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From Perception to Adoption: Drivers of Commercial Health Insurance Purchase Intentions Among School Teachers in Nepal

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Abstract

The study aims to identify the determinants of commercial health insurance purchase intention among uninsured school teachers in Nepal. The study adopted a cross-sectional survey study of 412 uninsured school teachers. PLS-SEM approach has been adopted for the analysis. Purchase intention for commercial health insurance among school teachers is primarily affected by perceived usefulness and attitudes, along with the norms, literacy and the service quality influence as supporting factors. This suggests that for enhancing adoption and long-term engagement, benefit-focused communication and product designs, added with trust and retention efforts, are essential. While male and female teachers differ somewhat in average views, these differences do not meaningfully change how the key drivers relate to intention.

Keywords: Behavioral determinants, health insurance adoption, purchase intention, school teachers

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Introduction

Health is essentially a vital pillar of human resources, which influences productivity, economic growth, and well-being (Cutler & Zeckhauser, 2000; Grossman, 1972). Unlike ordinary market goods, investments in health yield private and societal returns through improved longevity, quality of life, and reduced disease burden. Preventive health care becomes an investment that lessens the morbidity and improves the potential of humans (Babalola, 2017). In low and middle-income countries, households are surrounded by uncertainty of illness, accidents, and financial shocks (Alam & Mahal, 2014). Therefore, risk management becomes vital to maintain the health and economic stability.

Health insurance converts uncertain, potentially catastrophic expenditures into predictable, prepaid contributions distributed across a risk pool. In doing so, it protects households from financial hardship and improves access to services by reducing cost-related barriers to care (Abdel et al., 2015; Owolabi et al., 2016). Empirical evidence associates insurance coverage with better health outcomes and welfare improvements compared with being uninsured (Grossman, 1972). Expanding coverage is thus a global priority aligned with universal health coverage (Sustainable Development Goals [SDG] 3.8).

In Nepal, constitutional guarantees of the right to basic healthcare coexist with persistent inequities in access and financial protection. Out-of-pocket expenditure remains high, near two-thirds of total health spending, exposing households to medical impoverishment (Nepal Health Research Council [NHRC], 2018; Kandel, 2018). The Social Health Security (SHS) Program, launched in 2015, piloted risk pooling in Baglung, Kailali, and Ilam, later scaling under the Health Insurance Board (HIB) via the Health Insurance Act of 2017, with nationwide coverage targeted by 2030 (Ministry of Health and Population, 2023). Yet penetration remains modest: about a quarter have ever enrolled, and only a sixth maintain active membership (FY 2022/23), reflecting both structural and behavioral frictions (HIB, 2024).

Behavioral economics helps explain underinsurance despite evident benefits. Individuals struggle to evaluate low-probability risks, discount future gains, and are deterred by complexity and information asymmetries (Kunreuther & Pauly, 2004; Loewenstein et al., 2013). Trust in insurers, government, and providers also shapes perceived reliability of claims and service quality; when trust erodes, even willing and able households may opt out (Owolabi et al., 2016; Born & Sirmans, 2019). Adoption decisions thus reflect an interplay of rational evaluation (price, benefits, convenience), emotional judgments (trust, perceived fairness), and normative influences (peer endorsement, professional culture).

School teachers represent a distinct consumer segment whose characteristics shape health insurance purchase intentions. Teachers in Nepal are well-educated and socially engaged, with stable employment compared to informal workers. They face heavy workloads, role conflicts, and time constraints that lead to physical and psychological stress (Ragmac, 2025). International evidence indicates that teachers' responsibilities routinely extend beyond classroom instruction to assessments, administrative tasks, attendance tracking, and

extracurricular coordination, with reported workdays of 8 to 10 hours and associated fatigue (Malaysian School Governance, 2021; Kaur et al., 2022; Wahab et al., 2024). These patterns echo conditions in Nepal, where teachers juggle similar academic and non-academic demands.

Recent studies like Dhungana et al. (2025) highlight occupational stress among secondary school teachers. Such pressures can increase perceived vulnerability to health and financial shocks, enhancing the value of health insurance for risk management. Nepal employs permanent and contract teachers with varying benefits. Teachers value insurance highly, with 77.5% rating it as valuable for professional growth (Baraily & Belbase, 2025), indicating recognition of insurance as a pillar of economic stability. Socio-economic heterogeneity within the teacher workforce also matters for purchase intentions. For instance, female teachers in private schools have limited advancement opportunities (Shethi, 2018). A 2025 national snapshot shows 60% of community-school teachers hold permanent positions; the remainder are temporary teachers (Baraily & Belbase, 2025). Income volatility and employment insecurity can both necessitate and constrain insurance take-up due to affordability concerns.

Teachers' high educational attainment may support financial literacy and insurance awareness (Garcia, 2025), but awareness alone may not drive purchase. Time constraints, complexity, and limited tailored offerings can impede action. Studies on teachers' adoption of educational technologies show that usefulness, ease of use, facilitating conditions, and social influence shape adoption intentions (Luo, 2024; Ursavas et al., 2019). Similarly, teachers' health insurance decisions likely respond to value propositions, simplicity, institutional support, and peer norms within professional networks.

Similarly, trust and perceived reliability are decisive in financial product adoption. Evidence indicates that trust in the insurer reduces perceived risk and enhances willingness to purchase (Luna-Cortés & Brady, 2025), while favorable brand perceptions influence attitudes toward financial products (Meshram et al., 2020).

Despite policy commitments to universal health coverage, the penetration of health insurance in Nepal remains limited, characterized by low enrollment and weak renewal rates, even within the national program (Paneru et al. 2022). Existing studies, such as those by Acharya et al. (2024) and Paneru et al. (2022), have predominantly concentrated on supply-side design, implementation challenges, and overall enrollment levels, offering limited insight into the formation of purchase intentions among specific occupational cohorts and the reasons why capable groups remain uninsured. Ghimire et al. (2019), Paneru et al. (2022), and Acharya et al. (2024) have typically examined demand-side determinants within general populations or households, providing theory-driven evidence on professional cohorts whose risk exposure, literacy, and institutional environment systematically differ from the general public. This leaves a gap in understanding the behavioral drivers among occupational groups that are central to health system performance but are not automatically covered by employer-based schemes.

To address this gap, the present study focuses on uninsured schoolteachers in urban Nepal, a cohort that is relatively literate, formally employed, and socioeconomically heterogeneous, yet still faces high out-of-pocket risk and incomplete insurance protection. This study integrates the Theory of Planned Behavior (TPB) and Social Cognitive Theory (SCT) to construct a teacher-centered framework. The study also incorporates teacher-specific contextual factors, employment status, wage and benefit disparities, workload and stress, financial literacy, institutional supports, and peer influence, as antecedents or moderators of intention. This study examines insurance adoption among teachers, a professional group that is literate, economically constrained, and embedded within public systems. As countries expand insurance coverage, evidence from such occupational groups can inform strategies for salaried workers beyond Nepal, showing how professional identity and risk exposure affect insurance behavior.

Literature Review and Hypotheses Development

Theoretical Underpinning

The theoretical underpinnings of health insurance acceptance to purchase draw upon established behavioral frameworks that elucidate the cognitive, social, and volitional determinants of consumer decision-making. This study critically synthesizes two dominant theoretical perspectives, the TPB and SCT, that collectively provide a robust explanatory framework for understanding acceptance of purchasing health insurance.

TPB (Ajzen, 1991), as an extension of the Theory of Reasoned Action (Ajzen & Fishbein, 1980), predicts human behavior across contexts. TPB posits that behavioral intention is determined by attitude toward behavior, subjective norms, and perceived behavioral control (Ajzen, 1991). Attitude represents an individual's evaluative judgment regarding an action, formed through beliefs about likely consequences and outcome evaluations (Parker & Manstead, 1995). In health insurance, attitudes encompass beliefs about protective benefits and financial security against perceived costs. Subjective norms reflect perceived social pressure and normative beliefs about expectations of significant referents (Ajzen, 1991). In health insurance adoption, these manifest through family expectations and societal values. Individuals in collectivist cultures demonstrate higher sensitivity to normative influences (Yzer, 2012). Similarly, perceived behavioral control refers to perceived ease of performing behavior, including internal factors and external constraints (Ajzen, 2002). For health insurance, this includes financial capacity, product understanding, and enrollment confidence. Evidence shows perceived behavioral control affects behavior directly and through intention (Armitage & Conner, 2001). TPB's application to health insurance has demonstrated utility across populations (Conner & Armitage, 1998), though critics note it may underestimate affective processes and environmental constraints (Sniehotta et al., 2014).

