MAKERERE UNIVERSITY

COLLEGE OF BUSINESS AND MANAGEMENT SCIENCES (COBAMS)

SCHOOL OF STATISTICS AND PLANNING

INFLUENCE OF KNOWLEDGE OF MOBILE HEALTH INSURANCE ON ITS UPTAKE AMONG UNIVERSITY STUDENTS

A CASE OF MAKERERE UNIVERSITY

BY

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A DISSERTATION SUBMITTED TO THE SCHOOL OF STATISTICS AND PLANNING IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF BACHELOR OF SCIENCE IN ACTUARIAL SCIENCE OF MAKERERE UNIVERSITY

SEPTEMBER 2026

DECLARATION

DECLARATION

I, Twesigye Augustine, here declare to the best of my knowledge that this research dissertation submitted to the School of Statistics and Planning of Makerere University is my original work, and any reference to scholarly and other materials has been acknowledged.

Signature.....

Date: 20/09/2026

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APPROVAL

APPROVAL

This is to certify that this dissertation of Twesigye Augustine has been approved as partial fulfillment of the requirements for the award of the degree of Bachelors of science in actuarial science of Makerere university.

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DEDICATION

I dedicate this dissertation to my family members who have provided me with the encouragement and financial support through my academic journey. I also dedicate it to my supervisor Mr. Susan Habert Sendege who has assisted and guided me while compiling my dissertation. I appreciate all the work done to enable me reach this far.

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LIST OF ABBREVIATIONS AND ACROYNMS

DHS Demographic Health Survey

UNHS Uganda National Household Survey

VHI Voluntary Health Insurance

UDHS Uganda Demographic Health Survey

WHO World Health Organization

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ABSTRACT

Mobile health insurance has become an important financial protection mechanism that can help individuals access healthcare services while reducing the financial burden associated with medical expenses. However, despite the potential benefits of mobile health insurance, uptake among university students remains a concern and may be influenced by demographic, socioeconomic, and knowledge-related factors. This study examined the factors influencing uptake of mobile health insurance among students at Makerere University.

A quantitative cross-sectional research design was adopted. Primary data were collected using a structured questionnaire administered to undergraduate students. A total of 138 valid responses were obtained and analysed. Data were cleaned and coded using Microsoft Excel and analysed using STATA version 15. Descriptive statistics, Chi-square tests, and binary logistic regression analysis were used to examine the relationship between the independent variables and uptake of mobile health insurance. Statistical significance was assessed at the 5% level.

The findings showed that 69.57% of the students had enrolled in mobile health insurance, while 30.43% had not enrolled. Among the demographic characteristics, gender was significantly associated with mobile health insurance uptake ($\chi^2 = 8.664$, $p = 0.003$), while year of study was also significantly associated with uptake ($\chi^2 = 11.980$, $p = 0.017$). Residence was also examined as a demographic factor. In the logistic regression analysis, male students had higher odds of uptake compared with female students (OR = 3.494, $p = 0.027$). Knowledge of mobile health insurance and perceived cost were also examined to assess their influence on uptake, alongside socioeconomic and demographic characteristics.

The study concludes that uptake of mobile health insurance among Makerere University students is associated with selected demographic and knowledge-related factors. The findings highlight the importance of increasing students' awareness and understanding of mobile health insurance products, improving access to information on coverage and benefits, and addressing concerns relating to the cost and affordability of mobile health insurance. The study recommends that Makerere University, insurance providers, and other relevant stakeholders strengthen financial and insurance literacy programmes, increase awareness of mobile health

insurance products, and provide students with clear information on premiums, coverage, claims procedures, and benefits to encourage greater uptake.

CHAPTER ONE

INTRODUCTION

1.1 Background to the study

Mobile health insurance by definition is a digital model that allows users to access, pay for, and manage health insurance directly from their mobile phones (Iyengar, 1 November 2019). It typically operates as a form of micro-insurance, letting users pay tiny, affordable daily or monthly premiums via mobile money. It helps protect insured persons from paying high unexpected treatment costs in the episode of sickness. Mobile Health insurance refers to the use of mobile technology, specifically smartphones, applications, and mobile money services to access, purchase, manage, and pay for health insurance coverage. It acts as a digital bridge connecting insurers with users for improved access to care, particularly in developing areas.

Mobile health insurance has increasingly been recognized globally as an effective way of protecting against financial fluctuations during periods of illness (WHO, 2000). Jütting (2003) argues in the same way that due to high demand for quality health services, health insurance may improve access to acceptable quality of healthcare (PRILLA, JULY 2024).

In Africa, Kenya is the leading country in Africa for mobile health insurance. Leveraging widespread mobile money services like Safaricom's M-Pesa, the country has revolutionized micro-health insurance through platforms such as M-TIBA (managed by CarePay) and Afya Bima, which let users save, pay premiums, and process claims directly on their feature phones(Cenfri, 2021).

The overall rate of formal insurance uptake in Uganda remains low at roughly 1% to 2%. However, mobile micro-insurance—facilitated by telecom platforms like MTN (e.g., Yoza/Ayo) and Airtel—is higher, with localized university and urban studies showing an uptake rate between 28% and 30% among certain youth and informal sector demographics(MOH, 26 Aug, 2022).

In examining voluntary mobile health insurance expenditures trends (Zakumumpa, 2026). Twenty-seven countries had no or more than five years of data missing. VHI ranged from 1% to 5 % in 39 low and middle-income countries and only 23 countries had a Voluntary Health

Insurance of above 5% of the total health expenditure. Where the required services are not available in the government health facilities, Ugandans have to resort to the private health facilities where the health care services maybe relatively expensive. As a result, Ugandans experience a very high out of pocket health expenditure, equivalent to 41% of the total spending on health (Uganda Ministry of Finance, May 2021).

According to the 2015/16 National Health Accounts report (MOH, 20 Nov, 2018), the voluntary health insurance contributes 2.3% of the current health expenditure, which included employer-based insurance and community-based health insurance schemes. The ((UBOS), 2016) findings showed that health insurance coverage is still very low in Uganda and only 5% of the population aged 15 years and above had health insurance cover (Republic of Uganda, 2018b). In addition, only 11% of the population aged 15 years and above were aware of the health insurance services, out of which 42% would consider joining a health insurance scheme. Although previous studies have reported low levels of health insurance coverage in Uganda, there is still limited evidence regarding the factors influencing the uptake of mobile health insurance services. This study is therefore important because it examines the determinants of mobile health insurance uptake among the study population. The findings will contribute to existing literature and provide useful information to policymakers, insurers, and mobile service providers in developing strategies to increase health insurance coverage and promote universal health care access.

1.2 Problem Statement

With the rapid growth in mobile phone usage and digital financial services, mobile health insurance has emerged as an innovative approach to improving access to affordable healthcare coverage, especially among young populations (Hiroyuki Egami 1, 2020; Kate Hampshire a et al., 2015).

Despite the increasing availability of mobile-based insurance services, uptake of mobile health insurance among university students remains relatively low. Existing studies suggest that limited knowledge and understanding of insurance concepts such as premium payments, benefits, coverage, and claims procedures significantly affect enrolment decisions (Stuart J. Heckman, 2024). Research conducted among university students in Ghana revealed that

although students widely use mobile technologies, knowledge and awareness greatly influence their adoption of mobile health-related services (Isaac Koomson, 2024) . Similarly, according to (Ndifon Mark Ndifon, 2020) study on digital health protection schemes among tertiary students in Ghana found that awareness, understanding of mobile payment systems, and trust in digital insurance.

