurance, emphasizing the need for further exploration and consideration of awareness in the design and promotion of such insurance schemes.

The significant positive relationship between awareness and purchase intention in community-based health insurance (CBHI) schemes, as indicated by the Pearson correlation coefficient of 0.672 ($p < 0.05$), underscores its critical role in program success (Schoemaker, 1982). However, the global context presents a more complex picture. The World Health Organization (WHO, 2020) acknowledges that while CBHI schemes are voluntary and community-driven, their impact on financial protection and access to healthcare remains moderate. Low participation rates and the exclusion of the poorest populations persist, suggesting that awareness alone may not be enough to drive widespread enrollment.

Research across Africa reinforces the multifaceted nature of barriers to CBHI uptake. Shewamene et al. (2021) highlight that the spectrum ranges from a lack of awareness to poor perceived quality of health services. Similarly, Conde et al. (2022) identified factors such as advanced age, low education, and low household income as negative influences on CBHI membership in West Africa.

These findings resonate with the notion that socio-economic limitations can act as significant deterrents. Furthermore, the study by Conde et al. (2022) emphasizes the importance of trust, highlighting how poor quality of care and a lack of trust in providers can further discourage enrollment.

Ethiopia's experience with CBHI offers valuable insights. Despite political support and community engagement, challenges remain, including the need for improved service quality and medicine availability (Mulat et al., 2022). This emphasizes that even with high awareness, perceived limitations in service quality can hinder enrollment. However, a study by Alemayehu et al. (2023) presents a positive outlook. Their research suggests that CBHI membership in Ethiopia leads to increased health service utilization and financial protection. This implies that when awareness is coupled with perceived value and trust in the system, it can translate into purchase intention.

The significant correlation between awareness and purchase intention underscores the importance of effective communication strategies in promoting CBHI enrollment. However, research across Africa and Ethiopia highlights the need for a multi-pronged approach. By addressing the interplay of factors like socio-economic limitations, trust in the scheme and providers, and service quality alongside awareness campaigns, policymakers and practitioners can create a more attractive and sustainable model for CBHI. Ultimately, this holistic approach can contribute to achieving the goal of improved access to healthcare for all.

4.4.2. Assumptions Testing in Multiple Regression

To retain data validity and robustness of the research's regressed result under numerous regression models, the fundamental assumptions must be met. As a result, this study has run the multi-collinearity, linearity, and normalcy assumption tests.

4.4.2.1. Sample size

The sample size requirement for multiple regression analysis with a specific formula proposed by Tabachnick and Fidell (2011). According to the formula, the minimum required sample size is $N > 50 + 8m$, where m is the number of independent variables. In this particular study, there were four independent variables, and the sample size was 384. Therefore, the study met the minimum sample size requirement.

The importance of having an adequate sample size in multiple regression analysis cannot be overstated. Small sample sizes may lead to unreliable estimates of regression coefficients and fail to capture the true relationship between the dependent and independent variables, resulting in incorrect or misleading conclusions (European Journal of Clinical Investigation, 2019).

4.4.2.2. Multicollinearity

Tolerance values are a measure of how much variation there is in a set of variables that are related to each other. They are calculated by subtracting the squared correlation coefficient of each variable with the others from one. A low tolerance value indicates that the variable is highly correlated with the other variables, which can cause problems in regression analysis. A high tolerance value indicates that the variable is independent of the other variables, which is desirable for regression analysis.

Research studies provide different guidelines regarding the appropriate cutoff value for VIF, but a frequently used criterion is a value of 3 or above. In this case, the VIF values for the four variables are significantly below the cutoff value, indicating that there is a low degree of collinearity between them. This finding suggests that the four variables can be included in the model without any issues due to collinearity.

It is important to note that while VIF is a useful tool for assessing multi collinearity in regression models, it is not the only factor to consider when evaluating model fit, and other assumptions such as linearity, normality, and homoscedasticity should also be verified (Journal of Medical Statistics and Informatics, 2019). Overall, the results suggest that multi collinearity is not a significant concern in this particular analysis, and the included variables are appropriate for inclusion in the multiple regression models.

Table 11. Collinearity Statistics

Variables	Collinearity Statistics	
	Tolerance	VIF
Expected Utility	.491	2.036
Access Motive	.588	1.701
Availability Bias	.745	1.343
Awareness	.535	1.868

Source: *Survey result, 2024*

The table provides collinearity statistics for the variables Expected Utility, Access Motive, Availability Bias, and Awareness. The statistics include Tolerance and VIF (Variance Inflation Factor) for each variable. Here's the interpretation of the findings:

Expected Utility: The Tolerance value of 0.491 indicates that approximately 49.1% of the variance in Expected Utility is not explained by the other independent variables. The VIF value of 2.036 suggests that Expected Utility is not highly correlated with the other variables, as a VIF value below 10 is generally considered acceptable for multicollinearity

Access Motive: The Tolerance value of 0.588 indicates that approximately 58.8% of the variance in Access Motive is not explained by the other independent variables. The VIF value of 1.701 suggests that Access Motive is not highly correlated with the other variables, as a VIF value below 10 is generally considered acceptable for multicollinearity

Availability Bias: The Tolerance value of 0.745 indicates that approximately 74.5% of the variance in Availability Bias is not explained by the other independent variables. The VIF value of 1.343 suggests that Availability Bias is not highly correlated with the other variables, as a VIF value below 10 is generally considered acceptable for multicollinearity

Awareness: The Tolerance value of 0.535 indicates that approximately 53.5% of the variance in Awareness is not explained by the other independent variables. The VIF value of 1.868 suggests that Awareness is not highly correlated with the other variables, as a VIF value below 10 is generally considered acceptable for multicollinearity

Based on the Tolerance and VIF values, it appears that none of the variables exhibit significant multicollinearity, as all VIF values are below the commonly accepted threshold of 10. This suggests that the independent variables are not highly correlated with each other, which is important for the reliability of the regression analysis These findings indicate that the variables Expected Utility, Access Motive, Availability Bias, and Awareness are relatively independent of each other and can be included in regression analysis without concerns about multicollinearity.

4.4.2.3. Normality and Linearity

When analyzing data using SPSS, it is important to check for normality of the distribution of the dependent variable and the residuals to ensure that the assumptions of the statistical tests are being met. A symmetric bell-shaped histogram indicates that the distribution is centered around its mean,

which is equal to zero in this case. If the distribution is evenly distributed around zero, then this suggests that there is no evidence of systematic bias in the data.