Further, SCT (Bandura, 1986), emphasizes reciprocal determinism among personal factors, environmental influences, and behavior. SCT centers on observational learning, where individuals acquire knowledge and behaviors by observing others' actions and consequences (Bandura, 1977). In health insurance contexts, people learn by witnessing others' experiences with insurance

coverage, which shapes their beliefs. Self-efficacy, belief in one's capability to execute actions for specific outcomes, is core to SCT (Bandura, 1997). It influences insurance adoption through goals, effort, persistence, and resilience (Luszczynska & Schwarzer, 2015). Higher self-efficacy in insurance navigation increases enrollment likelihood. Outcome expectations refer to beliefs about behavioral consequences (Bandura, 1986). These include physical, social, and self-evaluative outcomes. Research shows positive expectations of health insurance predict purchase intentions (Almulla & Al-Rahmi, 2023). SCT's focus on environmental and social factors acknowledges behavior within social systems. Social modeling and normative influences within families, workplaces, and communities shape insurance adoption (Schunk & DiBenedetto, 2020), helping explain insurance uptake disparities across groups.

The integration of TPB and SCT provides a framework capturing cognitive-deliberative and social-observational processes in health insurance acceptance. These theories show overlap while offering complementary mechanisms. TPB's attitudinal component aligns with SCT's outcome expectations, while SCT explains their formation through vicarious learning. Subjective norms in TPB parallel observational learning in SCT, with SCT detailing social influences through modeling and normative transmission. The convergence between perceived behavioral control and self-efficacy is notable, though self-efficacy provides a more context-specific view of mastery experiences (Luszczynska & Schwarzer, 2015). This indicates interventions must address multiple determinants: positive attitudes, social influence through peer modeling, self-efficacy, and structural barriers. The framework provides theoretical and practical utility for understanding health insurance adoption.

Determinants of Health Insurance Purchase Intention

The literature on health insurance adoption has increasingly employed behavioral theories to elucidate the multifaceted determinants influencing consumers' purchase intentions. Drawing primarily upon the TPB and SCT, empirical investigations have identified a constellation of cognitive, social, and contextual factors that shape insurance decision-making across diverse geographical and demographic contexts. This review critically synthesizes extant research organized around six principal determinants: attitude toward health insurance, subjective norms, perceived behavioral control, insurance literacy, perceived usefulness, perceived product risk, and service quality.

Attitudinal Determinants of Health Insurance Adoption: Attitude toward health insurance is defined as an individual's favorable or unfavorable evaluative disposition toward acquiring coverage. It has emerged as a robust predictor of purchase intention across multiple contexts. Mamun et al. (2021) demonstrated that positive attitudes toward health insurance significantly enhance purchase intentions, which subsequently translate into actual enrollment behavior. TPB's theoretical proposition explains that behavioral beliefs and outcome evaluations coalesce to form attitudes that directly influence intentions (Ajzen, 1991). Archapitakvong (2020) found that attitudes emphasizing protection against health and financial risks associated with the pandemic substantially reinforced commercial health insurance demand. This contextual sensitivity suggests that attitudes are not static dispositional characteristics but

rather dynamic constructs responsive to environmental threats and perceived vulnerabilities (Chan et al., 2020; Wang et al., 2020). Similarly, Mishra et al. (2024) documented that a positive attitude regarding health insurance benefits motivates tobacco and alcohol consumers in India to evaluate and ultimately acquire policies, indicating that attitudinal influences operate even among populations traditionally underserved by insurance markets. Similarly, attitude is a significant predictor of purchase intention (Omar & Owusu-Frimpong, 2007; Amin et al., 2010; Marzia & Mahiuddin, 2020).

H1: Attitude toward health insurance affects acceptance of purchasing health insurance.

Social Normative Influences on Health Insurance Adoption: Subjective norms, the perceived social pressure to perform or abstain from a behavior, constitute a second critical determinant consistently associated with HIA. Archapitakvong (2020) found positive effects of subjective norms on commercial health insurance purchase intentions during the COVID-19 pandemic, suggesting that social influence mechanisms intensify during periods of collective threat. Similarly, SCT's emphasis on observational learning and vicarious experience, whereby individuals observe referent others' insurance behaviors and adjust their own intentions accordingly (Bandura, 1986). Insurance purchase decisions, like many financial behaviors, are shaped by social reference groups that share norms and foster conformity, with peers and coworkers exerting notable influence (Marzia & Mahiuddin, 2020), and support from family and friends not only directly increases the likelihood of buying health insurance but also indirectly by shaping individuals' attitudes (Mamun et al., 2021). The robustness of subjective norm effects across insurance types and populations (Judge et al., 2019; Photcharoen et al., 2020; Raza et al., 2020). However, the magnitude of normative influences appears culturally contingent, with stronger effects observed in collectivist societies where interdependence and social harmony are prioritized (Al-Swidi et al., 2014; Bianchi et al., 2018).

H2: Subjective norms affect acceptance of purchasing health insurance.

Insurance Literacy as an Enabling Factor: Insurance literacy, covering core concepts, policy features, benefits, exclusions, and claims processes that consistently emerges as a key driver of HIA, boosting consumers' confidence and perceived capability to make informed choices in line with TPB's perceived behavioral control (Ajzen, 2002; Mamun et al., 2021; Parihar & Ghosh, 2021). Well-informed consumers display stronger purchase intentions because literacy reduces information asymmetry, improves evaluation of policy value, and lowers anxiety around complex products (Parihar & Ghosh, 2021; Mamun et al., 2021). Higher literacy among Malaysian consumers increases purchase probability (Mamun et al., 2021), and public illiteracy is a primary barrier to coverage (Parvathi & Paul, 2024). More broadly, general financial literacy is positively associated with life insurance purchase intentions, indicating that financial competence supports insurance-specific decisions (Mahdzan & Victorian, 2013; Zakaria et al., 2016; Jahan & Sabbir, 2018; Marzia & Mahiuddin, 2020).

H3: Insurance Literacy affects acceptance to purchase health insurance.

Perceived Usefulness and Benefit Expectations: Perceived usefulness entails the belief that health insurance effectively meets healthcare and financial protection needs, consistently predicts stronger purchase intentions and subsequent enrollment, aligning with SCT's outcome expectations whereby anticipated consequences motivate behavior (Bandura, 1986; Tennyson, 2011; Brahmana et al., 2018; Mamun et al., 2021). Empirical evidence shows that when consumers view insurance as helpful for managing future medical expenses and enhancing well-being, intentions rise (Mamun et al., 2021), with particularly pronounced effects among higher-risk groups such as tobacco and alcohol users for whom benefits like financial protection, access to care, and peace of mind may be more salient (Dzulkipli et al., 2017; Mishra et al., 2024). Perceived usefulness also shapes favorable attitudes toward insurance, indicating a sequential pathway from benefit perception to attitude formation and ultimately to purchase intention (Dzulkipli et al., 2017; Brahmana et al., 2018; Mishra et al., 2024). It suggests the importance of clearly communicating psychological and functional benefits to foster acceptance across diverse consumer segments.

H4: Perceived Usefulness and Benefit Expectations affect acceptance to purchase health insurance.

Perceived Product Risk as a Deterrent: Perceived product risk, spanning insurer default, claim denial, policy complexity, and value-for-money, consistently depresses health insurance purchase intentions, with evidence from Indonesia highlighting default concerns despite regulatory oversight and emphasizing the roles of institutional trust and regulatory credibility (Ariffin et al., 2018; Nursiana et al., 2021). As risk perception rises, consumers adopt more cautious, loss-averse decision strategies that dampen intentions, aligning with prospect theory's emphasis on overweighting potential losses (Kahneman & Tversky, 1979; Zhang & Hou, 2017; Zuelseptia et al., 2018). Studies further show that effectively managing perceived risk, through transparent communication, simplified policy language, and robust claims processes, enhances confidence and purchase propensity, suggesting risk mitigation as a competitive advantage (Kim et al., 2007; Zheng, 2012). The negative impact of perceived risk extends to high-risk groups such as tobacco and alcohol consumers, where a tension emerges between elevated insurance utility and concerns over exclusions or premium loadings, indicating segment-specific barriers to uptake (Mishra et al., 2024).

H5: Perceived Product Risk affects acceptance to purchase health insurance.