This study, therefore, seeks to examine the influence of knowledge about mobile health insurance on the uptake of mobile health insurance among students at Makerere University using a quantitative approach. Data will be collected through structured questionnaires and analysed using statistical techniques, including descriptive statistics, to determine the relationship between students' knowledge levels and their enrolment decisions.

1.3 Objectives of the study

1.3.1 Main objective

To examine the factors influencing the uptake of mobile health insurance among students at Makerere University.

1.3.2 Specific objectives

1. To assess the influence of knowledge and awareness of mobile health insurance on its uptake among students at Makerere University.
2. To determine the effect of socioeconomic factors on the uptake of mobile health insurance among students at Makerere University.
3. To examine the influence of demographic characteristics on the uptake of mobile health insurance among students at Makerere University.

1.4 Research hypothesis

Objective one; To assess the influence of knowledge and awareness of mobile health insurance on its uptake among students at Makerere University.

1. **H_{11}**; Knowledge of mobile health insurance for example mobile health insurance benefits, premiums, and enrolment procedures has no significant influence on its uptake among students at Makerere University.

2. **H_{12};** Knowledge of mobile health insurance for example mobile health insurance benefits, premiums, and enrolment procedure have a significant influence on its uptake among students at Makerere University.

Objective two; To determine the effect of socioeconomic factors on the uptake of mobile health insurance among students at Makerere University.

1. **H_{21}**; Socioeconomic factors for example Monthly income or allowance, Employment status and financial support (parents, guardians, scholarships) have no significant effect on the uptake of mobile health insurance among students at Makerere University.
2. **H_{22}**; Socioeconomic factors for example Monthly income or allowance, Employment status and financial support (parents, guardians, scholarships) have a significant effect on the uptake of mobile health insurance among students at Makerere University.

Objective three; To examine the influence of demographic characteristics on the uptake of mobile health insurance among students at Makerere University.

1. **H_{31};** Demographic characteristics for example Age, Gender, Year of study and Marital status have no significant influence on the uptake of mobile health insurance among students at Makerere University.
2. **H_{32}**; Demographic characteristics for example Age, Gender, Year of study and Marital status have a significant influence on the uptake of mobile health insurance among students at Makerere University.

1.5 Scope of the study

This study focuses on the factors influencing the uptake of mobile health insurance among students at Makerere University. Specifically, the study examines demographic factors such as age and gender, socioeconomic factors such as income and employment status, and social factors that may affect students' decisions to enrol in mobile health insurance schemes. The

study is geographically limited to Makerere University in Kampala, Uganda, which was selected because it hosts students from diverse social and economic backgrounds. Therefore, the findings of this study will be applicable to university students at Makerere University within the period of the study.

1.6Significance of the study

This study will provide insights into the factors influencing the uptake of mobile health insurance among students at Makerere University. The findings will be useful to policymakers, insurance providers, and university administrators in designing strategies to improve health insurance enrolment among university students.

The findings of this study will contribute to the existing body of knowledge on mobile health insurance uptake among university students, particularly at Makerere University. The study will provide insights into the demographic, social, and socioeconomic factors influencing students' decisions to enrol in mobile health insurance schemes.

Furthermore, the findings will be useful to university administrators, health insurance providers, and policymakers in designing strategies aimed at increasing awareness and uptake of mobile health insurance among university students. Since students often face financial constraints and limited access to healthcare services, the study will help identify appropriate interventions to improve their access to affordable healthcare.

Finally, the findings may guide the development of targeted health insurance education and awareness programs within universities, thereby promoting informed decision-making regarding health insurance enrolment. The study may also provide evidence for the design of student-friendly mobile health insurance products and policies that address the specific healthcare needs of university students.

1.7Justification of the study

University students constitute a unique population group that often faces financial constraints and limited access to healthcare services. Despite the increasing use of mobile technologies and the availability of mobile health insurance products, the uptake of such services among

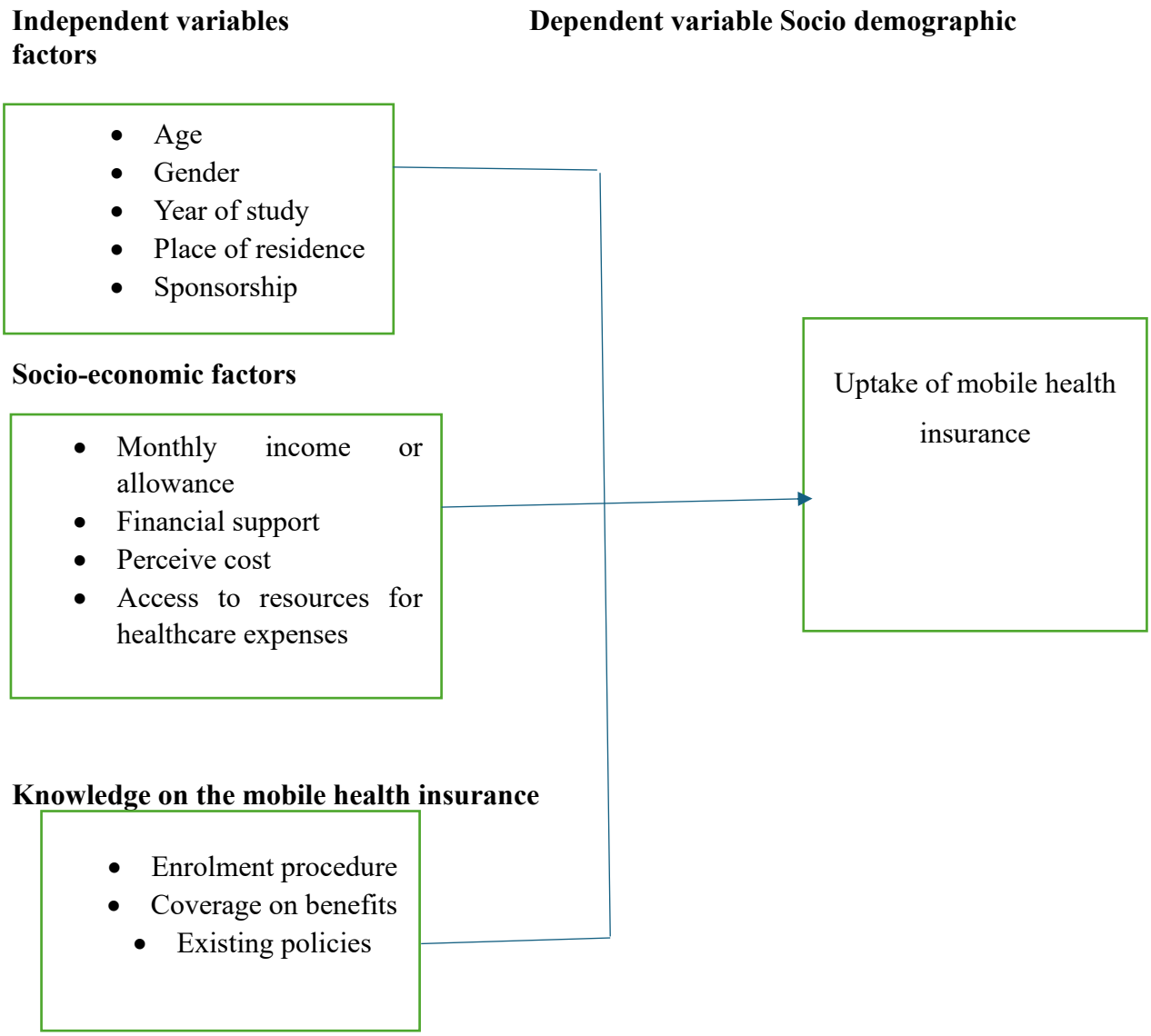
university students remains low. Students may lack adequate information, financial resources, or awareness of the benefits of mobile health insurance, which can expose them to high out-of-pocket healthcare expenditures.