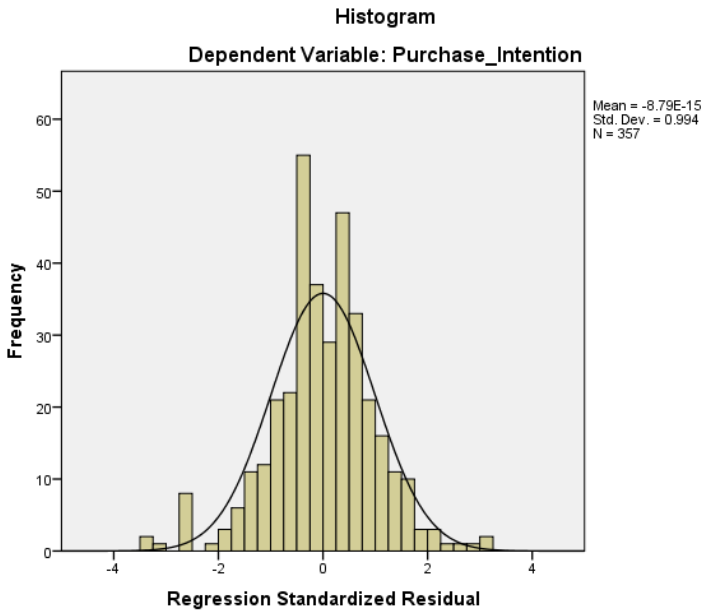

Figure 2: Histogram Plot of Regression Standardized Residual

Source: *Survey result, 2024*

The histogram displays the distribution of regression residuals for the dependent variable labeled "Purchase." The shape of the histogram appears approximately normal, centered around zero. This suggests that the residuals follow a bell-shaped curve, which is desirable for regression analysis. Normality of residuals is crucial because regression models assume normally distributed errors.

The mean of the residuals is approximately -8.79E-15 (essentially zero). This indicates that there is no systematic bias in the predictions made by the regression model. A mean close to zero suggests that the model's predictions are unbiased. The standard deviation of the residuals is 0.994, which is close to 1. Most residuals fall within one standard deviation from the mean. A smaller standard deviation indicates better model fit. The sample size used for this analysis is 357. Larger sample sizes generally lead to more reliable results.

The residuals indicate that the regression model may be a good fit for the data. Researchers can have confidence in the model's predictions, as there is no evidence of systematic bias or significant departure from normality.

Table 12. Skewness and Kurtosis

	Skewness		Kurtosis	
	Statistic	**Std. Error**	**Statistic**	**Std. Error**
Expected Utility	-.763	.129	.975	.257
Access Motive	-1.100	.129	.966	.257
Availability Bias	-.498	.129	-.141	.257
Awareness	-.712	.129	.376	.257
Purchase Intention	-.944	.129	2.041	.257

Source: *Survey result, 2024*

The skewness and kurtosis statistics provide insights into the shape and distribution of the variables. Skewness measures the asymmetry of the distribution, while kurtosis measures the heaviness of the tails and the peakedness of the distribution in comparison to a normal distribution.

The skewness values for all the variables are negative, indicating that the distributions are skewed to the left. This suggests that the majority of the values for these variables are concentrated on the right side of the distribution, with a few smaller values on the left side. The kurtosis values provide information about the shape of the distribution. Expected Utility, Access Motive, and Awareness have kurtosis values close to 3, suggesting distributions that are similar to a normal distribution in terms of peakedness and tail behavior. Availability Bias has a kurtosis value slightly less than 3, indicating a distribution with slightly lighter tails and a slightly flatter peak compared to a normal distribution. Purchase Intention has a kurtosis value greater than 3, indicating a distribution with heavier tails and a sharper peak compared to a normal distribution

It's important to note that the interpretation of skewness and kurtosis should be considered in conjunction with other statistical tests and assessments of normality, especially when dealing with different sample sizes. For example, absolute z-scores for skewness and kurtosis can be used to assess normality, with specific thresholds for small and large sample sizes

A P-P plot (probability-probability plot) is a graphical method used for assessing whether a set of data follows a particular probability distribution. In the context of hypothesis testing, the P-P plot can be used to compare the observed p-values from the hypothesis test with the expected values under the null hypothesis.

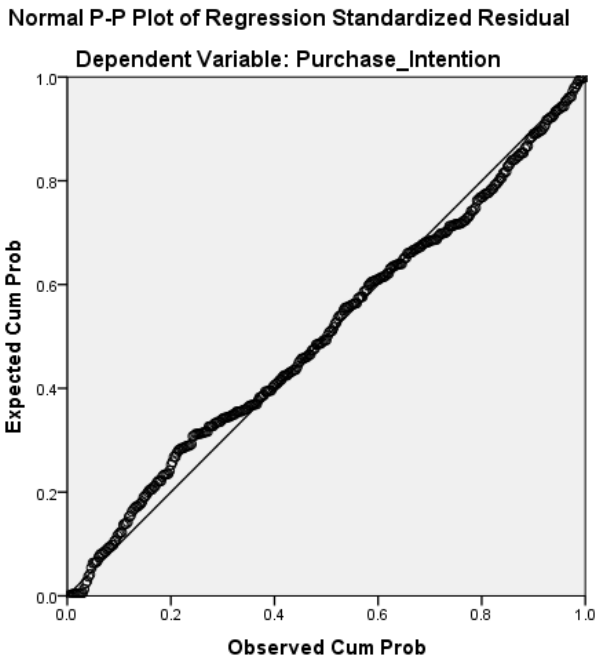

Figure 3. Normal p-p plot of Regression Standardized Residual

Source: *Survey result, 2024*

The **Normal P-P Plot** is a diagnostic tool used to assess the normality of residuals in a regression analysis. The plot compares the cumulative probability of the observed residuals to the expected cumulative probability under a normal distribution. Ideally, the points should closely follow a straight diagonal line from bottom left to top right. This alignment indicates that the residuals are normally distributed.

Most points in the plot closely align with the diagonal line. There are no significant deviations or patterns, suggesting that the residuals exhibit good normality. This alignment supports the assumption that the errors in the regression model follow a normal distribution.

When residuals are normally distributed, statistical inference (such as confidence intervals and hypothesis tests) based on the regression model is more reliable. The researcher can have confidence in the model's predictions and parameter estimates.

4.4.2.4. Homoscedasticity

The standardized residual plot is a diagnostic plot used to evaluate the homoscedasticity assumption of the linear regression model. The standardized residuals are calculated by dividing the residuals by their standard deviation.