Service Quality as a Trust-Building Mechanism*:* Service quality that spans reliability, responsiveness, assurance, empathy, and tangibles emerges as a robust driver of health insurance purchase intentions primarily via trust-building and perceived value, consistent with relationship marketing theory's view that high-quality interactions forge relational bonds that influence loyalty and purchases (Palmatier et al., 2007; Rita et al., 2019; Dapas et al., 2019; Sanjaya & Zen, 2023). In competitive markets, consumers preferentially select providers delivering superior service, making service quality differentiation a strategic lever for market advantage and increased plan uptake (Adinoto et al., 2021; Frans & Sulistiyani, 2023). The inherently intangible, future-contingent nature of insurance likely heightens the salience of service quality as a tangible cue of reliability and commitment, with both pre-purchase (agent responsiveness, information clarity) and post-purchase (claims processing, support) dimensions implicated yet under-specified in their relative influence (Rita et al., 2019; Dapas et al., 2019). Evidence from the COVID-19 context further indicates that service quality salience intensifies during crises as consumers seek

reassurance and support, while the precise mechanisms, trust formation, risk reduction, perceived value, or affective commitment, require clearer theorization and empirical testing (Sanjaya & Zen, 2023).

H6: Service Quality affects acceptance to purchase health insurance.

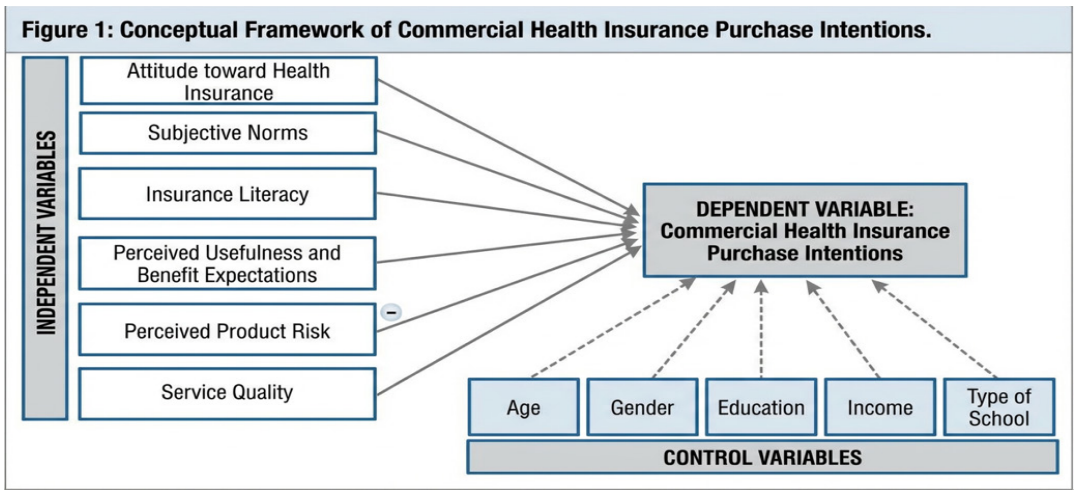
Across studies grounded largely in TPB and SCT, attitudes, subjective norms, insurance literacy, perceived usefulness, and service quality consistently elevate health insurance purchase intentions, whereas perceived product risk depresses them, indicating a constellation of cognitive, social, and experiential determinants that operate through deliberative control and outcome expectations (Rita et al., 2019; Dapas et al., 2019; Nursiana et al., 2021; Mamun et al., 2021; Sanjaya & Zen, 2023). Yet critical gaps persist that theory remains siloed, with few integrative models combining TPB and SCT or drawing on complementary lenses such as protection motivation, health belief, and institutional trust, despite clear complementarities between cognitive–deliberative and social–observational mechanisms (Palmatier et al., 2007; Berkman et al., 2011; Aziz et al., 2019). Previous studies indicate that attitudes, perceived usefulness, social influence, literacy, and service quality lead to purchase insurance, whereas perceived risk can be an obstacle.

Most studies focused on general populations rather than a specific occupational group, such as teachers, despite indications that employment factors influence health insurance enrollment in Nepal, and specific behavioral determinants studies are lacking. This study focused on these gaps and focused on the teachers through a combined lens of the TPB-SCT framework in the context of Nepal's insurance market and evidence from other emerging markets.

Synthesizing the literature, Figure 1 presents the conceptual framework. The model posits that attitude, subjective norms, insurance literacy, perceived usefulness, perceived product risk, and service quality exert direct effects on purchase intention, with demographic and employment characteristics treated as controls.

Figure 1

Conceptual framework



Research Methods

This study adopted a cross-sectional, descriptive–explanatory survey design to model determinants of health insurance purchase intention among uninsured school teachers in Kathmandu Valley (Kathmandu, Bhaktapur, Lalitpur districts). The conceptual model integrates constructs in consumer behavior and insurance adoption drawn on the TPB and SCT framework. The target population comprises currently uninsured school teachers in Valley. This cohort was appropriate given its literacy, regular income, and social embeddedness, factors that may shape health insurance decision-making in adoption propensity. A purposive (judgmental) sampling strategy was used to ensure a sampling frame (no prior health insurance ownership) and sufficient familiarity with health insurance concepts to assess intention meaningfully. Of 450 questionnaires distributed, 416 were returned (92.4%), and after screening four erroneous cases, 412 valid responses were analyzed. This exceeds the a priori minimum of 98 determined with G*Power v3.1.9.7 (effect size f2 = .15, α = .05, power = .80, six predictors) and aligns with contemporary PLS-SEM guidance recommending ≥200 for models of moderate complexity and stable SEM estimates; sample sizes of 200–300 is commonly acceptable in social science surveys, and ≥200 is often cited for Pearson correlations (Guilford, 1954; Hair et al., 2019). The detailed respondents' profiles have been presented in Table 1.

Data analysis comprised descriptive statistics, measurement model assessment, and structural model evaluation, including tests of predictive capability and predictive relevance. Descriptives summarized sample characteristics and item distributions; the measurement model was validated via reliability and validity checks; and the structural model was tested for hypothesized relationships, with out-of-sample/in-sample metrics confirming satisfactory predictive power and relevance. Demographic covariates (age, gender, education, and income) were explored as controls. SPSS v30 was used for descriptive statistics, data screening, and preliminary diagnostics, and SmartPLS v4.0 was used for PLS-SEM.

The study adhered to institutional ethical standards. Participation was voluntary with informed consent; confidentiality and the right to withdraw were guaranteed. No personally identifiable information was collected; results are reported in aggregate.

Measures and Instruments

All latent constructs were modeled reflectively and measured with multi-item scales adapted from validated sources to ensure content validity and comparability. Specifically, Attitude toward Health Insurance was measured with 4 items (Alam et al., 2012; Marakarkandy et al., 2017), Perceived Product Risk with 4 items (Weedige et al., 2019), Subjective Norms with 5 items (Berkman et al., 2011; Md Husin & Ab Rahman, 2016), Insurance Literacy with 6 items (Weedige et al., 2019), Perceived Usefulness with 5 items (Berkman et al., 2011), Service Quality with 5 items (Doney & Cannon, 1997; Gefen, 2002; Gefen et al., 2003), and Purchase Intention toward Health Insurance with 5 items (Berkman et al., 2011; Weedige et al., 2019). The survey comprised three sections: demographics (gender, age, education, income), product preferences (type, premium, coverage), and construct items rated on a seven-point Likert scale (1 = Strongly Agree and 5 = Strongly Disagree). A pilot test with 30 respondents assessed clarity, cultural relevance, and response burden, and the feedback led to minor wording refinements.

Table 1

Demographic Profile of the Respondents

Section	Category	Frequency	Percent (%)
Gender	Male	198	48.1
	Female	214	51.9
Age group	Below 20 years	1	0.2
	20-30 years	277	67.2
	30-40 years	120	29.1
	40 and above	14	3.4
Income	Below 40,000 per month	96	23.3
	40,000-80,000 per month	218	52.9
	80,000-120,000 per month	79	19.2
	120,000 and above per month	19	4.6
Type of school	Private	272	66
	Public	100	24.3
	Community	40	9.7
Education qualification	Bachelors	163	39.6
	Master's and above	249	60.4
Type of insurance preferred	Individual Health Insurance	221	53.6
	Group Health Insurance	191	46.4
Payable ideal premium amount	Below 10,000 per year	141	34.2
	10,000-20,000 per year	132	32
	20,000-50,000 per year	111	26.9
	Above 50,000 per year	28	6.8
Preferred health insurance coverage	Up to 100% Hospitalization Expense Coverage	167	40.5
	Pre & Post Hospitalization Expense Coverage	123	29.9
	Coverage for Treatments in Nepal & India	45	10.9
	Cashless Facilities in the Network Hospitals	25	6.1
	Critical Illness Coverage	52	12.6

Results and Analysis

Data Normality and Common Method Bias

Normality diagnostics indicate substantial deviations from both univariate and multivariate normality. Most items show large negative skew (−.8 to −2.0), with absolute Z-scores for skewness/kurtosis exceeding ±1.96 ($p < .05$). Mardia's tests confirm non-normality (skewness $b = 779.05$, $z = 53{,}364.98$, $p < .001$; kurtosis $b = 1{,}498.99$, $z = 56.34$, $p < .001$). Given these, robust estimation methods, PLS-SEM with bootstrapping, have been adopted.