Makerere University students come from diverse social, economic, and demographic backgrounds, making them an appropriate population for examining the factors influencing mobile health insurance uptake. Understanding these factors is important in designing student-cantered health insurance programs and interventions that can improve healthcare access among university students.

Therefore, this study is justified because it seeks to provide evidence on the factors influencing mobile health insurance uptake among university students, which may assist universities, policymakers, and insurance providers in developing strategies to increase enrolment and improve access to affordable healthcare services for students.

1.8 Conceptual Framework

The conceptual framework illustrates the relationship between socio-demographic and socio-economic factors and the uptake of mobile health insurance among students at Makerere University. Socio-demographic factors such as age, gender, year of study, and marital status, together with socio-economic factors including income level, employment status, and source of financial support, are expected to influence students' decisions to enrol in mobile health insurance schemes. The uptake of mobile health insurance is measured by enrolment and participation in mobile health insurance services.



1.9. Structure of the dissertation.

This dissertation investigates the factors affecting mobile health insurance uptake in Uganda. Chapter One of the study provides the background, research problem, objectives, significance, scope, and conceptual framework. Chapter Two gives a review of already existing literature

on health insurance uptake, exploring socio-demographic and socio-economic factors through theoretical and empirical point of view. Chapter Three gives details of the data source, study variables, data analysis techniques used, ethical considerations and limitations of the study. Chapter Four summarizes the findings of the research, analyses the association between socio-economic and socio-demographic factors and health insurance uptake. Chapter Five summarizes the key findings, draws conclusions, and gives recommendations for ensuring increase in uptake of mobile health insurance and suggesting areas for future research to add on the knowledge and understanding.

CHAPTER TWO

LITERATURE REVIEW

2.1. Introduction

This chapter presents a review of the existing literature related to the socio-demographic and socio-economic factors influencing the uptake of mobile health insurance among students at Makerere University. The review aims to identify relevant theories, empirical studies, research methods, and knowledge gaps related to mobile health insurance uptake. The chapter focuses on previous studies conducted in different contexts that provide evidence on the factors affecting health insurance uptake and their implications for university students.

2.2. Empirical literature

This empirical literature aims to evaluate existing studies that investigate the factors that limit mobile health insurance coverage and adoption.

Mobile health insurance has picked critical discussions in Uganda following the worsening of health provisions and the ever-decreasing government's expenditure towards the health sector. Several studies have been carried out on insurance though most are outside Uganda. The review of these studies, however, will be helpful in establishing and identifying the relevant variables that will be used for analysis.

According to (Zakumumpa, 2026) employed the contingent valuation method to analyse people's willingness to pay for health insurance in Ghana (Zhang, 2011). The findings indicated that willingness to pay increased with household income, recent high healthcare expenditures, and difficulties in meeting medical costs. Higher education levels and being male were also associated with a greater willingness to pay. Relating these findings to mobile health insurance, the study suggests that individuals with higher incomes, better education, and greater financial exposure to healthcare costs are more likely to adopt and pay for mobile-based health insurance schemes. The study further revealed a high level of acceptance of health insurance, with over 90% of respondents expressing willingness to participate and 63.6% willing to pay a monthly premium equivalent to US$3.03 for a household of five (BANK,

1994). These findings imply that mobile health insurance programs may achieve substantial uptake when they offer affordable premiums and convenient mobile payment mechanisms, particularly among populations seeking protection against unexpected healthcare expenses. Therefore, the demand for health insurance was dependent on income, whether a household has difficulty in paying for health care or not, sex, health care expenditures and education used a probit model to jointly analyse the demand for healthcare and health insurance in Austria. The study found that income was a stronger predictor of health insurance purchase than an individual's health status. This suggests that, in the context of mobile health insurance, individuals with higher income levels are more likely to enrol in and maintain mobile-based health insurance schemes because they have greater financial capacity to afford premiums. Similarly, emphasized that income and price are among the most important determinants of insurance plan choice, indicating that the affordability of premiums and associated costs significantly influences the uptake of mobile health insurance products. Furthermore, Propper (1989) reported similar findings in the United Kingdom, confirming the positive relationship between income and demand for health insurance. These studies collectively imply that income level and premium affordability are key factors influencing the adoption and continued use of mobile health insurance services, particularly among populations such as university students who may have limited financial resources

According to Jutting (2003) in analysing people's participation in insurance scheme in Senegal, found household's income, religion, among other factors with a significant impact on health insurance demand. He further revealed how the schemes were not pro poor since they did not reach the poorest of the poor within the villages who found difficulties in accessing health care. In addition, their study noted that some individuals were excluded from the scheme on basis of religion and ethnic groups, which affected negatively the coverage of schemes. On the other hand, (Neelam Sekhri 1, 2018 Apr) in their study on private health insurance in developing countries established that health insurance is so significant in country especially with different health structures and levels of income.

However, (Pauly & Peter Zweifel, March 2006) finds that it is the high burden of out- of-pocket payments for health care in times of illness that provokes individuals to demand for health insurance in most of developing countries. The study further highlighted that the question of affordability influences people to have health insurance thus recommended that

such individuals who might not be able to pay high out- of -pocket payment, should take up health insurance, which has the provision of an affordable, and lower annual premiums. However, (Dablin Mpuuga, June, 2020) in contrast argues that government policy is one of the key determinants of health insurance demand for example this worked in countries like Tanzania, South Africa among others where it was compulsory for civil servants to enrol.

When studying the determinants and implications, of uptake of health insurance policy among the rural people in Ghana, found that the insurance uptake is lower among women (Aaron Alesane, 19 Oct 2018). It also indicated that the insurance uptake is higher among younger people. This study adopted a logit model to analyse data from 178 respondents randomly selected from two microfinance groups operating in the rural areas of Ghana.

The study on National Health Insurance schemes in Ghana, (Zhang, 2011), established that occupation (P=0.039), age (P=0.002) and the level of education (P=0.030) were the major factors in determination of membership in schemes. Furthermore, the findings also showed that health insurance improved on health seeking behaviours and utilization of health care services in Ghana. The paper in this regard, recommended for three expansion of membership coverage and improvement on geographical access of health insurance schemes as a way of promoting better and overall health outcome for all Ghanaians while using descriptive statistics and multivariate logistic regression analysis on factors, which affected health participation in Nairobi, found out that females have less probability of participating in insurance programs. The study further found individuals who were in unions and formally employed to be less likely to have public insurance schemes.

Nketiah, (2013) used a binary logit model to study the determinants of insurance enrolment among Ghanaian Adults using the fifth round Ghana living standard survey. The study established that key variables in determining participation are income, age, religion, access to health information via television sets and the media. The study further established that access to health insurance is crucial especially to those women in the fertility bracket, as they should meet their health needs and those of their children. Thus, women are likely to demand more of health insurance than males. The study therefore concluded that Ghanaians' National Health Insurance Scheme (NHIS) was not yet for the poor as per its establishment and there was

recommendation for the introduction of more innovation of communication channels that are more appealing to many Ghanaians who are not literate.