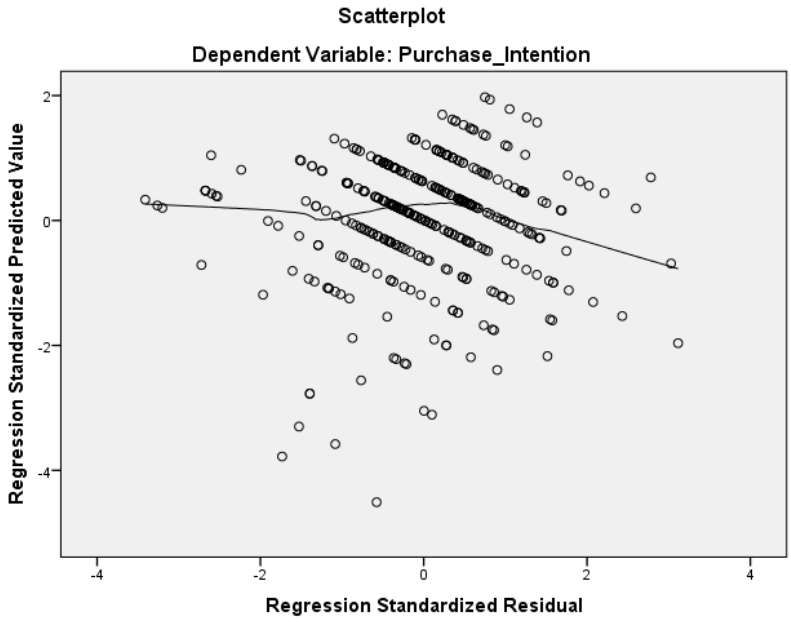

Figure 4. Scatterplot of Standardized Residuals

***Source*:** Survey Data, 2024

The x-axis represents the standardized residuals, which are the differences between the actual observed values and the predicted values from a regression model. Positive residuals indicate overestimation, while negative residuals indicate underestimation. The y-axis represents purchase intention, likely a measure of consumers' willingness to buy a product or service. Higher values on this axis indicate stronger purchase intent.

The scatterplot includes a line of best fit (regression line) that passes through the data points. The slight negative slope of the line suggests a weak negative correlation between standardized residuals and purchase intention. In other words, as the standardized residuals increase, there might be a slight decrease in purchase intention.

The data points are scattered around the regression line. The wide dispersion indicates variability in purchase intention for a given level of standardized residuals. Some data points deviate

significantly from the line, suggesting other factors may influence purchase intention beyond residuals.

The correlation appears weak due to the wide spread of data points. Further investigation and consideration of additional factors are necessary to fully understand this relationship. While there seems to be a slight negative relationship between standardized residuals and purchase intention, the overall effect is not strong.

4.4.2.5. No Auto Correlation

The Durbin-Watson statistic of 1.749 is used to detect the absence of autocorrelation in the residuals. A value close to 2 suggests no significant autocorrelation. This statistic is important for assessing the independence of the residuals, which is a key assumption of linear regression analysis.

4.4.3. Model Summary

Multiple regression analysis was employed to examine the influence of different factors (Awareness, Availability Bias, Access Motive, Expected Utility) on Purchase Intention.

Table 13. Model Summary

Model Summary[b]					
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Durbin-Watson
1	.846[a]	.716	.713	.25914	1.749
a. Predictors: (Constant), Awareness, Availability Bias, Access Motive, Expected Utility					
b. Dependent Variable: Purchase Intention					

Source: *Survey result, 2024*

The regression coefficient (R) of 0.846 indicates a strong positive correlation between the predictors (Awareness, Availability Bias, Access Motive, Expected Utility) and the dependent variable (Purchase Intention). This suggests that there is a substantial linear relationship between the predictor variables and the target variable.

The R Square value of 0.716 reveals that approximately 71.6% of the variance in the dependent variable (Purchase Intention) can be explained by the independent variables included in the model. This suggests that a significant portion of the variability in the dependent variable is accounted for by the predictors. A higher R Square indicates a better fit of the model to the data, indicating that the predictors are effective in explaining the variation in the dependent variable.

The Adjusted R Square value of 0.713 is a modification of R Square that takes into account the number of observations and predictors in the model. It attempts to yield a more honest estimate of the R-squared for the population. This is particularly important when dealing with regression models with different numbers of observations and predictors, as it can provide a more accurate assessment of the model's explanatory power.

The standard error of the estimate is 0.25914, providing a measure of the accuracy of predictions made by the regression model. A lower value indicates that the model's predictions are closer to the actual values, suggesting a better fit of the model.

4.4.4. Analysis of Variance (ANOVA)

Table 14. ANOVA Table

ANOVA[a]						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	59.734	4	14.933	222.372	.000[b]
	Residual	23.639	352	.067		
	Total	83.372	356			
a. Dependent Variable: Purchase Intention						
b. Predictors: (Constant), Awareness, Availability Bias, Access Motive, Expected Utility						

Source: *Survey result, 2024*

The ANOVA table provides crucial information for evaluating the regression model. The sum of squares for the regression model is 59.734, with 4 degrees of freedom (df) and a mean square of 14.933. The F-statistic is 222.372, and the associated p-value is .000. This indicates that the regression model as a whole is statistically significant in explaining the variance in the dependent variable, Purchase Intention.

The sum of squares for the residual (error) is 23.639, with 352 degrees of freedom and a mean square of .067. The residual sum of squares represents the unexplained variation in the dependent variable that is not accounted for by the regression model. The total sum of squares is 83.372, with 356 degrees of freedom.

The significant F-statistic ($F = 222.372$, $p = .000$) for the regression model indicates that the overall regression model, which includes the predictors (Awareness, Availability Bias, Access Motive, Expected Utility), is effective in explaining the variance in the dependent variable, Purchase

Intention. This suggests that the model as a whole provides valuable insights into the relationship between the predictors and the dependent variable.

The residual sum of squares and the total sum of squares provide important information about the unexplained and total variability in the dependent variable, respectively. These statistics are essential for assessing the goodness of fit of the regression model and understanding the proportion of variance in the dependent variable that is explained by the predictors.

4.4.5. Regression Coefficients

The coefficient value in a regression analysis represents the amount of change in the dependent variable for a one unit change in the independent variable, while holding all other independent variables constant. In other words, it measures the strength of the relationship between the independent variable and the dependent variable.

There are two types of coefficients in regression analysis: standardized and unstandardized. Unstandardized coefficients, also known as beta coefficients, represent the amount of change in the dependent variable per unit change in the independent variable. Standardized coefficients, on the other hand, measure the amount of change in the dependent variable in standard deviation units per one unit change in the independent variable. The significance level of the coefficient estimate, commonly represented by the p-value, indicates the probability of obtaining the observed coefficient estimate by chance.

Table 15: Regression Coefficient

Coefficients[a]						
Model		Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	.218	.129		1.697	.091
	Expected Utility	.500	.040	.503	12.427	.000
	Access Motive	.091	.032	.105	2.834	.005
	Availability Bias	.193	.026	.247	7.506	.000
	Awareness	.164	.033	.194	4.994	.000
a. Dependent Variable: Purchase Intention						

Source: *Survey result, 2024*

4.4.5.1. Beta Constant

The unstandardized regression coefficient provides valuable insights into the relationship between the predictor variable and the dependent variable. In this case, the unstandardized value for the

beta coefficient is 0.218, with a standard error of 0.129 and a T value of 1.967, with a significance value of 0.091.