Likely, to assess common method bias (CMB), Harman's single-factor test was conducted. The unrotated exploratory factor analysis showed that the first (largest) factor accounted for 43.97% of the total variance, which is below the conventional 50% threshold. Beyond Harman's test, confirmatory approaches to assess common method bias were also employed. Procedural remedies were employed to mitigate CMB, with anonymous participation, clear instructions, proximal separation of predictor and criterion blocks, and varied item phrasing. Ex-post diagnostics included a single-factor assessment that shows poor fit and full collinearity variance inflation factors (VIF < 3.3).

Measurement Model Assessment

Reliability and convergent validity were evaluated using Cronbach's alpha (CA), composite reliability (CR), and average variance extracted (AVE). All constructs satisfied recommended thresholds (CA, CR ≥ .70; AVE ≥ .50), confirming internal consistency and convergent validity (Hair et al., 2022; Fornell & Larcker, 1981).

To improve convergence and overall model fit, five indicators were dropped based on low loadings and/or collinearity issues; IL5 from Insurance Literacy and PPR3–PPR4 from Perceived Product Risk were dropped due to lower loadings and to enhance AVE, while PI5 from Purchase Intention and SQ3 from Service Quality were excluded due to VIFs above 5 to manage multicollinearity and model parsimony. The retained items exhibit strong loadings (most > .80), with CA, CR, and AVE for each construct within acceptable ranges.

Multicollinearity diagnostics indicated minimal concern, with all retained indicators exhibiting VIFs below 5 and well under the conservative threshold of 3.3 for most items (Diamantopoulos & Siguaw, 2006; O'Brien, 2007; Hair et al., 2022). Discriminant validity was supported with the Fornell–Larcker criterion, and by HTMT ratios and inference, which were below .85/.90 with 95% confidence intervals significant, collectively indicating satisfactory construct distinctiveness (Gold et al., 2001; Kline, 2016). The reliability and convergent validity are presented in Table 2. Similarly, the discriminant validity has been presented in Tables 3 and 4.

Table 2

Reliability and Convergent Validity

Variables	Items	Loading	CA	CR	AVE	VIF
ATT	A1	.87	.91	.94	.79	3.11
	A2	.90				3.53
	A3	.91				3.98
	A4	.87				3.62
IL	IL1	.90	.87	.90	.65	3.63
	IL2	.86				2.89
	IL3	.81				2.45
	IL4	.86				2.71
	IL6	.56				1.67
PI	PI1	.88	.93	.95	.82	2.73
	PI2	.91				3.60
	PI3	.92				3.69
	PI4	.92				3.91
PPR	PPR1	.90	.89	.94	.89	2.84
	PPR2	.98				2.84
PU	PU1	.87	.91	.94	.74	2.76
	PU2	.83				2.37
	PU3	.90				3.45
	PU4	.81				2.26
	PU5	.89				3.59
SN	SN1	.87	.93	.95	.79	2.72
	SN2	.91				3.86
	SN3	.89				3.53
	SN4	.88				3.53
	SN5	.89				3.38
SQ	SQ1	.87	.91	.94	.78	2.23
	SQ2	.89				3.08
	SQ4	.89				3.15
	SQ5	.89				3.29

Table 3

Fornell-Larcker Criterion

	ATT	IL	PI	PPR	PU	SN	SQ
ATT	.89						
IL	.75	.81					
PI	.73	.63	.91				
PPR	.14	.08	.08	.94			
PU	.74	.65	.76	.04	.86		
SN	.54	.49	.59	-.01	.63	.89	
SQ	.50	.45	.55	-.16	.56	.57	.89

Table 4

HTMT [Value, Ratio]

Variables	Att	IL	PI	PPR	PU	SN	SQ
ATT							
	.83						
IL	[.74, .90]						
	.78	.662					
PI	[.68, .86]	[.52, .77]					
	.135	.12	.09				
PPR	[.06, .28]	[.10, .23]	[.08, .22]				
	.80	.69	.82	.07			
PU	[.68, .89]	[.54, .82]	[.74, .88]	[.06, .22]			
	.58	.53	.622	.05	.67		
SN	[.45, .70]	[.39, .66]	[.51, .73]	[.05, .19]	[.55, .78]		
	.54	.50	.59	.20	.61	.61	
SQ	[.40, .66]	[.36, .62]	[.45, .70]	[.09, .36]	[.50, .70]	[.50, .71]	

Status of Health Insurance Purchase Intention and its Relationship with the Determinants

Descriptive statistics indicate moderate-to-high mean (M) levels across constructs, with attitude toward health insurance (M = 5.70, SD = 1.07), insurance literacy (M = 5.64, SD = .98), perceived usefulness (M = 5.60, SD = 1.11), perceived product risk (M = 5.33, SD = 1.13), service quality (M = 5.14, SD = 1.28), subjective norms (M = 4.23, SD = 1.25), and purchase intention (M = 5.65, SD = 1.14). Males generally reported higher means than

females on most variables (e.g., attitude: 5.92 vs. 5.49; perceived usefulness: 5.90 vs. 5.32; service quality: 5.46 vs. 4.85), whereas females reported higher subjective norms (4.50 vs. 3.93). These descriptives suggest respondents generally view health insurance favorably and feel reasonably knowledgeable, perceive it as useful, and intend to purchase, while perceiving moderate product risk and only moderate social pressure (subjective norms). The relatively lower mean for subjective norms implies decisions may be driven more by personal evaluations and knowledge than by social expectations.

Male respondents' higher scores on attitude, perceived usefulness, service quality, and overall intention indicate stronger personal endorsement and perceived value, whereas females' higher subjective norms suggest their intentions may be more sensitive to social influence. Thus, the pattern points to cognitive appraisals (attitude, perceived usefulness) and capability (insurance literacy) being salient drivers of intention, with social pressure playing a secondary role and perceived product risk not dominating perceptions at the descriptive level. The descriptive analysis is presented in Table 5.

The school teachers showed a slight preference for individual health insurance (53.6%) over group plans (46.4%). Price sensitivity is evident, with two-thirds willing to pay up to NPR 20,000 per year (34.2% below 10,000; 32.0% between 10,000–20,000), and only 6.8% comfortable paying above NPR 50,000. In terms of benefits, core hospitalization protection is prioritized: 40.5% prefer up to 100% hospitalization expense coverage, and 29.9% value pre- and post-hospitalization coverage. Thus, the pattern suggests demand for affordable, comprehensive hospitalization-focused plans tailored to individual policyholders. The descriptives are presented in Table 1.

Similarly, the bivariate correlations show a strong relationship among attitude, insurance literacy, perceived usefulness, and purchase intention, alongside moderate correlations with subjective norms and service quality. Perceived product risk exhibits weak and non-significant correlations with most constructs. Collectively, the pattern indicates that cognitive evaluations (attitude, perceived usefulness) and capability factors (insurance literacy) are closely aligned with purchase intention, while subjective norms and service quality show meaningful but comparatively smaller associations.

Table 5

Descriptives and Correlation Analysis

Variables	Total		Male		Female								
	Mean	SD	Mean	SD	Mean	SD	ATT	IL	PPR	PU	SN	SQ	PI
ATT	5.70	1.07	5.92	.96	5.49	1.12	1						
IL	5.64	.98	5.75	.98	5.55	.97	.75 [.001]	1					
PPR	5.33	1.13	5.52	1.17	5.15	1.07	.132 [.21]	.083 [.38]	1				
PU	5.60	1.10	5.90	.99	5.32	1.13	.734 [0.001]	.65 [.001]	.04 [.66]	1			
SN	4.23	1.25	3.93	1.19	4.50	1.25	.54 [.001]	.492 [.001]	.007 [.94]	.63 [.001]	1		
SQ	5.14	1.28	5.46	1.19	4.85	1.29	.50 [.001]	.453 [0.001]	.16 [018]	.56 [.001]	.57 [.001]	1	
PI	5.65	1.14	5.77	1.05	5.53	1.20	.73 [.001]	.633 [.001]	.08 [.47]	.76 [.001]	.59 [.001]	.55 [.001]	1

Path Analysis

Overall, the path estimates provide mixed support for the hypothesized effects on health insurance purchase intention. Attitude toward health insurance shows a positive effect (*H1: $\beta = .27$, $t = 4.09$, $p < .001$, $f^2 = .07$*), thus H1 is supported. Perceived usefulness and benefit expectations emerge as the strongest predictor (*H4: $\beta = .43$, $p < .001$, $f^2 = .18$*); hence, H4 is supported. Service quality has a smaller positive effect (*H6: $\beta = .10$, $SE = .06$, $f^2 = .02$*), supporting H6.