2.3. Socio-Demographic factors and uptake of mobile health insurance

2.3.1. Age

Age is an important socio-demographic factor that can influence students' knowledge and awareness of mobile health insurance and, consequently, its uptake. Older students are generally more independent, have greater exposure to financial responsibilities, and are more likely to seek information about health protection and financial risk management. As students advance in age, they are more likely to encounter health-related challenges, increasing their appreciation of the importance of having health insurance. They may also have greater experience using mobile financial services such as mobile money, making it easier for them to understand and adopt mobile health insurance products.

In addition, older students are more likely to have participated in university health campaigns, seminars, and peer discussions that provide information about health insurance. Their wider social networks and life experiences can enhance their awareness of the benefits, costs, and enrolment procedures associated with mobile health insurance. Some older students may also be employed on a part-time basis or receive higher financial support, enabling them to afford insurance premiums.

Conversely, younger students, particularly first-year entrants, may have limited knowledge and awareness of mobile health insurance because they are still adjusting to university life and often depend on parents or guardians to make healthcare and financial decisions. They may perceive themselves as healthy and therefore see little need to seek information about health insurance. This limited awareness can reduce their willingness to enrol in mobile health insurance schemes. Therefore, age is expected to play a significant role in shaping students' knowledge and awareness, which ultimately influences the uptake of mobile health insurance among university students.

2.3.2. Year of Study

Year of study is an important socio-demographic factor that can influence students' knowledge and awareness of mobile health insurance and, consequently, its uptake. Students in higher years of study are more likely to have acquired greater knowledge about mobile health insurance through prolonged exposure to university orientation programs, health awareness campaigns, student organizations, and interactions with peers who have experience using health insurance services. Over time, they may also encounter medical emergencies or increased healthcare needs that enhance their understanding of the financial benefits of health insurance. Such experiences can positively shape their attitudes toward enrolling in mobile health insurance schemes.

Conversely, first-year students are often focused on adapting to the university environment and may have limited exposure to information regarding available health insurance options. They may also rely on parents or guardians for healthcare decisions, reducing their motivation to seek information about insurance. According to the World Health Organization, health literacy improves with increased access to health information and educational opportunities, which are essential for informed healthcare decision-making.

Similarly, the International Labour Organization notes that awareness and understanding of health insurance increase with greater exposure to educational and social environments, thereby improving the likelihood of enrolment in health insurance schemes. Therefore, students in advanced years of study are expected to have better knowledge of mobile health insurance and a higher probability of its uptake than those in lower years of study.

2.3.3. Gender

Gender plays an important role in influencing healthcare-seeking behaviour and the uptake of mobile health insurance. Females are generally more likely than males to seek medical treatment and to do so at the early stages of illness. As primary caregivers for children and other sick family members, women tend to have greater interaction with healthcare services and are therefore more likely to recognize the importance of health insurance coverage (Devi Shantini Rata Mohan 1, 2025 Jul 3).

Women are often the largest users of healthcare services and may have a more positive attitude toward mobile health insurance because it offers a convenient and accessible way to manage healthcare expenses through mobile phones. Female-headed households may also be more inclined to enrol in mobile health insurance schemes due to their responsibility for household health and welfare (Felician Andrew Kitole 1, 2025 May 5). However, women may face barriers to enrolment, including limited financial resources, high premium costs, unequal decision-making power within households, and challenges related to social, political, or geographical factors (Debessa et al., February 2025).

According to (GARFINKEL S, DECEMBER 2021), gender significantly influences the uptake of Community-Based Health Insurance, with women showing greater interest in health insurance participation. In the context of mobile health insurance, these findings suggest that women may be more willing to adopt mobile-based insurance products due to their greater healthcare needs and caregiving responsibilities. However, increasing awareness and education about mobile health insurance among women is essential to overcome existing barriers and enhance enrolment and utilization of such schemes.

2.3.4 Place of Residence.

Place of residence is an important factor influencing the uptake of mobile health insurance. According to (Obinna Onwujekwe 1, 2010 Mar)an individual's willingness to pay for health insurance is significantly affected by where they live (Muhumuza, 14/11/2016). People residing in urban areas are generally more likely to enrol in health insurance schemes because they face a higher risk of health problems arising from factors such as air pollution, traffic accidents, and population congestion. In addition, urban residents tend to have better access to information, healthcare facilities, and financial services, which increases their awareness and understanding of health insurance products (PRILLA, JULY 2024).

In the context of mobile health insurance, urban residents are more likely to adopt mobile-based insurance services due to greater access to mobile networks, smartphones, internet connectivity, and mobile money services. Conversely, individuals living in rural areas may be less likely to enrol because of limited access to information about insurance products, lower levels of digital literacy, and inadequate mobile infrastructure. Furthermore, factors such as

financial constraints, risk-taking behaviour, and lack of awareness about the benefits and coverage of insurance may discourage rural populations from participating in mobile health insurance schemes (Anni Wei 1, 2025 May 29).

2.3.5 Sponsorship on the Uptake of Mobile Health Insurance

Sponsorship can influence the uptake of mobile health insurance among university students by affecting their ability to meet insurance premiums and healthcare expenses. Students who receive financial support through government sponsorship, scholarships, parents, or guardians may have greater financial security and therefore may be better able to afford mobile health insurance premiums. This can increase their likelihood of enrolling in an insurance scheme.

However, sponsorship may also reduce the perceived need for mobile health insurance where students already receive healthcare support through their sponsors. For example, a student whose scholarship or family support covers medical expenses may consider additional mobile health insurance unnecessary. Conversely, students whose sponsorship only covers tuition and accommodation may still need insurance to manage unexpected healthcare costs.

2.4. Socio-Economic factors and the uptake of health insurance

2.4.1. Monthly Income or Allowance

Monthly income or allowance is an important socioeconomic factor influencing the uptake of mobile health insurance among university students. Students with higher monthly incomes or allowances are more likely to afford insurance premiums and maintain regular payments, thereby increasing enrolment. In contrast, students with limited financial resources often prioritize essential expenses such as tuition, accommodation, transport, and food over health insurance. Even when students possess adequate knowledge of the benefits of mobile health insurance, financial constraints may hinder actual enrolment. Studies have shown that higher income levels are positively associated with increased health insurance participation because they improve individuals' ability to pay premiums and reduce financial barriers to accessing healthcare (Dror et al., 2016; Okello et al., 2022).

2.4.2. Perceived Costs

Perceived cost is an important factor influencing the uptake of mobile health insurance among university students. It refers to an individual's perception of whether the insurance premium, registration fees, and other associated costs are affordable relative to their financial capacity. Even when the actual premiums are relatively low, students may still perceive them as expensive due to limited financial resources and competing priorities. This perception can discourage enrolment in mobile health insurance despite awareness of its potential benefits.

University students often rely on parents, guardians, scholarships, or modest personal incomes to meet their daily expenses. As a result, they tend to prioritize essential needs such as tuition, accommodation, food, transport, and learning materials over health insurance. When students perceive insurance premiums as high or beyond their financial means, they are less likely to purchase or renew mobile health insurance. Conversely, students who perceive insurance premiums as affordable are more willing to enrol because they believe the benefits outweigh the costs.

In addition, perceived cost is influenced by students' understanding of the value provided by mobile health insurance. Students who recognize that insurance protects them from unexpected medical expenses may consider the premium to be a worthwhile investment rather than an unnecessary expense. However, students who lack adequate knowledge of insurance may view premium payments as a financial burden, particularly if they have never experienced a serious illness or made an insurance claim. This negative perception reduces the likelihood of insurance uptake.