The unstandardized coefficient of 0.218 indicates the change in the dependent variable (Purchase Intention) for a one-unit change in the predictor variable, holding all other variables constant. In this context, a one-unit change in the predictor variable is associated with a 0.218 unit change in the dependent variable. The standard error of 0.129 provides a measure of the accuracy of the coefficient estimate. A lower standard error suggests that the coefficient estimate is more precise.

The T value of 1.967 is a measure of the strength of the relationship between the predictor variable and the dependent variable, relative to the amount of error in the data. A higher T value indicates a stronger relationship. The significance value of 0.091 indicates the probability of observing the T value if the null hypothesis (that the coefficient is equal to zero) is true. A significance value below a certain threshold (commonly 0.05) suggests that the coefficient is statistically significant.

The significance value of 0.091 suggests that the coefficient is not statistically significant at the conventional 0.05 significance level. However, it is important to consider the specific context and the implications of the coefficient estimate in the given domain. Additionally, the interpretation of the coefficient should be considered in conjunction with other relevant statistics and domain knowledge to draw meaningful conclusions about the factors affecting community-based health insurance purchase intention.

4.4.5.2. Expected Utility

The unstandardized beta coefficient of 0.500 indicates the change in the dependent variable (insurance purchase intention) for a one-unit change in the independent variable (expected utility), holding all other variables constant. In this context, a one-unit change in the expected utility is associated with a 0.500 unit change in the insurance purchase intention.

The standardized beta coefficient of 0.503 provides a measure of the strength of the effect of the independent variable (expected utility) on the dependent variable (insurance purchase intention) relative to the standard deviations of the variables. A standardized beta coefficient compares the relative importance of each coefficient in a regression model. The higher the absolute value of the beta coefficient, the stronger the effect. In this case, a standardized beta coefficient of 0.503 suggests a relatively strong effect of the expected utility on the insurance purchase intention.

The standard error of 0.040 provides a measure of the accuracy of the coefficient estimate. A lower standard error suggests that the coefficient estimate is more precise. The significance level of 0.001 indicates that the coefficient is statistically significant, suggesting that the effect of the expected utility on the insurance purchase intention is unlikely to be due to random chance.

Globally, research has moved beyond the traditional Expected Utility Theory, exploring behavioral economics to understand insurance purchasing decisions. Desrosiers (2012) argues for a more nuanced approach that considers psychological factors and risk behavior, which may not be captured by the expected utility alone. In Africa, the insurance market is influenced by various socio-economic factors. The Africa Energy Outlook (2022) highlights the challenges faced by African economies, such as the impact of global crises on financial stability, which could affect insurance purchasing behaviors. Specifically, in Ethiopia, studies have shown that factors like savings, income growth, and urbanization significantly influence life insurance demand, suggesting a complex interplay of economic and demographic factors beyond expected utility. These findings imply that while the expected utility is a significant predictor of insurance purchase intention, other contextual factors, both global and local, play a crucial role in shaping consumer behavior in the insurance market.

4.4.5.3. Access Motive

The unstandardized beta coefficient of 0.091 indicates the change in the dependent variable (insurance purchase intention) for a one-unit change in the independent variable (access motive), holding all other variables constant. In this context, a one-unit change in the access motive is associated with a 0.091 unit change in the insurance purchase intention.

The standardized beta coefficient of 0.105 provides a measure of the strength of the effect of the independent variable (access motive) on the dependent variable (insurance purchase intention) relative to the standard deviations of the variables. A standardized beta coefficient compares the relative importance of each coefficient in a regression model. The higher the absolute value of the beta coefficient, the stronger the effect. In this case, a standardized beta coefficient of 0.105 suggests a relatively moderate effect of the access motive on the insurance purchase intention.

The standard error of 0.032 provides a measure of the accuracy of the coefficient estimate. A lower standard error suggests that the coefficient estimate is more precise. The significance level of 0.001

indicates that the coefficient is statistically significant, suggesting that the effect of the access motive on the insurance purchase intention is unlikely to be due to random chance.

Globally, studies have identified the increasing influence of digital platforms on consumer decision-making in the insurance sector. Research by Liu et al. (2020) highlights the role of electronic word-of-mouth (eWoM) – online reviews and recommendations – in shaping insurance purchase intentions. Positive eWoM can build trust and influence consumers seeking insurance products. Additionally, brand image plays a significant role. A study by Park et al. (2019) demonstrates how a strong brand image, often communicated through digital marketing strategies, can enhance insurance purchase intention.

The African context presents a unique set of challenges and considerations. Research by Onwuchekwa et al. (2018) identifies low confidence in the insurance sector, limited disposable income, and a lack of insurance literacy as significant barriers to life insurance uptake. These findings highlight a need for increased transparency, financial education initiatives, and products tailored to meet the specific needs of African consumers.

Studies in Ethiopia provide further insights. Alemie et al. (2020) found that income level, education, age, and awareness of product variety were all crucial determinants of life insurance policy purchases. This emphasizes the importance of socioeconomic factors and financial literacy in influencing purchase intentions.

4.4.5.4. Availability Bias

The unstandardized beta coefficient of 0.193 indicates the change in the dependent variable (insurance purchase intention) for a one-unit change in the independent variable (availability bias), holding all other variables constant. In this context, a one-unit change in the availability bias is associated with a 0.193 unit change in the insurance purchase intention.

The standardized beta coefficient of 0.247 provides a measure of the strength of the effect of the independent variable (availability bias) on the dependent variable (insurance purchase intention) relative to the standard deviations of the variables. A standardized beta coefficient compares the relative importance of each coefficient in a regression model. The higher the absolute value of the beta coefficient, the stronger the effect. In this case, a standardized beta coefficient of 0.247 suggests a relatively strong effect of the availability bias on the insurance purchase intention.

The standard error of 0.026 provides a measure of the accuracy of the coefficient estimate. A lower standard error suggests that the coefficient estimate is more precise. The significance level of 0.001 indicates that the coefficient is statistically significant, suggesting that the effect of the availability bias on the insurance purchase intention is unlikely to be due to random chance.

The finding from the SPSS output indicates a positive relationship between availability bias and insurance purchase intention, with unstandardized and standardized beta coefficients of 0.193 and 0.247, respectively. This suggests that as availability bias increases, so does the intention to purchase insurance, which is statistically significant at the 0.001 level. Globally, research has shown that purchase intention scales, including those related to insurance, are empirically unbiased and the variability is less than previously assumed, which enhances the confidence in these scales (Wright & MacRae, 2007). This aligns with the presented finding, indicating a reliable positive influence of availability bias on purchase intentions.

In the context of Africa, a study on the uptake of insurance products in Sub-Saharan Africa found that poverty and lack of income were key factors contributing to low insurance uptake, alongside a lack of product knowledge and sensitization by regulators (Malambo, 2022). This suggests that while availability bias may influence purchase intentions, actual uptake is affected by broader socio-economic factors.