In contrast, subjective norms (*H2: $\beta = .07$, $p = .12$*), insurance literacy (*H3: $\beta = .07$, $p = .26$*), and perceived product risk (*H5: $\beta = .006$, $p = .89$*) are not statistically significant, indicating no direct effects; therefore, H2, H3, and H5 are not supported. Among controls, gender is significant (*$\beta = .18$, $p = .001$*), whereas age, education, income, and type of school are not significant.

Thus, the findings highlight the central roles of perceived usefulness/benefit expectations and attitude, complemented by service quality, in shaping purchase intentions, while social influence, literacy, and perceived risk may operate indirectly or be context contingent. The path coefficient values along with f^2 values are presented in Table 6.

Table 6

Path coefficient

Hypothesis	Path	β	SD	*t-values*	*p-values*	CI 95%		f^2	*p values*
						2.50%	97.50%		
H1	ATT -> PI	.27	.07	4.09	.00	.13	.39	.07	.05
H2	SN -> PI	.07	.05	1.56	.12	-.02	.17	.01	.46
H3	IL -> PI	.07	.06	1.13	.26	-.03	.19	.01	.65
H4	PU -> PI	.43	.05	9.11	.00	.35	.53	.18	.00
H5	PPR -> PI	.01	.04	.13	.90	-.10	.08	.00	.99
H6	SQ -> PI	.10	.05	2.17	.03	.01	.19	.02	.30
Control Variables	Age -> PI	-.02	.03	.59	.56	-.07	.03	.00	.86
	Gen -> PI	.18	.06	3.27	.00	.08	.29	.02	.12
	Edu -> PI	.09	.07	1.39	.16	-.04	.22	.01	.55
	Inc -> PI	.05	.03	1.77	.08	-.01	.11	.01	.40
	ToS -> PI	-.07	.04	1.70	.09	-.14	.02	.01	.40

Predictive Capability and Relevance of the Model

The model predicting health insurance purchase intention demonstrates strong explanatory and predictive power. The coefficient of determination is high (R^2 = .68), indicating that approximately 68% of the variance in PI is explained by the model. The cross-validated predictive relevance is substantial (Q^2 = .63), suggesting the model generalizes well beyond the estimation sample. Error magnitudes are moderate and consistent across metrics (RMSE = .62; MAE = .45), aligning with the high R^2/Q^2 and indicating acceptable predictive accuracy. Collectively, these indices support both the reliability of the estimates and the practical utility of the model for predicting PI.

Table 7

Predictive capability (R2) and Relevance (Q2) of the model

Endogenous Variable	R^2	SD	*t- value*	*p- value*	CI 95%		Q^2	RMSE	MAE
					2.50%	97.50%			
PI	.68	.04	17.99	.001	.61	.75	.63	.62	.45

Moderating Effect of Gender in the Health Insurance Purchase Intentions Model

Given that gender was a significant control in the structural model, a multi-group analysis (MGA) using the Welch–Satterthwaite test was conducted to examine whether purchase intention differs by gender when modeled with the six antecedents (attitude toward health

insurance, subjective norms, insurance literacy, perceived usefulness and benefit expectations, perceived product risk, and service quality). The MGA results indicate that the difference in purchase intention between males and females is positive but not statistically significant (Male − Female = .09; t = 1.30; one-tailed p = .01; two-tailed p = .20).

Thus, while males show a slightly higher mean level of purchase intention than females in this model specification, the difference does not meet conventional significance thresholds, suggesting that the overall predictive performance of the antecedent model (R^2 for purchase intention) is broadly comparable across gender groups. Practically, this implies that the structural relationships from the six determinants to purchase intention are likely stable across males and females, and any gender-related differences in intention are modest and not strong enough to warrant separate model estimation solely based on gender. The MGA analysis is presented in Table 8.

Table 8

Multi-group Analysis (MGA): Welch–Satterthwaite Test

Endegenous	Difference (Male - Female)	1-tailed (Male vs Female) p-value	2-tailed (Male vs Female) p-value	*t - value* (|Male vs Female|)	*p-value* (Male vs Female)
PI	.09	.10	.20	1.30	0.19

Discussions

This study modeled health insurance purchase intention among uninsured school teachers in Nepal using an integrated TPB–SCT framework. The study found that school teachers, largely young and educated, view health insurance favorably. Profiles showed high levels of attitude, perceived usefulness, and insurance literacy, with positive views of service quality and neutral product risk perceptions. Subjective norms were lower than other constructs, indicating decisions are individually driven rather than socially influenced, aligning with TPB's attitudinal beliefs and SCT's outcome expectations (Ajzen, 1991; Bandura, 1986; Mamun et al., 2021; Mishra et al., 2024).

The study found that intention formation is primarily value- and evaluation-driven. Perceived usefulness and benefit expectations emerged as the main determinants of health insurance purchase intention, with attitude showing a significant positive effect. These effects persisted after accounting for adjacent predictors, aligning with TPB's proposition that attitude shapes intention and SCT's outcome-expectations mechanism, where anticipated financial protection against high-cost, low-frequency events drives intention (Ajzen, 1991; Bandura, 1986; Mamun et al., 2021; Mishra et al., 2024). These results align with evidence that positive attitudes and perceived benefits increase intentions, including during pandemic uncertainty and among underserved groups (Chan et al., 2020; Wang et al., 2020; Marzia & Mahiuddin, 2020). TPB attributes these effects to deliberative belief-evaluation structures, while SCT links them to social learning and efficacy appraisals; the findings show that cognitive value appraisals dominate over social channels in shaping intention.

In contrast, the study found that service quality does not have a significant direct effect. This partially contrasts with research identifying service quality as a strong predictor of purchase and post-purchase outcomes (Rita et al., 2019; Dapas et al., 2019; Sanjaya & Zen, 2023). A defensible interpretation, consistent with TPB and SCT, is timing and pathway specificity: service quality likely operates as a hygiene factor at the intention stage, assimilated into overall evaluative beliefs (TPB) or functioning as an environmental affordance and vicarious reliability signal (SCT), and becomes more salient post-enrollment or when choosing among providers. This stage-contingent view reconciles with prior evidence highlighting service quality in satisfaction, loyalty, and switching contexts (Palmatier et al., 2007).

The study found no significant direct effects of subjective norms, insurance literacy, or perceived product risk. This pattern both compares and contrasts with the broader literature. First, for subjective norms, our attenuation contrasts with studies reporting stronger norm effects in collectivist or threat-heightened settings (Bianchi et al., 2018; Photcharoen et al., 2020), yet it is consistent with TPB contingencies that normative influence weakens for personally consequential, financially framed decisions among educated earners and with SCT's view that social cues often act indirectly by shaping outcome expectations and efficacy rather than exerting standalone leverage (Mamun et al., 2021; Mishra et al., 2024). Second, for insurance literacy, the lack of an independent effect after controls diverges from settings where literacy reliably predicts uptake (Jahan & Sabbir, 2018; Marzia & Mahiuddin, 2020; Parvathi & Paul, 2024). Arguably, in a relatively literate teacher cohort, literacy functions as a background capability, mapped to TPB's perceived behavioral control and SCT's self-efficacy, that primarily improves perceived usefulness and reduces ambiguity; range restriction and ceiling effects likely blunt its direct discriminating power (Ajzen, 2002; Luszczynska & Schwarzer, 2015; Parihar & Ghosh, 2021).

Third, for perceived product risk, the direct effect contrasts with risk-salience studies showing deterrent effects via loss aversion and concerns over default, claim denial, and product complexity (Ariffin et al., 2018; Adinoto et al., 2021; Nursiana et al., 2021). A defensible argument is a threshold mechanism: when usefulness beliefs and attitudes are sufficiently strong, risk concerns become secondary; contextual trust and regulatory familiarity may further dampen risk salience, an SCT-consistent environmental effect, and a TPB-consistent folding of risk beliefs into overall attitude (Mamun et al., 2021).

Anchoring these findings in the context of teachers sharpens the compare–contrast logic. International evidence documents heavy workloads and role conflicts for teachers (Wahab et al., 2022; Malaysian School Governance, 2021; Kaur et al., 2022); similarly, Nepal-based studies report substantial occupational and psychological distress driven by workload and salary dissatisfaction (Dhungana et al., 2025). These pressures plausibly elevate the perceived value of protective products, aligning with this study's finding that perceived usefulness and attitude dominate intention. At the same time, heterogeneity in employment terms, permanent versus contract-based roles with uneven benefits (Baraily & Belbase, 2025), helps explain affordability salience and premium sensitivity in our sample, as well as the

modest direct role for norms: teachers' purchasing calculus appears anchored more in personal cost–benefit evaluations than in peer pressure, even though their professional networks could still shape expectations indirectly (Luo, 2024; Ursavaş, Yalçın & Bakır, 2019).