Furthermore, flexible payment options such as mobile money payments, student-discounted premiums, and instalment payment plans can reduce students' perception of financial burden and encourage enrolment. Insurance providers and universities can therefore increase uptake by designing affordable products tailored to students' financial circumstances and by educating students about the long-term financial benefits of health insurance.

Overall, students' perception of insurance costs plays a significant role in determining whether they enrol in mobile health insurance. Affordable premiums combined with increased

awareness of the value of insurance are likely to improve the uptake of mobile health insurance among university students.

2.4.3. Financial Support (Parents, Guardians, Scholarships)

Financial support from parents, guardians, or scholarship providers influences the uptake of mobile health insurance by improving students' financial security. Students receiving adequate financial support are more likely to afford insurance premiums and consider health insurance an important investment. Parents or guardians who understand the value of health insurance may also encourage or directly pay for their children's insurance coverage. Similarly, scholarship programs that include health benefits can increase insurance enrolment among beneficiaries. However, students receiving insufficient financial support may struggle to pay premiums, even when they possess adequate knowledge about mobile health insurance. Consequently, financial support positively influences insurance uptake.

2.4.4 Access to Resources for Healthcare Expenses

Access to resources for healthcare expenses is an important socioeconomic factor influencing the uptake of mobile health insurance among university students. It refers to the availability of financial resources that students can use to pay for medical services when they fall ill. These resources may come from parents or guardians, scholarships, personal savings, employment income, or other forms of financial support. Students with adequate access to healthcare resources may perceive less immediate need for health insurance, while those with limited resources may view insurance as a means of protecting themselves against unexpected medical costs.

Students who have sufficient financial support from their families or sponsors are often able to pay for healthcare services directly whenever the need arises. Consequently, they may perceive mobile health insurance as unnecessary because they can rely on existing financial support to meet their medical expenses. In contrast, students with limited financial resources may struggle to afford healthcare services during illness or emergencies. For these students, mobile health insurance provides financial protection by reducing out-of-pocket healthcare expenditures and ensuring timely access to medical care.

Access to healthcare resources also influences students' willingness to invest in preventive financial protection. Students who understand that medical emergencies can occur unexpectedly may choose to enrol in mobile health insurance even when they currently have access to financial support. However, students who lack sufficient resources and are unable to afford insurance premiums may remain uninsured despite recognizing the benefits of insurance. Therefore, the availability of financial resources and the affordability of insurance premiums jointly determine the uptake of mobile health insurance.

Improving access to affordable health insurance products through subsidized premiums, student-friendly payment options such as mobile money, and increased financial support from universities or government programs can encourage greater enrolment. In addition, educating students about the long-term financial benefits of health insurance can help them appreciate its value as a mechanism for reducing the financial burden associated with healthcare expenses.

Overall, access to resources for healthcare expenses significantly influences the uptake of mobile health insurance by affecting students' financial preparedness, perceived need for insurance, and ability to pay insurance premium.

2.5 Knowledge on mobile health insurance

2.5.1 Enrolment Procedure

The enrolment procedure plays a significant role in influencing the uptake of mobile health insurance among university students. It refers to the process through which individuals register, provide the required information, and begin accessing insurance services. A simple, convenient, and user-friendly enrolment process encourages students to subscribe to mobile health insurance, while complicated or lengthy procedures discourage participation.

University students generally prefer services that are fast, accessible, and technology-driven. Mobile health insurance schemes that allow students to enrol through mobile phones, mobile money platforms, or online applications are more likely to attract enrolment because they save time and reduce the need to visit insurance offices. In contrast, complicated registration procedures involving excessive documentation, long waiting times, or multiple verification

stages may discourage students from enrolling, especially those with limited knowledge of insurance.

The enrolment procedure is also closely linked to students' understanding of insurance products. Students who clearly understand the registration process are more confident about enrolling, whereas those who perceive the process as confusing or difficult may postpone or avoid enrolment altogether. Providing clear enrolment guidelines, simplified registration steps, and adequate customer support can therefore increase students' confidence and willingness to join mobile health insurance schemes.

Overall, a simple, transparent, and efficient enrolment procedure reduces barriers to access and promotes the uptake of mobile health insurance among university students by making the registration process easier and more convenient.

2.5.2 Coverage and Benefits of Mobile Health Insurance

The coverage and benefits offered by mobile health insurance significantly influence its uptake among university students. Insurance schemes that provide comprehensive coverage, including outpatient care, inpatient treatment, emergency services, laboratory tests, prescription drugs, and specialist consultations, are more attractive to students because they offer greater financial protection against unexpected medical expenses. Students are more likely to enrol in mobile health insurance when they perceive that the benefits adequately meet their healthcare needs and provide good value for the premiums paid. Conversely, limited coverage, numerous exclusions, or restrictions on healthcare services may discourage students from subscribing, as they may feel that the insurance does not adequately address their health needs. Additionally, students are more willing to take up mobile health insurance when they clearly understand the benefits and believe that the scheme will reduce their out-of-pocket healthcare costs. Therefore, providing comprehensive, relevant, and clearly communicated insurance benefits can increase students' confidence and encourage greater uptake of mobile health insurance.

2.5.3 Existing Insurance Policies

Existing insurance policies influence the uptake of mobile health insurance among university students by shaping their perceptions of the accessibility, affordability, and effectiveness of insurance products. When existing insurance policies are designed to meet the healthcare needs of students through affordable premiums, comprehensive benefits, and flexible payment options, students are more likely to enrol in mobile health insurance schemes. Policies that support digital registration, mobile money premium payments, and quick claims processing further encourage uptake by making insurance more convenient and accessible. Conversely, existing insurance policies with high premiums, limited coverage, complex enrolment procedures, or lengthy claim settlement processes may discourage students from participating. In addition, students are more likely to adopt mobile health insurance when they perceive that current insurance policies are transparent, reliable, and responsive to their healthcare needs. Therefore, improving existing insurance policies to make them more student-friendly and responsive can significantly increase the uptake of mobile health insurance among university students.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

This chapter presents the methodological framework used to investigate the level of baseline knowledge, behavioural perceptions, and structural determinants influencing the uptake of mobile health (mHealth) insurance among university students. The chapter describes the research design, target population, sampling procedures, sample size determination, data collection instruments, validity and reliability measures, data analysis techniques, and ethical considerations that guided the study.

3.2. Research Design

This study adopted a cross-sectional descriptive and analytical research design under a quantitative research approach. The design was considered appropriate because it enabled the collection of data from university students at a single point in time regarding their knowledge and uptake of mobile health insurance. The descriptive component was used to assess the level of knowledge and uptake of mobile health insurance among students, while the analytical component was employed to examine the relationship between knowledge and mobile health insurance uptake. The quantitative approach facilitated the collection of numerical data through structured questionnaires and enabled the application of statistical techniques to analyse the study variables and test the study objectives.

The research will be conducted across Makerere university. This setting offers an exceptionally representative micro-environment due to its diverse structural composition, encompassing students from varying regional origins, contrasting socio-economic backgrounds, and distinct academic fields. Crucially, this cohort is deeply integrated into digital mobile phone infrastructure and routinely utilizes mobile money technologies for academic, commercial, and peer-to-peer financial activities, making them highly receptive to digital insurance frameworks.

3.3. Targeted population

The target population encompasses all registered undergraduate students actively pursuing their academic qualifications at the institution within the current academic calendar year.