4.4.5.5. Awareness

The unstandardized beta coefficient of 0.164 indicates the change in the dependent variable (insurance purchase intention) for a one-unit change in the independent variable (awareness), holding all other variables constant. In this context, a one-unit change in awareness is associated with a 0.164 unit change in the insurance purchase intention.

The standardized beta coefficient of 0.194 provides a measure of the strength of the effect of the independent variable (awareness) on the dependent variable (insurance purchase intention) relative to the standard deviations of the variables. A standardized beta coefficient compares the relative importance of each coefficient in a regression model. The higher the absolute value of the beta coefficient, the stronger the effect. In this case, a standardized beta coefficient of 0.194 suggests a moderate effect of awareness on the insurance purchase intention.

The standard error of 0.033 provides a measure of the accuracy of the coefficient estimate. A lower standard error suggests that the coefficient estimate is more precise. The significance level of 0.001 indicates that the coefficient is statistically significant, suggesting that the effect of awareness on the insurance purchase intention is unlikely to be due to random chance.

The examination of the influence of awareness on insurance purchase intention reveals a nuanced landscape of research findings across different regions. Globally, studies such as the one conducted on the health takāful industry in the United Arab Emirates indicate that brand equity, which includes awareness, has a strong positive influence on purchase intentions (Rizwan et al., 2021). In Africa, research highlights various factors affecting insurance uptake, including awareness. For instance, a study on insurance penetration in Africa suggests that low awareness contributes to the low uptake of insurance products in Sub-Saharan Africa (Malambo, 2023). This finding is consistent with the positive coefficients reported in the SPSS output, suggesting that increased awareness could potentially enhance insurance purchase intentions. Within Ethiopia, the determinants of life insurance policy purchase have been explored, with factors such as income level, education, and awareness being significant (Jemal, 2020). The positive coefficients for awareness in the SPSS output are echoed in the Ethiopian context, where awareness is a significant determinant of life insurance purchase, indicating a similar trend as observed globally and in the broader African context.

In comparing these findings, it is evident that the role of awareness in influencing insurance purchase intention is recognized across different regions, albeit with varying degrees of impact. The standardized and unstandardized beta coefficients from the SPSS output suggest a moderate positive effect of awareness on insurance purchase intention, which is corroborated by the global and African studies.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1. Summary of Findings

The survey was conducted with 384 questionnaires issued, resulting in a return rate of 33%. After excluding six faulty forms, 357 acceptable questionnaires were authorized, yielding a response rate of 94.5%. 92.9% of the participants returned valid surveys. The subsequent analysis revealed that out of the 357 survey participants, 204 (57.2%) were male and 153 (32.8%) were female. Additionally, the age distribution of the respondents was as follows: 139 (38.9%) were aged 18 to 29, 151 (42.3%) were aged 30 to 39, 36 (10.1%) were aged 36 to 45, and 31 (8.7%) were beyond the age of 50.

Furthermore, the educational background of the respondents was diverse, with 122 (34.2%) having a first degree, 103 (28.9%) holding a diploma, 104 (29.1%) holding a second degree, and 28 (7.8%) holding a bachelor's degree or below. The majority of the participants, over 50%, were engaged in self-employment, with varying growth rates observed among different employment categories.

The survey also assessed the attitudes of the respondents towards community-based health insurance. The results indicated a generally positive disposition, with the grand mean for the variable "expected utility" at 4.0588 and a standard deviation of 0.48715. Similarly, the grand mean for the variable "access motive" was 4.0611.

The grand mean for the variable "availability bias" was 3.8258, suggesting a positive inclination towards the availability and visibility of community-based health insurance, albeit with notable variance in attitudes among the surveyed respondents. The grand mean for the variable "awareness" was 3.9255. Finally, the grand mean for the variable "purchase intention" was 3.9972.

The consistent trend of positive attitudes across various aspects of community-based health insurance suggests that respondents place significant value on this form of health coverage, demonstrating a notable readiness to engage with and consider it. The survey results indicate a generally favorable perception of community-based health insurance among the surveyed

respondents, with a consistent trend of positive attitudes across various aspects of the insurance coverage.

The findings revealed significant Pearson correlation values and their associated significance levels. Firstly, the study found a strong positive relationship between expected utility and purchase intention, with a Pearson correlation value of 0.771 at a significance level of $p < 0.05$. The significance level of $p < 0.05$ reinforces the reliability of this relationship.

Secondly, the study uncovered a moderately strong positive relationship between access motive and purchase intention, with a Pearson correlation value of 0.601 at a significance level of $p < 0.05$. Furthermore, the study identified a moderately strong positive relationship between availability bias and purchase intention, with a Pearson correlation value of 0.547 at a significance level of $p < 0.05$.

Additionally, the study revealed a strong positive relationship between awareness and purchase intention, with a Pearson correlation value of 0.672 at a significance level of $p < 0.05$. Once again, the significance level of $p < 0.05$ supports the reliability of this relationship.

Overall, these findings underscore the complex interplay of factors influencing individuals' decisions regarding the purchase of community-based health insurance. The robust correlations and their associated significance levels highlight the need for further exploration and consideration of these factors in the design and promotion of such insurance schemes.

The regression coefficient (R) of 0.846 indicates a strong positive correlation between the predictors and the dependent variable, suggesting a substantial linear relationship between these variables. This underscores the potential influence of the predictor variables on individuals' purchase intentions regarding community-based health insurance.

The R Square value of 0.716 reveals that approximately 71.6% of the variance in the dependent variable (Purchase Intention) can be explained by the independent variables included in the model. This suggests that a significant portion of the variability in the dependent variable is accounted for by the predictors, indicating a strong fit of the model to the data.

The Adjusted R Square value of 0.713, which takes into account the number of observations and predictors in the model, provides a more accurate assessment of the model's explanatory power. This is particularly important in ensuring a reliable estimate of the model's fit to the population.

The standard error of the estimate, with a value of 0.25914, provides a measure of the accuracy of predictions made by the regression model. A lower value indicates that the model's predictions are closer to the actual values, suggesting a better fit of the model.

The ANOVA table further supports the statistical significance of the regression model. The sum of squares for the regression model, the F-statistic of 222.372, and the associated p-value of .000 collectively indicate that the regression model as a whole is effective in explaining the variance in the dependent variable, Purchase Intention.

The finding details the relationships between the predictor variables (Awareness, Availability Bias, Access Motive, Expected Utility) and the dependent variable (Purchase Intention) through the use of unstandardized and standardized regression coefficients.

The unstandardized regression coefficient, with a value of 0.218, provides valuable insights into the relationship between the predictor variable and the dependent variable. This value, along with a standard error of 0.129 and a T value of 1.967, with a significance value of 0.091, indicates the strength and significance of the relationship.