Behaviorally, the study found preference and pricing profiles consistent with affordability and core protection: a slight majority preferred individual over group policies; most were willing to pay annual premiums at or below NPR 20,000; and coverage priorities centered on comprehensive hospitalization and pre-/post-hospitalization benefits, with limited demand for cross-border treatment, cashless facilities, or critical illness riders. Framed through TPB, these revealed preferences consolidate a favorable attitude via concrete benefit–cost appraisals; through SCT, they reflect strong outcome expectations tied to financial and health security. The convergence across theories strengthens the argument that interventions emphasizing clear, credible benefits will be more effective than purely normative appeals (Mamun et al., 2021; Mishra et al., 2024).

The study also found gender-related distinctions as male teachers reported higher attitude, perceived usefulness, perceived service quality, and purchase intention, while female teachers reported higher subjective norms, yet multi-group analysis indicated no statistically significant difference in the structural relationships or overall purchase intention between males and females. Theoretically, this indicates that TPB's core attitude–intention path and SCT's outcome-expectation route are structurally stable across gender in this educated cohort, even if mean levels of attitudinal or normative inputs differ. The argument here favors unified messaging that centers on usefulness and reinforces positive attitudes for both groups, with any gender tailoring focusing on emphasis rather than model structure.

The findings align with literature's convergence on usefulness and attitude as proximal determinants (TPB; attitude; SCT: outcome expectations), while norms (TPB), capability constructs (TPB-PBC/SCT self-efficacy), risk beliefs, and service quality operate indirectly, with salience contingent on population characteristics and decision stage (Ajzen, 1991, 2002; Bandura, 1986; Rita et al., 2019; Dapas et al., 2019; Sanjaya & Zen, 2023). Among school teachers, intention is cognitively anchored to policy efforts that enhance perceived usefulness, consolidate favorable attitudes, and signal service reliability to shift purchase intentions, whereas normative campaigns or literacy drives remain peripheral unless they elevate perceived benefits.

Conclusion and Implications

The intention for purchasing commercial health insurance is shaped by the personal attitudes, perceived usefulness of coverage, rather by the product risk perception, social influence, literacy or the service quality. This shows the salience of benefits and way to positive evaluations, literacy, norms, or service quality as the enablers rather a primary trigger. Emphasizing the value perceptions in pre-purchase stage, the trust and the quality during onboarding, claims, and renewals and shapes persistence. The study put forward the generic awareness initiatives to tightly targeted, benefit centered interventions to results in financial protection value of insurance concrete, credible, and immediately legible.

An integrated strategy of communication, trust building activities, supporting with proper policies, and reflection in product design can strengthen the value of health insurance as financial protection and security instrument. That results in the favourable attitudes and perceived usefulness of the health insurance. The offers can be emphasised to the modular, elegant design with simplified decision pathways, that encourages the awareness and purchase of the health insurance. Wherein, the trust can be wider with clear, performance transparency, on the other side, the significant peer influence within the network can support a lot for the formations of attitude. Furthermore, while onboarding, claims from client, or service renewal, it should emphasize with service quality. It can result in enhancing the loyalty and continuance behaviour in the health insurance holders. Similarly, in the policy implications, the policy of employee enabling the health insurance can boost the adoptions with credibility.

Limitations and Further Research

With a purposive sampling and concentrated to the urban sample, it may have a limited scope of generalizability. This study is cross sectional study, that may limited causal inference with the self-report perceptions. On this note, future research should broaden samples of rural, informal workers, experienced policyholders, and may employ longitudinal or panel designs to observe enrollment, renewal, and churn, as well as shifts during policy or healthcare need. Priority tests include comparing benefit-centric versus risk or norm-centric frames, choice-architecture interventions, and employer-facilitated channels. In addition, the mediation analyses, for example literacy to usefulness/attitude to intention and heterogeneity by income, prior claim exposure, and school type; incorporation of structural variables like affordability metrics, network access, claims governance/trust; and linkage of survey data to administrative enrollment/claims records or digital traces to validate intentions against revealed behavior can be undertaken.

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Conflict of Interest

The Authors declare that there is no conflict of interest.

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References

Abdel, F. F. A., Rahman, M. S., & Osman, M. (2015). Assessing the antecedents of customer loyalty on healthcare insurance products: Service quality, perceived value embedded model. *Journal of Industrial Engineering and Management, 8*(5), 1639–1660.

Acharya, D., Devkota, B., & Wagle, B. P. (2019). Factors associated to the enrollment in health insurance: An experience from selected districts of Nepal. *Asian Social Science*, *15*(2), 90.

Adinoto, N., Fongnawati, B., & Muhammad, F. (2021). Critical factors affecting customers' purchase intention of insurance policies in Indonesia. *Journal of Asian Finance, Economics and Business.* https://doi.org/10.13106/jafeb.2021.Vol8.no2.0123

Ajzen, I. (1991). The theory of planned behavior. *Organizational Behavior and Human Decision Processes, 50*, 179–211.

Ajzen, I. (2002). Perceived behavioral control, self-efficacy, locus of control, and the theory of planned behavior. *Journal of Applied Social Psychology, 32*(4), 665–683.

Ajzen, I., & Fishbein, M. (1980). *Understanding attitudes and predicting social behavior.* Prentice-Hall.

Al-Swidi, A., Mohammed Rafiul Huque, S., Haroon Hafeez, M., & Noor Mohd Shariff, M. (2014). The role of subjective norms in theory of planned behavior in the context of organic food consumption. *British Food Journal*, *116*(10), 1561–1580.

Alam, K., & Mahal, A. (2014). Economic impacts of health shocks on households in low and middle income countries: a review of the literature. *Globalization and Health*, *10*(1), 21.

Alam, S. S., Janor, H., Wel, C. A. C. Z., & Ahsan, M. N. (2012). Is religiosity an important factor in influencing the intention to undertake Islamic home financing in Klang Valley? *World Applied Sciences Journal, 19*(7), 1030–1041. https://doi.org/10.5829/idosi.wasj.2012.19.07.392

Almulla, M. A., & Al-Rahmi, W. M. (2023). Integrated social cognitive theory with learning input factors: The effects of problem-solving skills and critical thinking skills on learning performance sustainability. *Sustainability 15*(5). https://doi.org/10.3390/su15053978

Amin, H., Ghazali, M. F., & Supinah, R. (2010). Determinants of Qardhul Hassan financing acceptance among Malaysian bank customers: An empirical analysis. *International Journal of Business and Society, 11*(1), 1–16.

Antin, A., & Kiflee, D. N. B. A. (2018). Pengaruh beban tugas dan motivasi terhadap keefisienan kerja guru sekolah menengah di Sabah. *Malaysian Journal of Social Sciences and Humanities (MJSSH)*, *3*(2), 77-84.

Archapitakvong, M. P. (2020). *Factors affecting future purchase intentions of Thai consumers towards health insurance post COVID-19* (Doctoral dissertation, Doctoral dissertation, Thammasat University]. https://tinyurl. com/3dkux89h).

Ariffin, S. K., Mohan, T., & Goh, Y. N. (2018). Influence of consumers' perceived risk on consumers' online purchase intention. *Journal of Research in Interactive Marketing, 12*(3), 309–327. https://doi.org/10.1108/JRIM-11-2017-0100

Armitage, C. J., & Conner, M. (2001). Efficacy of the theory of planned behaviour: A meta-analytic review. *British Journal of Social Psychology*, *40*(4), 471–499. https://doi.org/10.1348/014466601164939

Aziz, S., Husin, M. M., Hussin, N., & Afaq, Z. (2019). Factors that influence individuals' intentions to purchase family takaful: Mediating role of perceived trust. *Asia Pacific Journal of Marketing and Logistics, 31*(1), 81–104. https://doi.org/10.1108/APJML-12-2017-0311

Babalola, O. (2017). Consumers and their demand for healthcare. *Journal of Health & Medical Economics, 03*(01), 3–5. https://doi.org/10.21767/2471-9927.100032

Bandura, A. (1977). *Social learning theory*. Prentice-Hall.

Bandura, A. (1986). *Social foundations of thought and action.* Prentice-Hall.