3.4. Sample size

The sample size for the study was determined using Cochran's formula

$$n = \frac{z^{2pq}}{e^2}$$

Where;

- n = Required sample size
- Z = Standard normal deviation corresponding to the desired confidence level (1.96 for 95% confidence)
- p = Estimated proportion of the population possessing the characteristic of interest (0.5)
- q = 1 − p (0.5)
- e = Desired level of precision (0.05)

substituting the values;

$$n = (1.96)^2 \frac{(0.5)(0.5)}{(0.05)^2}$$

$$n = 3.8416 * \frac{0.25}{0.0025}$$

$$n = \frac{0.9604}{0.0025}$$

$$n = 384.16$$

Therefore, the required sample size is 384 respondents.

3.5 Study Variables and Measurements

The level of knowledge about mobile health insurance was determined from respondents' scores on a set of knowledge-related items covering aspects such as insurance coverage, benefits, premiums, claims, and enrolment procedures. The responses were combined to generate an overall knowledge score on a five-point scale. Using 3.5 as the cut-off point, respondents with a mean score below 3.5 were classified as less knowledgeable, while those with a score above 3.5 were classified as more knowledgeable. This categorization was used to examine the distribution of knowledge among respondents and its relationship with uptake of mobile health insurance.

Perceived cost was derived from respondents' ratings of items relating to the cost of mobile health insurance. The individual items were combined to form a linear scale ranging from 1 to 5. A cut-off points of 3.5 was applied to classify respondents' perceptions. Scores below 3.5 were categorized as not costly (0), whereas scores equal to or above 3.5 were categorized as costly (1). The resulting binary variable was subsequently used in the analysis to assess whether perceived cost was associated with uptake of mobile health insurance.

Table 3.1 Study Variables and Measurements

Variable	Description	Codes of Variables	Measurement
Uptake of mobile health insurance	Whether the student has enrolled in mobile health insurance	0 = No, 1 = Yes	Binary
Knowledge of mobile health insurance	Level of understanding of mobile health insurance	1 = Less informed 2 = Informed	Categorical
Awareness of mobile health insurance	Whether the student is aware of mobile health insurance products	0 = No, 1 = Yes	Binary
Knowledge of insurance premiums and claims	Understanding of how premiums and claims work	1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree	Categorical
Knowledge of insurance benefits	Understanding of the benefits provided by mobile health insurance	1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree	Categorical
Gender	Sex of the student	0 = Female, 1 = Male	Binary
Year of study	Current year of study	1 = First year, 2 = Second year, 3 = Third year, 4 = Fourth year, 5 = Fifth year and above	Categorical
Place of residence	Where the student currently resides	1 = University Hall, 2 = Hostel, 3 = Home	Nominal
College/School	College or school where the student is enrolled	1 = COBAMS, 2 = CHUSS, 3 = CEDAT, 4 = CHS, 5 = CEES, 6 = CAES, 7 = CoCIS, 8 = CoVAB, 9 = CoNAS, 10 = School of Law	Nominal
Parental/Guardian education	Highest education level of parent or guardian	1= No formal education, 2 = Primary, 3 = Secondary, 4 = Diploma, 5 = Bachelor's degree, 6 = Postgraduate	Categorical
Source of financial support	Main source of financial support for the student	1 = Parents/Guardian, 2 = Government/Scholarship, 3 = Part-time employment, 4 = Personal business, 5 = Other	Nominal
Sponsorship	Type of financial sponsorship received by the student	1 = Government, 2 = Private, 3 = Scholarship (NGO/Foundation/Company), 4 = District/Local Government bursary, 5 = Religious organization, 6 = Parents/Guardian, 7 = Other	Nominal
Monthly income/allowance	Average amount of money available to the student per month	1 = Below UGX 100,000, 2 = UGX 100,001–300,000, 3 = UGX 300,001–500,000, 4 = UGX 500,001–800,000, 5 = Above UGX 800,000	Categorical
Affordability of premiums	Student's perception of ability to afford mobile health insurance premiums	1 = Very affordable, 2= Affordable, 3 = Neutral, 4 = Unaffordable, 5= Very unaffordable,	Categorical
Access to healthcare resources	Ability of the student to access financial resources for healthcare expenses	1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree	Categorical
Enrolment procedure	Perceived ease or difficulty of enrolling in insurance	1 = Very difficult, 2 = Difficult, 3 = Neutral, 4 = Easy, 5 = Very easy	Categorical
Perceived cost of insurance	Student's perception of the cost of mobile health insurance	1 = Very affordable, 2 = Affordable, 3 = Moderate, 4 = Expensive, 5 = Very expensive,	Categorical
Coverage and benefits	Perception of whether insurance benefits meet students' healthcare needs	1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree	Categorical
Existing insurance policies	Whether the student currently holds any insurance policy	0 = No, 1 = Yes	Binary
Trust in insurance providers	Level of trust in insurance companies to provide promised services and pay claims	1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree	Categorical
Peer influence	Influence of friends and fellow students on insurance enrolment decisions	1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree	Categorical
Family influence/support	Influence or support from family members regarding health insurance	1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree	Categorical
Social media influence	Influence of social media information on awareness and insurance decisions	1 = Strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly agree	Categorical

3.7 Inclusion and Exclusion Criteria

The study included undergraduate students currently enrolled at Makerere University across the selected colleges and schools. Participants included students from different academic years, including first, second, third, fourth, and fifth year and above, to obtain diverse views on the knowledge, awareness, and uptake of mobile health insurance.

Only students who were actively registered at Makerere University during the study period and were willing to participate were included. Participants were required to provide informed consent before completing the questionnaire. The study also included students regardless of whether they had previously enrolled in mobile health insurance, since both users and non-users were important in determining factors influencing uptake.

The study excluded postgraduate students and individuals who were not currently enrolled as undergraduate students at Makerere University, since the study specifically focused on undergraduate students. Students who declined to provide informed consent were also excluded. In addition, respondents who submitted questionnaires with substantial missing information or incomplete responses on key study variables were excluded from the final analysis to maintain the quality, validity, and reliability of the study findings.

3.8 Data Collection Procedure

Data were collected electronically using a self-administered, structured questionnaire designed and hosted on Google Forms. The questionnaire link was distributed to undergraduate students at Makerere University through appropriate student communication channels, including WhatsApp groups, student networks, and other electronic platforms.

Before accessing the questionnaire, respondents were provided with information explaining the purpose of the study, the voluntary nature of participation, confidentiality of their responses, and their right to decline participation. Respondents were required to provide informed consent before proceeding with the questionnaire.

To enhance data quality and completeness, Google Forms was configured to make important questions mandatory and to use appropriate response validation where necessary. Responses

were monitored electronically during the data collection period, and the collected information was automatically compiled and stored in a spreadsheet for subsequent cleaning, coding, and statistical analysis.

3.8.1 Data Collection Instrument

The study used a structured questionnaire as the primary data collection instrument. The questionnaire was designed to collect quantitative information relevant to the influence of knowledge of mobile health insurance on its uptake among Makerere University students.

The questionnaire consisted mainly of closed-ended questions and Likert-scale statements to facilitate consistency in responses and statistical analysis. It was organized into sections corresponding to the study objectives. The questionnaire captured information on:

Demographic characteristics, including gender, year of study, place of residence, and college/school of enrolment.

Knowledge and awareness of mobile health insurance, including awareness of available products, understanding of premiums, claims procedures, coverage, and benefits.

Socioeconomic factors, including sponsorship, source of financial support, monthly income or allowance, affordability of premiums, access to resources for healthcare expenses, and perceived insurance costs.

Insurance uptake, including whether respondents had enrolled in mobile health insurance.