The unstandardized beta coefficient of 0.500 for the variable "Expected Utility" suggests that a one-unit change in the expected utility is associated with a 0.500 unit change in the insurance purchase intention. Similarly, the standardized beta coefficient of 0.503 provides a measure of the strength of the effect of the expected utility on the purchase intention relative to the standard deviations of the variables.

For the variable "Access Motive," the unstandardized beta coefficient of 0.091 indicates a relatively smaller change in the insurance purchase intention for a one-unit change in the access motive, while the standardized beta coefficient of 0.105 suggests a relatively moderate effect of the access motive on the purchase intention.

In the case of "Availability Bias," the unstandardized beta coefficient of 0.193 indicates a moderate change in the insurance purchase intention for a one-unit change in the availability bias, while the

standardized beta coefficient of 0.247 suggests a relatively strong effect of the availability bias on the purchase intention.

Lastly, for the variable "Awareness," the unstandardized beta coefficient of 0.164 indicates a moderate change in the insurance purchase intention for a one-unit change in awareness, while the standardized beta coefficient of 0.194 suggests a moderate effect of awareness on the purchase intention.

5.2. Conclusion

The comprehensive survey conducted with 384 questionnaires yielded valuable insights into the attitudes and demographics of the participants, as well as their perceptions of community-based health insurance. The high response rate and the diverse demographic representation provided a robust foundation for the subsequent analysis.

The majority of participants were engaged in self-employment, and the survey revealed a generally positive disposition towards community-based health insurance, as evidenced by the favorable grand mean scores for variables such as "expected utility," "access motive," "availability bias," "awareness," and "purchase intention."

Furthermore, the study uncovered significant Pearson correlation values between the predictor variables and purchase intention, indicating strong and moderately strong positive relationships. These findings underscore the complex interplay of factors influencing individuals' decisions regarding the purchase of community-based health insurance, emphasizing the need for further exploration and consideration of these factors in the design and promotion of such insurance schemes.

The subsequent regression analysis provided additional depth to the understanding of the relationships between the predictor variables and the dependent variable. The strong unstandardized regression coefficient and the high R Square value indicated a substantial linear relationship between the predictors and the purchase intention, with large variance in the dependent variable being explained by the independent variables included in the model.

The Adjusted R Square value further ensured a more accurate assessment of the model's explanatory power, while the standard error of the estimate provided a measure of the accuracy of predictions made by the regression model.

The unstandardized and standardized regression coefficients for each predictor variable offered detailed insights into their respective effects on the purchase intention, highlighting the relative strengths and impacts of these variables on individuals' decision-making processes.

The survey, correlation analysis, and regression model collectively provide a comprehensive understanding of the factors influencing individuals' attitudes and purchase intentions regarding community-based health insurance. These findings have significant implications for the design, promotion, and understanding of community-based health insurance schemes, offering valuable insights for policymakers, insurers, and healthcare providers.

5.3. Recommendations

Based on the comprehensive survey, correlation analysis, and regression model, several recommendations can be made to leverage the insights gained and enhance the effectiveness of community-based health insurance initiatives:

- **Tailored Marketing and Communication Strategies**: Given the positive attitudes towards community-based health insurance, targeted marketing and communication strategies should be developed to highlight the perceived benefits of such insurance. Emphasizing the expected utility, access motives, availability bias, and awareness in promotional materials can effectively influence individuals' purchase intentions.
- **Educational Campaigns**: Educational campaigns should be designed to address the varying levels of awareness and understanding of community-based health insurance. These campaigns can focus on clarifying the features, benefits, and accessibility of such insurance, aiming to increase awareness and knowledge among potential participants.
- **Customized Offerings**: Considering the diverse demographic and educational backgrounds of the respondents, insurance providers should consider offering customized plans that cater to the specific needs and preferences of different demographic segments. Tailoring insurance offerings to align with the varying age groups, educational levels, and employment categories can enhance the appeal and relevance of community-based health insurance.
- **Incentivized Programs**: Implementing incentivized programs to encourage enrollment in community-based health insurance can capitalize on the positive attitudes and purchase intentions revealed in the survey. Incentives such as discounts, rewards, or additional

benefits for early adopters or referrals can further motivate individuals to consider and engage with such insurance options.

- **Continuous Monitoring and Adaptation**: Given the complex interplay of factors influencing individuals' decisions, continuous monitoring of attitudes, preferences, and purchase behaviors is essential. This will enable insurance providers to adapt their offerings and promotional strategies in response to evolving consumer sentiments and market dynamics.
- **Enhanced Data Collection and Analysis**: Employing advanced data collection and analysis techniques, including online surveys and multivariate regression models, can provide deeper insights into consumer behaviors and preferences. This can facilitate the development of more targeted and effective strategies for promoting community-based health insurance.
- **Collaborative Research and Development**: Collaboration between insurance providers, researchers, and policymakers can facilitate ongoing research and development efforts to enhance the design, promotion, and accessibility of community-based health insurance. This collaborative approach can lead to innovative solutions and policies that address the identified factors influencing purchase intentions.

By implementing these recommendations, stakeholders in the healthcare and insurance sectors can capitalize on the positive attitudes and purchase intentions revealed in the survey, ultimately enhancing the uptake and effectiveness of community-based health insurance initiatives.

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ANNEX

ADDIS ABABA UNIVERSITY

COLLEGE OF BUSINESS AND ECONOMICS

GRADUATE PROGRAM

MASTERS OF BUSINESS ADMINISTRATION (MBA)

English Version

Dear Sir/ Madam

This questionnaire will be used for conducting research for the Partial fulfillment of master's degree in Business Administration at Addis Ababa University.

I, Yabsira Yiehalem, with the guidance and support of my advisor, I am here to conduct a research survey on the Topic: "factors that affect purchase intention of community based health insurance in Nefas Silk sub-city".

This Questionnaire is designed in two parts. Part one is designed to collect general information and Part two is designed to find out factors that affect purchase intention of community based health insurance. I kindly request you to respond to all questions and be assured that there is no right or wrong answer. Your honest and full response is invaluable for the success and accuracy of this study. I am very grateful for taking your time and I like to assure you that your response will be kept confidential and will only be used for this Research purpose.

Thank you in advance,

Part I

General Information

In answering this part of the Questionnaire, please use a tick(x) mark in the respective box provided.

Gender	Male	
	Female	
Age Group	21-29	
	30-39	
	40-49	
	50 and above	
Academic Qualification	Certificate and below	
	Diploma	
	Bachelor's degree	
	Masters and above	
Occupation	Self Employed	
	Government respondent	
	Private respondent	
	Student	
	Other	
Monthly Income	<5,000	
	5,000-10,000	
	10,000-15,000	
	>15,000	

Expected Utility

Please Put "X" on the alternative of your choice, the numbers below are identified with their respective equivalent meaning to ease the questionnaire for each respondent.