Baraily, K., & Belbase, N. (2025). Unveiling the factors for teachers' professional development in Nepal. *Brixton Scholarly Review, 2*(1), 41–53. https://doi.org/10.3126/bsr.v2i1.78168

Berkman, N. D., Sheridan, S. L., Donahue, K. E., Halpern, D. J., & Crotty, K. (2011). Low health literacy and health outcomes: An updated systematic review. *Annals of Internal Medicine, 155*(2), 97–107. https://doi.org/10.7326/0003-4819-155-2-201107190-00005

Bianchi, M., Bagnasco, A., Aleo, G., Catania, G., Zanini, M. P., Timmins, F., Carnevale, F., & Sasso, L. (2018). Preparing healthcare students who participate in interprofessional education for interprofessional collaboration: A constructivist grounded theory study protocol. *Journal of Interprofessional Care, 32*(3), 367–369.

Born, P. H., & Sirmans, E. T. (2019). Regret in health insurance post-purchase behavior. *Risk Management and Insurance Review, 22*(2), 207–219.

Brahmana, R., Brahmana, R. K., & Memarista, G. (2018). Planned behaviour in purchasing health insurance. *South East Asian Journal of Management, 12*(1), 53–64. https://doi.org/10.21002/seam.v12i1.7465

Chan, H. F., Skali, A., Savage, D. A., Stadelmann, D., & Torgler, B. (2020). Risk attitudes and human mobility during the COVID-19 pandemic. *Scientific Reports, 10*, 19931. https://doi.org/10.1038/s41598-020-76763-2

Conner, M., & Armitage, C. J. (1998). Extending the theory of planned behavior: A review and avenues for further research. *Journal of Applied Social Psychology*, *28*(15), 1429–1464. https://doi.org/10.1111/j.1559-1816.1998.tb01685.x

Cutler, D., & Zeckhauser, R. (2000). The anatomy of health insurance. In A. J. Culyer & J. P. Newhouse (Eds.), *Handbook of Health Economics* (Vol. 1A, pp. 563–643). Elsevier.

Dapas, C. C., Sitorus, T., Purwanto, E., & Ihalauw, J. J. (2019). The effect of service quality and website quality of Zalora.com on purchase decision as mediated by purchase intention. *Calitatea, 20*(169), 87–92.

Dhungana, P., Joshi, A., Chalise, A., & Paudel, S. (2025). Psychological wellbeing and occupational stress among public secondary school teachers in Beni Municipality, Nepal: a cross-sectional study. *BMC Public Health*, *25*(1), 1-10.

Diamantopoulos, A., & Siguaw, J. A. (2006). Formative versus reflective indicators in organizational measure development: A comparison and empirical illustration. *British Journal of Management, 17*(4), 263–282.

Doney, P. M. & Cannon, J. P. (1997). An examination of the nature of trust in buyer-seller relationships. *Journal of Marketing*. 61, 35-51.

Dzulkipli, M. R., Zainuddin, N. N. N., Maon, S. N., Jamal, A., & Omar, M. K. (2017). Intention to purchase medical and health insurance: Application of the theory of planned behavior. *Advanced Science Letters, 23*(11), 10515–10518. https://doi.org/10.1166/asl.2017.10092

Frans, S., & Sulistiyani, S. (2023). Purchasing decision behaviours of health insurance products and the determinants of competitive advantage. *Indonesian Journal of Business and Entrepreneurship.* https://doi.org/10.17358/ijbe.9.1.163

Garcia, E. (2025). Financial literacy and financial health of public junior high school teachers. *Journal of Interdisciplinary Perspectives*, *3*(7), 723-735.

Gefen, D. (2002). Customer Loyalty in e-commerce. *Journal of the Association for Information Systems*. Vol.3, pp. 27-51.

Gefen, D., Karahanna, E. & Straub, D. W. (2003). Trust and TAM in online shopping: An integrated model. *MIS Quarterly*. 27, 1, 51-90.

Ghimire, S., Ghimire, S., Khanal, P., Sagtani, R. A., & Paudel, S. (2023). Factors affecting health insurance utilization among insured population: Evidence from health insurance program of Bhaktapur district of Nepal. *BMC Health Services Research*, *23*(1), 159.

Gold, A. H., Malhotra, A., & Segars, A. H. (2001). Knowledge management: An organizational capabilities perspective. *Journal of Management Information Systems, 18*(1), 185–214.

Government of Nepal. (2017). *Health Insurance Act, 2017*.

Grossman, M. (1972). On the concept of health capital and the demand for health. *Journal of Political Economy, 80*(2), 223–255.

Guilford, J. P. (1954). *Psychometric methods* (rev. ed.). McGraw-Hill.

Hair, J. F., Black, W. C., Babin, B. J., & Anderson, R. E. (2022). *Multivariate data analysis* (9th ed.). Cengage

Hair, J. F., Risher, J. J., Sarstedt, M., & Ringle, C. M. (2019). When to use and how to report the results of PLS-SEM. *European Business Review, 31*(1), 2–24. https://doi.org/10.1108/EBR-11-2018-0203

Health Insurance Board. (2024). *Annual report 2022/23: Factsheet and executive summary*. Government of Nepal. https://hib.gov.np

Jahan, T., & Sabbir, M. M. (2018). Analysis of consumer purchase intention of life insurance: Bangladesh perspective. *Business Review–A Journal of Business Administration Discipline*, *13*(2), 13-28.

Judge, M., Warren-Myers, G., & Paladino, A. (2019). Using the theory of planned behaviour to predict intentions to purchase sustainable housing. *Journal of Cleaner Production, 215*, 259–267. https://doi.org/10.1016/j.jclepro.2019.01.029

Kahneman, D., & Tversky, A. (1979). Prospect theory: An analysis of decision under risk. *Econometrica, 47*(2), 263–292. https://doi.org/10.2307/1914185

Kandel, N. (2018). Nepal health insurance bill: Possible challenges and way forwards. *Journal of the Nepal Medical Association, 56*(210), 633–639. https://doi.org/10.31729/jnma.3600

Kaur, S., Singh, M., & Abdullah, H. (2022). Occupational stress and coping among teachers in Malaysian secondary schools. *Asian Education Journal, 10*(2), 98–114.

Kim, D. J., Ferrin, D. L., & Rao, H. R. (2007). A trust-based consumer decision-making model in electronic commerce: The role of trust, perceived risk, and their antecedents. *Decision Support Systems, 44*(2), 544–564. https://doi.org/10.1016/j.dss.2007.07.001

Kline, R. B. (2016). *Principles and practice of structural equation modeling* (4th ed.). Guilford Press.

Kunreuther, H., & Pauly, M. (2004). Neglecting disaster: Why don't people insure against large losses? *Journal of Risk and Uncertainty, 28*(1), 5–21. https://doi.org/10.1023/0000009433.25126.87

Luna-Cortés, G., & Brady, M. (2025). Measuring travel insurance literacy: Effect on Trust in Providers and Intention to purchase. *Journal of Travel Research*, *64*(3), 683-695.

Loewenstein, G., Friedman, J. Y., McGill, B., Ahmad, S., Linck, S., Sinkula, S., ... & Volpp, K. G. (2013). Consumers' misunderstanding of health insurance. *Journal of Health Economics*, *32*(5), 850-862.

Luo, Z. (2024). Factors contributing to teachers' acceptance intention to gamified EFL tools: A scale development study. *Educational Technology Research and Development, 72*(2), 447–477. https://doi.org/10.1007/s11423-023-10249-6

Luszczynska, A., & Schwarzer, R. (2015). Social cognitive theory. *Fac Health Sci Publ*, *2015*, 225-251.

Mahdzan, N. S., & Victorian, S. M. P. (2013). The determinants of life insurance demand: A focus on saving motives and financial literacy. *Asian Social Science, 9*(5), 274–284. https://doi.org/10.5539/ass.v9n5p274

Mamun, A. A., Rahman, M. K., Munikrishnan, U. T., & Permarupan, P. Y. (2021). Predicting the intention and purchase of health insurance among Malaysian working adults. *SAGE Open, 11*(4). https://doi.org/10.1177/21582440211061373

Marakarkandy, B., Yajnik, N., & Dasgupta, C. (2017). Enabling internet banking adoption: An empirical examination with an augmented technology acceptance model (TAM). *Journal of Enterprise Information Management, 30*(2), 263–294. https://doi.org/10.1108/JEIM-10-2015-0094

Marzia, N., & Md Mahiuddin, S. (2020). Investigating the factors of consumers' purchase intention towards life insurance in Bangladesh: An application of the theory of reasoned action. *Asian Academy of Management Journal*. https://doi.org/10.21315/aamj2020.25.2.6

Md Husin, M., & Ab Rahman, A. (2016). Predicting intention to participate in family takaful scheme using decomposed theory of planned behaviour. *International Journal of Social Economics, 43*(12), 1351–1366. https://doi.org/10.1108/IJSE-03-2015-0074

Meshram, S., Pawar, R., & Singh, A. (2020). Brand trust and purchase intention in consumer products: An empirical analysis. *Journal of Consumer Behaviour, 19*(3), 213–227.