Enrolment procedures, coverage and benefits, and existing insurance policies, which were used to assess factors that may influence students' willingness to enrol.

Preferences and perceptions regarding student-oriented mobile health insurance products and payment methods.

To enhance the clarity, validity, and reliability of the questionnaire, it was pre-tested on a small group of students who were not included in the final study sample. Feedback obtained during

the pre-testing process was used to improve the wording, sequence, and clarity of the questions before the questionnaire was administered to the study participants.

3.9 Data Analysis

Data cleaning and processing were conducted using Microsoft Excel, after which the cleaned dataset was exported for statistical analysis using STATA version 15. The analysis was conducted at three levels: univariate, bivariate, and multivariate analysis.

3.9.1 Univariate Analysis

Univariate analysis was conducted to examine the distribution and summary characteristics of each study variable independently before proceeding to inferential analysis. The statistical technique used depended on the measurement scale and nature of each variable.

For categorical variables such as gender, year of study, place of residence, college/school of enrolment, sponsorship, source of financial support, and uptake of mobile health insurance, frequency distributions and percentages were calculated. These measures were appropriate because they summarize the number and proportion of respondents falling into each category. The results were presented using frequency tables, percentages, and appropriate charts to provide an overall description of the respondents and the study variables.

For ordinal variables measured using Likert scales, such as knowledge and awareness, perceived affordability of premiums, access to healthcare resources, perceived ease of enrolment, trust in insurance providers, and perceived adequacy of insurance benefits, frequencies and percentages were used to describe the distribution of responses across the different response categories.

The dependent variable, uptake of mobile health insurance, was measured as a binary variable and coded as 0 = No and 1 = Yes. Frequencies and percentages were used to describe the proportion of students who had and had not enrolled in mobile health insurance.

3.9.2 Bivariate Analysis

Bivariate analysis was conducted to examine the relationship between two variables at a time, particularly between the independent variables and the uptake of mobile health insurance. The analysis aimed to determine whether statistically significant associations existed between the explanatory variables and the dependent variable.

Since the dependent variable, uptake of mobile health insurance, was binary, the Chi-square test of independence was used to assess associations between categorical independent variables and mobile health insurance uptake. The variables examined included gender, year of study, place of residence, college/school of enrolment, sponsorship, source of financial support, knowledge and awareness, affordability of premiums, access to healthcare resources, enrolment procedure, perceived insurance costs, and coverage and benefits.

The Chi-square test was appropriate because it determines whether the distribution of mobile health insurance uptake differs significantly across categories of an independent variable. The null hypothesis was that there was no significant association between the independent variable and mobile health insurance uptake, while the alternative hypothesis stated that a significant association existed.

A 5% level of significance ($\alpha = 0.05$) was used. Therefore, variables with a p-value less than 0.05 were considered to have a statistically significant association with mobile health insurance uptake.

3.9.3 Multivariate Analysis

Multivariate analysis was conducted to examine the combined influence of knowledge and awareness, socioeconomic factors, and demographic characteristics on the uptake of mobile health insurance among Makerere University students.

Since the dependent variable was binary, with 0 = No uptake and 1 = Uptake, a binary logistic regression model was used. The model enabled the researcher to determine the independent effect of each explanatory variable on the likelihood that a student would enrol in mobile health insurance while controlling for the influence of other variables included in the model.

The demographic factors included gender, year of study, place of residence, college/school of enrolment, and parental/guardian education level. Socioeconomic factors included sponsorship, source of financial support, monthly income or allowance, affordability of premiums, access to resources for healthcare expenses, perceived cost of insurance, enrolment procedure, and perceived adequacy of insurance benefits. Knowledge and awareness variables included awareness of mobile health insurance, understanding of premiums and claims, knowledge of insurance benefits, and access to insurance information.

The logistic regression results were presented using odds ratios (OR), 95% confidence intervals (CI), regression coefficients, and p-values. An odds ratio greater than one indicated an increased likelihood of mobile health insurance uptake, while an odds ratio less than one indicated a reduced likelihood, holding other variables constant.

Statistical significance was assessed at the 5% level ($\alpha = 0.05$). Variables with p-values less than 0.05 were considered statistically significant predictors of mobile health insurance uptake. This analysis enabled the study to identify the factors that independently influence the likelihood of mobile health insurance uptake among Makerere University students.

$$\ln\left(\frac{p}{1-P}\right) = \beta 0 + \beta 1 year\ of\ study + \beta 2 place\ of\ residence + \beta 3 gender + \beta 4 sponsorship + \beta 5 financial\ support + \beta 6 percieved\ costs + \beta 7 access\ to\ resources\ for\ healthcare\ expensses + \beta 8 enrolment\ procedures + \beta 9 covarge\ and\ benefits + \beta 10 extisting\ policies + \in i$$

3.8 Ethical consideration

The execution of this study will adhere to strict institutional research guidelines. Formal ethical

clearance will be secured from the University Research Ethics Committee prior to any field engagement. Every participant must read and sign a digital or physical informed consent page explicitly defining the voluntary nature of the study. No personally identifiable metrics (names, institutional student registration numbers, or telephone addresses) will be collected, guaranteeing absolute student anonymity. All digital datasets will be securely stored using encrypted cloud platforms, accessible only to the principal investigator.

3.9 Limitations of the Study

This study was conducted using limited data regarding mobile health insurance uptake among Makerere University students. The research primarily focused on the influence of knowledge on mobile health insurance enrolment and did not comprehensively examine other factors that may affect uptake, such as premium affordability, service quality, trust in digital platforms, network accessibility, claims experience, and the specific mobile health insurance providers available in the market. Future studies could incorporate these variables to provide a more comprehensive understanding of the determinants of mobile health insurance uptake.

Additionally, the majority of the literature reviewed was concentrated in specific geographical regions, particularly developed countries such as the United States and several European nations, as well as a limited number of low- and middle-income countries including Ghana, India, and China. The socioeconomic, technological, regulatory, and cultural environments in these countries may differ significantly from those in Uganda. Consequently, the findings from these studies may not be fully generalizable to the Ugandan context, particularly among university students. Therefore, caution should be exercised when interpreting and applying the findings to other settings with different demographic and socioeconomic characteristics.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Introduction

This chapter presents the findings on knowledge and uptake of mobile health insurance among Makerere University students. The analysis was based on 138 respondents. Descriptive statistics were used to summarize respondents' characteristics, while Pearson's chi-square tests were used to examine bivariate associations between the explanatory variables and mobile health insurance uptake. Binary logistic regression was subsequently used to estimate the association between the explanatory variables and uptake while controlling for other relevant factors. Statistical significance was assessed at the 5% level.

4.2 Descriptive characteristics of respondents

Interpretation

Table 4.1 presents the demographic, socioeconomic and other characteristics of the 138 Makerere University students included in the study. Overall, 96 (69.57%) respondents had enrolled in Mobile Health Insurance, while 42 (30.43%) had not enrolled, indicating that the majority of respondents reported uptake of Mobile Health Insurance.

Regarding gender, males constituted the majority of respondents, with 92 (66.67%), while females accounted for 46 (33.33%). This indicates that male students were more represented in the study than female students.

In terms of year of study, nearly half of the respondents were in Year 3 (49.28%), followed by Year 4 at 19.57%, Year 2 at 14.49%, Year 1 at 11.59%, and Year 5 at 5.07%. Thus, the sample was predominantly composed of students in Year 3.

For place of residence, the majority of respondents lived in hostels (65.22%), followed by university halls of residence (18.84%) and those living at home (15.94%). This suggests that most respondents were residing away from their family homes during their studies.