1= Strongly Disagree 2= Disagree 3= Neutral 4= Agree 5= Strongly Agree

	1	2	3	4	5
I believe that purchasing community-based health insurance would provide financial security for me and my family.					
The benefits offered by community-based health insurance are worth the investment.					
I feel that community-based health insurance would offer good value for the premiums paid.					
I believe that community-based health insurance would alleviate concerns about unexpected healthcare expenses.					
I see community-based health insurance as a wise investment for my future healthcare needs.					

Access Motive

Please Put "X" on the alternative of your choice, the numbers below are identified with their respective equivalent meaning to ease the questionnaire for each respondent.

1= Strongly Disagree 2= Disagree 3= Neutral 4= Agree 5= Strongly Agree

	1	2	3	4	5
Having access to a wide network of healthcare providers through community-based health insurance is important to me.					
The convenience of accessing healthcare services through community-based health insurance influences my purchase intention.					
I consider the ease of obtaining medical care through community-based health insurance as a significant factor in my decision to purchase it.					
Timely access to medical services through community-based health insurance is an important consideration for me.					
Having the ability to choose my preferred healthcare provider through community-based health insurance is a key factor for me.					

Availability Bias

Please Put "X" on the alternative of your choice, the numbers below are identified with their respective equivalent meaning to ease the questionnaire for each respondent.

1= Strongly Disagree 2= Disagree 3= Neutral 4= Agree 5= Strongly Agree

	1	2	3	4	5
I am more likely to consider purchasing community-based health insurance if it is readily available and easy to understand.					
The visibility of community-based health insurance options affects my likelihood of considering them for purchase.					
I am influenced by the prominence of community-based health insurance when making decisions about healthcare coverage.					
I find it easier to consider community-based health insurance when there are clear comparisons with other insurance options.					
Marketing efforts for community-based health insurance impact my likelihood of considering it for purchase.					

Awareness

Please Put "X" on the alternative of your choice, the numbers below are identified with their respective equivalent meaning to ease the questionnaire for each respondent.

1= Strongly Disagree 2= Disagree 3= Neutral 4= Agree 5= Strongly Agree

	1	2	3	4	5
I feel well-informed about the features and benefits of community-based health insurance.					
I actively seek information about community-based health insurance options available to me.					
I believe that increasing my awareness about community-based health insurance could positively impact my purchase intention.					
Clear and comprehensive information about community-based health insurance would influence my decision to purchase it.					
The sources from which I receive information about community-based health insurance influence my purchase intention.					

Purchase Intention

Please Put "X" on the alternative of your choice, the numbers below are identified with their respective equivalent meaning to ease the questionnaire for each respondent.

1= Strongly Disagree 2= Disagree 3= Neutral 4= Agree 5= Strongly Agree

	1	2	3	4	5
I am seriously considering purchasing community-based health insurance in the near future.					
I am likely to recommend community-based health insurance to my friends and family.					
When it comes to choosing health insurance, community-based options are at the top of my list.					
Based on my current understanding, I am leaning towards purchasing community-based health insurance.					

አዲስ አበባ ዩኒቨርሲት

የንግድ እና ኢኮኖሚ ኮሌጅ

የምረቃ ፕሮግራም

የቢዝነስ አስተዳደር (ኤምቢኤ) ማስተሮች

Amharic Version

ይህ መጠይቅ በአዲስ አበባ ዩኒቨርሲቲ በቢዝነስ አድሚኒስትሬሽን የማስተርስ ዲግሪ ለመጨረስ ጥናት ለማካሄድ እንዲጠቅም የተዘጋጀ ነው።

እኔ ያብሲራ ይህአለም በአማካሪዬ መመሪያና ድጋፍ “በንፋስ ስልክ ክፍለ ከተማ የማህበረሰብ አቀፍ የጤና መድህን ተጠቃሚነት ፍላጎትን የሚነኩ ምክንያቶች” በሚል ርዕስ ጥናታዊ ዳሰሳ ለማድረግ መጥቻለሁ።

ይህ መጠይቅ በሁለት ክፍሎች የተነደፈ ነው። ክፍል አንድ አጠቃላይ መረጃን ለመሰብሰብ የተነደፈ ሲሆን ክፍል ሁለት የማህበረሰብ አቀፍ የጤና መድህን ትጠቃሚነት ዓላማን የሚነኩ ሁኔታዎችን ለማወቅ የተነደፈ ነው። ለሁሉም ጥያቄዎች መልስ እንድትሰጡኝ እና ትክክለኛ ወይም የተሳሳተ መልስ እንደሌለ እርግጠኛ እንድትሆኑ በአክብሮት እጠይቃለሁ። የእርስዎ ታማኝ እና ሙሉ ምላሽ ለዚህ ጥናት ስኬት እና ትክክለኛነት በጣም ጠቃሚ ነው። ጊዜህን ስለወሰድኩ በጣም አመሰጋኝ ነኝ እና ምላሽዎት በሚስጥር እንደሚጠበቅ እና ለዚህ የምርምር ዓላማ ብቻ እንደሚውል ላረጋግጥ እወዳለሁ።

አመሰግናለሁ።

ክፍል ፤

አጠቃላይ መረጃ

ይህንን የመጠይቁ ክፍል ሲመልሱ፣ እባክዎን በተጠቀሰው ሳጥን ውስጥ ምልክት (x) ምልክት ይጠቀሙ።

ጾታ	ወንድ	
	ሴት	
እድሜ ክልል	21-29	
	30-39	
	40-49	
	50 እና ከዚያ በላይ	
የትምህርት ደረጃ	የምስክር ወረቀት እና ከዚያ በታች	
	ዲፕሎማ	
	የመጀመሪያ ዲግሪ	
	ማስተርስ እና ከዚያ በላይ	
ሥራ	በግል ተዳዳሪ	
	የመንግስት ሰራተኛ	
	የግል ተቀጣሪ	
	ተማሪ	
	ሌላ	
ወርሃዊ ገቢ	<5,000	
	5,000-10,000	
	10,000-15,000	
	> 15,000	

የሚጠበቀው መገልገያ

እባኮትን በመረጡት አማራጭ ላይ "X"ን ያስቀምጡ፣ ከታች ያሉት ቁጥሮች ለእያንዳንዱ ምላሽ ሰጪ መጠይቁን ለማቃለል በየራሳቸው አቻ ትርጉም ተለይተዋል።