Ministry of Health and Population. (2023). *Nepal health sector strategic Plan (NHSSP) 2023–2030*. Government of Nepal.

Mishra, A., Jamshed, M., Ahmad, A., Garg, S., & Madsen, D. Ø. (2024). Factors influencing the intention to purchase health insurance: A study of Indian tobacco and alcohol consumers. *Frontiers in Public Health*, *12*, 1332511.

Nepal Health Research Council. (2018). *Assessment of the social health security programme (SHSP) implementation*. https://nhrc.gov.np

Nursiana, A., Budhijono, F., & Fuad, M. (2021). Critical factors affecting customers' purchase intention of insurance policies in Indonesia. *The Journal of Asian Finance, Economics and Business*, *8*(2), 123-133.

O'Brien, R. M. (2007). A caution regarding rules of thumb for variance inflation factors. *Quality & Quantity, 41*(5), 673–690. https://doi.org/10.1007/s11135-006-9018-6

Omar, O.E., & Owusu-Frimpong, N. (2007). Life insurance in Nigeria: An application of the theory of reasoned action to consumers' attitudes and purchase intention. *Service Industries Journal*, 27(7), 963–976. https://doi.org/10.1080/02642060701570891

Owolabi, A. O., Adegbola, D. D., & Afolabi, T. S. (2016). Health challenge as a factor affecting health insurance purchase in private sector organizations in Kwara state, Nigeria. *International Review of Management and Business Research*, 5(4), 1313.

Palmatier, R. W., Scheer, L. K., & Steenkamp, J. B. E. M. (2007). Customer loyalty to whom? Managing the benefits and risks of salesperson-owned loyalty. *Journal of Marketing Research*, 44(2), 185–199.

Paneru, D. P., Adhikari, C., Poudel, S., Adhikari, L. M., Neupane, D., Bajracharya, J., ... & Rawal, A. (2022). Adopting social health insurance in Nepal: A mixed study. *Frontiers in Public Health*, *10*, 978732.

Parihar, A. S., & Ghosh, M. (2021). A study of various factors influencing buying decision making of health insurance policies. *Turkish Journal of Computer and Mathematics Education*, 12(7), 57-60.

Parker, D., & Manstead, A. S. R. (1995). Evaluating and extending the theory of planned behaviour. *European Review of Social Psychology*, *6*(1), 69–95. https://doi.org/10.1080/14792779443000012

Parvathi, P. C., & Paul, D. (2024). Factors affecting intention to purchase private health insurance: A study with reference to middle income group in Thrissur district. *Journal of Business Management and Information Systems, 11*(Special Issue), 56–63. https://doi.org/10.48001/jbmis.2024.si1011

Photcharoen, C., Chung, R., & Sann, R. (2020). Modelling theory of planned behavior on health concern and health knowledge towards purchase intention on organic products. *International Business Research*, 13:100–16. https://doi.org/10.5539/ibr.v13n8p100

Ragmac, C. S., & Labitad, G. F. (2025). Work-life imbalance and well-being among public secondary school teachers. *IJSAT-International Journal on Science and Technology*, *16*(3).

Raza, S.A., Ahmed, R., Ali, M., & Qureshi, M.A. (2020). Influential factors of Islamic insurance adoption: An extension of theory of planned behavior. *Journal of Islamic Marketing*, 11:1497–515. https://doi.org/10.1108/JIMA-03-2019-0047.

Rita, P., Oliveira, T., & Farisa, A. (2019). The impact of e-service quality and customer satisfaction on customer behavior in online shopping. *Heliyon*, *5*(10), e02690.

Sanjaya, S. M., & Zen, T. S. (2023). Aspects influencing personal life and health insurance purchase return. *Study of Management, Economics and Business*, 2(8), 821-831.

Schunk, D. H., & DiBenedetto, M. K. (2020). Motivation and social cognitive theory. *Contemporary Educational Psychology, 60*, 101832. https://doi.org/10.1016/j.cedpsych.2019.101832

Shethi, Y. M. (2018). *Socio-economic status of female teachers in private schools of Tikapur Municipality, Kailali* (Doctoral dissertation).

Sniehotta, F. F., Presseau, J., & Araújo-Soares, V. (2014). Time to retire the theory of planned behaviour. *Health Psychology Review*, 8(1), 1–7. https://doi.org/10.1080/17437199.2013.869710

Tennyson, S. (2011). Consumers' insurance literacy: Evidence from survey data. *Fin to Purchase Private Voluntary Health Insurance. Health*.

Ursavaş, Ö. F., Yalçın, Y., & Bakır, E. (2019). The effect of subjective norms on preservice and in-service teachers' behavioural intentions to use technology: A multigroup multimodel study. *British Journal of Educational Technology*, *50*(5), 2501-2519.

Wahab, N. Y. A., Rahman, R. A., Mahat, H., Hudin, N. S., Ramdan, M. R., Razak, M. N. A., & Mohd Yadi, N. N. (2024). Impacts of Workload on Teachers' Well-Being: A Systematic Literature Review. *TEM Journal*, *13*(3).

Wang, Y., Zhang, D., Wang, X., & Fu, Q. (2020). How does COVID-19 affect China's insurance market? *Emerging Markets Finance and Trade*, *56*(10), 2350-2362.

Weedige, S. S., Ouyang, H., Gao, Y., & Liu, Y. (2019). Decision making in personal insurance: Impact of insurance literacy. *Sustainability*, *11*(23), 6795.

Yzer, M. (2012). Reasoned action theory: Persuasion as belief-based behavior change. In J. P. Dillard & L. Shen (Eds.), *The SAGE handbook of persuasion: Developments in theory and practice* (2nd ed., pp. 120–136). SAGE Publications.

Zakaria, Z., Azmi, N. M., Hassan, N. F. H. N., Salleh, W. A., Tajuddin, M. T. H. M., Sallem, N. R. M., & Noor, J. M. M. (2016). The intention to purchase life insurance: A case study of staff in public universities. *Procedia Economics and Finance*, 37(December), 358–365. https://doi.org/10.1016/s2212-5671(16)30137-x

Zhang, Z., & Hou, Y. (2017). The effect of perceived risk on information search for innovative products and services. *Journal of Consumer Marketing*, 34, 241–254.

Zheng, L., Favier, M., Huang, P., & Coat, F. (2012). Chinese consumer perceived risk and risk relievers in e-shopping for clothing. *Journal of Electronic Commerce Research*, *13*, 255.

Zuelseptia, S., Rahmiati, & Engriani, Y. (2018). The influence of perceived risk and perceived ease of use on consumer's attitude and online purchase intention. *Advances in Economics, Business and Management Research*, 57, 384–390.

Annex

Table A1

Cross-loading

	Att	IL	PI	PPR	PU	SN	SQ
Att1	.87	.81	.70	.08	.67	.43	.50
Att2	.90	.66	.61	.11	.61	.46	.49
Att3	.91	.61	.65	.15	.71	.52	.44
Att4	.87	.57	.62	.16	.63	.53	.33
IL1	.67	.90	.66	.02	.71	.50	.43
IL2	.64	.86	.60	.16	.55	.36	.44
IL3	.61	.81	.41	.06	.47	.40	.30
IL4	.64	.86	.50	.12	.48	.40	.32
IL6	.42	.56	.23	-.10	.28	.31	.31
PI1	.62	.60	.88	-.03	.76	.51	.56
PI2	.71	.61	.91	.21	.66	.60	.49
PI3	.59	.52	.92	.03	.64	.54	.51
PI4	.72	.57	.92	.07	.69	.49	.44
PPR1	.07	.05	.04	.90	.09	-.02	-.24
PPR2	.16	.09	.09	.98	.02	.00	-.12
PU1	.74	.60	.74	.05	.87	.54	.54
PU2	.54	.53	.63	.07	.83	.48	.50
PU3	.64	.52	.67	.01	.90	.54	.47
PU4	.59	.52	.56	.01	.81	.55	.45
PU5	.65	.61	.65	.03	.89	.59	.46
SN1	.56	.56	.61	-.01	.66	.87	.62
SN2	.49	.47	.54	.00	.58	.91	.53
SN3	.45	.43	.49	-.06	.55	.89	.50
SN4	.51	.37	.46	-.04	.49	.88	.48
SN5	.38	.33	.48	.07	.46	.89	.38
SQ1	.40	.41	.58	-.22	.54	.50	.87
SQ2	.43	.33	.44	-.11	.44	.47	.89
SQ4	.44	.45	.43	-.12	.49	.50	.89
SQ5	.50	.41	.47	-.11	.50	.55	.89

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