1= በጣም አልስማማም 2= አልስማማም 3= ገለልተኛ 4= እስማማለሁ 5= በጣም እስማማለሁ

	1	2	3	4	5
የማህበረሰብ አቀፍ የጤና መድህን መግዛት ለእኔ እና ለቤተሰቤ የጤና ዋስትና እንደሚሰጥ አምናለሁ።					
በማህበረሰብ አቀፍ የጤና መድህን የሚሰጡ ጥቅማጥቅሞች ከወጪው አንጻር ከፍ ያለ ዋጋ አላቸው።					
ማህበረሰብ አቀፍ የጤና መድህን ለተከፈለው አረቦን ጥሩ ዋጋ እንደሚሰጥ ይሰማኛል።					
በማህበረሰብ ላይ የተመሰረተ የጤና መድህን ያልተጠበቁ የጤና እንክብካቤ ወጪዎች ስጋቶችን እንደሚያቃልል አምናለሁ።					
ለወደፊት የጤና እንክብካቤ ፍላጎቶቼ የማህበረሰብ አቀፍ የጤና መድህን እንደ ጥበባዊ ኢንቨስትመንት ነው የማየው።					

የመዳረሻ ተነሳሽነት

እባኮትን በመረጡት አማራጭ ላይ "X"ን ያስቀምጡ፣ ከታች ያሉት ቁጥሮች ለእያንዳንዱ ምላሽ ሰጪ መጠይቁን ለማቃለል በየራሳቸው አቻ ትርጉም ተለይተዋል።

1= በጣም አልስማማም 2= አልስማማም 3= ገለልተኛ 4= እስማማለሁ 5= በጣም እስማማለሁ

	1	2	3	4	5
በማህበረሰብ አቀፍ የጤና መድህን በኩል ሰፊ የጤና እንክብካቤ አቅራቢዎችን ማግኘት ለእኔ አስፈላጊ ነው።					
በማህበረሰብ አቀፍ የጤና መድህን የጤና አጠባበቅ አገልግሎት የማግኘት ምቾት የግዢ አላማዬ ላይ ተጽዕኖ ያሳድራል።					
በማህበረሰብ አቀፍ የጤና መድህን የህክምና አገልግሎት ለማግኘት ቀላል መሆን፣ በመግዛት ውሳኔ ላይ እንደ አንድ ትልቅ ምክንያት እቆጥረዋለሁ።					
በማህበረሰብ አቀፍ የጤና መድህን የህክምና አገልግሎት በወቅቱ ማግኘት ለእኔ ትልቅ ግምት የሚሰጠው ጉዳይ ነው።					
በማህበረሰብ አቀፍ የጤና መድህን በኩል የምመርጠውን የጤና እንክብካቤ አቅራቢ የመምረጥ ችሎታ ማግኘቴ ለእኔ ቁልፍ ነገር ነው።					

ተገኝነት አድልዎ

እባኮትን በመረጡት አማራጭ ላይ "X"ን ያስቀምጡ፣ ከታች ያሉት ቁጥሮች ለእያንዳንዱ ምላሽ ሰጪ መጠይቁን ለማቃለል በየራሳቸው አቻ ትርጉም ተለይተዋል።

1= በጣም አልስማማም 2= አልስማማም 3= ገለልተኛ 4= እስማማለሁ 5= በጣም እስማማለሁ

	1	2	3	4	5
በቀላሉ የሚገኝ እና ለመረዳት ቀላል ከሆነ፣ የማህበረሰብ አቀፍ የጤና መድህን መግዛት እንድዕድል ነው የማስብው።					
የማህበረሰብ አቀፍ የጤና መድህን አማራጮች መኖር እነርሱን ለመግዛት የማገናዘብ እድሌን ይነካል።					
ስለጤና አጠባበቅ ሽፋን ውሳኔ በምወስንበት ጊዜ በማህበረሰብ ላይ የተመሰረተ የጤና መድህን ታዋቂነት ተጽዕኖ አድሮብኛል።					
ከሌሎች የኢንሹራንስ አማራጮች ጋር ግልጽ ንጽጽር ሲኖር የማህበረሰብ አቀፍ የጤና መድህንን ግምት ውስጥ ማስገባት ቀላል ሆኖ አግኝቼዋለሁ።					
ለማህበረሰብ አቀፍ የጤና መድህን የማሻሻጥ ጥረቶች ለግዢ የማስበው እድላቴ ላይ ተጽዕኖ ያሳድራል።					

ግንዛቤ

እባኮትን በመረጡት አማራጭ ላይ "X"ን ያስቀምጡ፣ ከታች ያሉት ቁጥሮች ለእያንዳንዱ ምላሽ ሰጪ መጠይቁን ለማቃለል በየራሳቸው አቻ ትርጉም ተለይተዋል።

1= በጣም አልስማማም 2= አልስማማም 3= ገለልተኛ 4= እስማማለሁ 5= በጣም እስማማለሁ

	1	2	3	4	5
ስለ ማህበረሰብ አቀፍ የጤና መድህን ባህሪያት እና ጥቅሞች በደንብ እንደተረዳሁ ይሰማኛል።					
ስለ ማህበረሰብ አቀፍ የጤና መድህን አማራጮች መረጃን በንቃት እሻለሁ።					
ስለ ማህበረሰብ አቀፍ የጤና መድህን ያለኝን ግንዛቤ ማሳደግ በግዢ አላማዬ ላይ በጎ ተጽዕኖ እንደሚያሳድር አምናለሁ።					
ስለማህበረሰብ አቀፍ የጤና መድህን ግልጽ እና አጠቃላይ መረጃ ለመግዛት ባደረግሁት ውሳኔ ላይ ተጽእኖ ይኖረዋል።					
ስለ ማህበረሰብ አቀፍ የጤና መድህን መረጃ የምቀበልባቸው ምንጮች በግዢ አላማዬ ላይ ተጽዕኖ ያሳድራሉ።					

የግዢ ፍላጎት

እባኮትን በመረጡት አማራጭ ላይ "X"ን ያስቀምጡ፣ ከታች ያሉት ቁጥሮች ለእያንዳንዱ ምላሽ ሰጪ መጠይቁን ለማቃለል በየራሳቸው አቻ ትርጉም ተለይተዋል።

1= በጣም አልስማማም 2= አልስማማም 3= ገለልተኛ 4= እስማማለሁ 5= በጣም እስማማለሁ

	1	2	3	4	5
በቅርብ ጊዜ ውስጥ የማህበረሰብ አቀፍ የጤና መድህን ለመግዛት በቁም ነገር እያሰብኩ ነው።					
ለጓደኞቼ እና ለቤተሰቤ ማህበረሰብን መሰረት ያደረገ የጤና መድህን ልመክር አልችልም።					
የጤና መድን ምርጫን በተመለከተ፣ ማህበረሰብን መሰረት ያደረጉ አማራጮች ከዝርዝሬ አናት ላይ ናቸው።					
አሁን ባለኝ ግንዛቤ መሰረት፣ ማህበረሰብን መሰረት ያደረገ የጤና መድህን ግዢ ላይ አዘነብላለሁ።					