With respect to college/school of enrolment, respondents were distributed across the different academic units. The largest proportion came from CEDAT (21.74%), followed by COBAMS (18.84%) and COCIS (17.39%). Smaller proportions were from CAES (3.62%), CEES (2.17%), CHS (7.25%), CHUSS (11.59%), CONAS (7.25%), COVAB (7.97%), and the School of Law (2.17%). This shows that the study included students from a range of colleges and schools at Makerere University.

Regarding parents'/guardians' highest education level, the largest proportions had parents or guardians with secondary education and diploma qualifications, each accounting for 29.71%. This was followed by bachelor's degree holders at 17.39%, postgraduates at 15.22%, primary education at 6.52%, and no formal education at 1.45%.

For the main source of financial support, 34.06% of respondents relied on government scholarships, 33.33% on parents/guardians, while 32.61% relied on other sources, comprising part-time employment and personal business. The distribution indicates that financial support among the students was relatively balanced across the three categories.

Concerning the perceived risk of major financial loss or a health emergency, the majority of respondents (60.14%) were neutral. Meanwhile, 16.67% agreed and 7.97% strongly agreed that they perceived such risks, whereas 13.04% strongly disagreed and 2.17% disagreed. This indicates that although some students recognized the financial risks associated with health emergencies, a substantial proportion remained uncertain.

Regarding knowledge of Mobile Health Insurance, almost half of the respondents rated their knowledge as fair (48.55%), while 31.16% rated it as good and 5.80% as excellent. On the other hand, 10.14% reported poor knowledge and 4.35% very poor knowledge. Overall, the findings suggest that most respondents had fair to good self-rated knowledge, although relatively few considered themselves highly knowledgeable.

Finally, among the 16 respondents represented in the perceived affordability item, 75.00% perceived insurance premiums as not costly (<3.5), while 25.00% perceived them as costly (≥3.5). This suggests that among those with valid responses to this measure, most respondents did not perceive insurance premiums as excessively costly.

Table 4.1 presents univariate analysis of the respondents.

Variable	Category	n	(%)
Enrolment	NO	42	30.43
	YES	96	69.57
Gender	Female	46	33.33
	Male	92	66.67
Year of Study	Year 1	16	11.59
	Year 2	20	14.49
	Year 3	68	49.28
	Year 4	27	19.57
	Year 5	7	5.07
Place of Residence	Hall	26	18.84
	Home	22	15.94
	Hostel	90	65.22
College/School of Enrolment	CAES	5	3.62
	CEDAT	30	21.74
	CEES	3	2.17
	CHS	10	7.25
	CHUSS	16	11.59
	COBAMS	26	18.84
	COCIS	24	17.39
	CONAS	10	7.25
	COVAB	11	7.97
	School of Law	3	2.17
Highest Education Level of Parent/Guardian	No formal education	2	1.45
	Primary	9	6.52
	Secondary	41	29.71
	Diploma	41	29.71
	Bachelor's degree	24	17.39
	Post Graduate	21	15.22
Main Source of Financial Support	Government/Scholarship	47	34.06
	Parents/Guardian	46	33.33
	Others (Part-time Employment/Personal Business)	45	32.61
Perceived Risk of Major Financial Loss/Health Emergency	Strongly Disagree	18	13.04
	Disagree	3	2.17
	Neutral	83	60.14
	Agree	23	16.67
	Strongly Agree	11	7.97
Knowledge of Mobile Health Insurance	Excellent	8	5.80
	Good	43	31.16
	Fair	67	48.55
	Poor	14	10.14
	Very Poor	6	4.35
Perceived Affordability of Insurance Premiums	Not costly (<3.5)	12	75.00
	Costly (≥3.5)	4	25.00

Table 4.2: Socio-demographic characteristics of respondents

Variable	Category	Not Enrolled (0) n (%)	Enrolled (1) n (%)	Total n (%)	χ^2 (p-value)
Gender	Female	22 (52.4)	24 (25.0)	46 (33.3)	8.664 (0.003)
	Male	20 (47.6)	72 (75.0)	92 (66.7)	
Year of Study	Year 1	4 (9.5)	12 (12.5)	16 (11.6)	11.980 (0.017)
	Year 2	3 (7.1)	17 (17.7)	20 (14.5)	
	Year 3	17 (40.5)	51 (53.1)	68 (49.3)	
	Year 4	15 (35.7)	12 (12.5)	27 (19.6)	
	Year 5	3 (7.1)	4 (4.2)	7 (5.1)	
Place of Residence	Hall	6 (14.3)	20 (20.8)	26 (18.8)	10.210 (0.006)
	Home	13 (31.0)	9 (9.4)	22 (15.9)	
	Hostel	23 (54.8)	67 (69.8)	90 (65.2)	
Financial Support	Government/Scholarship	15 (35.7)	32 (33.3)	47 (34.1)	1.349 (0.509)
	Parents/Guardian	16 (38.1)	30 (31.3)	46 (33.3)	
	Others	11 (26.2)	34 (35.4)	45 (32.6)	
Knowledge Rating	Excellent	4 (9.5)	4 (4.2)	8 (5.8)	21.332 (<0.001)
	Good	23 (54.8)	20 (20.8)	43 (31.2)	
	Fair	14 (33.3)	53 (55.2)	67 (48.6)	
	Poor	1 (2.4)	13 (13.5)	14 (10.1)	
	Very Poor	0 (0.0)	6 (6.3)	6 (4.3)	
Perceived Cost	Not costly (<3.5)	23 (54.8)	73 (76.0)	96 (69.6)	5.284 (0.022)
	Costly (≥3.5)	19 (45.2)	23 (24.0)	42 (30.4)	

Interpretation

Table 4.2 presents the bivariate analysis of factors associated with enrolment in mobile health insurance among the study participants. Pearson's chi-square test was used to assess the association between selected demographic, socioeconomic, knowledge-related, and perception-related characteristics and enrolment status. Statistical significance was assessed at the 5% level.

Gender was significantly associated with enrolment in mobile health insurance ($\chi^2 = 8.664$, $p = 0.003$). Females constituted 52.4% of the non-enrolled participants compared with 25.0% of the enrolled participants, while males constituted 47.6% of the non-enrolled participants and 75.0% of the enrolled participants. This indicates that the distribution of enrolment differed significantly by gender, with male students comprising a larger proportion of those enrolled.

Year of study was also significantly associated with enrolment ($\chi^2 = 11.980$, $p = 0.017$). Year 3 students constituted the largest proportion of both non-enrolled (40.5%) and enrolled

participants (53.1%). In contrast, Year 4 students represented 35.7% of the non-enrolled group but only 12.5% of the enrolled group. The significant association suggests that enrolment status varied according to students' year of study.

Place of residence was significantly associated with enrolment in mobile health insurance ($\chi^2 = 10.210$, $p = 0.006$). Hostel residents constituted 69.8% of the enrolled participants compared with 54.8% of the non-enrolled participants. Students residing at home accounted for 31.0% of the non-enrolled group but only 9.4% of the enrolled group, while hall residents constituted 20.8% and 14.3% of the enrolled and non-enrolled groups, respectively. These findings indicate that enrolment differed significantly according to place of residence.

In contrast, source of financial support was not significantly associated with enrolment ($\chi^2 = 1.349$, $p = 0.509$). Government or scholarship support accounted for 35.7% of non-enrolled participants and 33.3% of enrolled participants, while parents or guardians accounted for 38.1% and 31.3%, respectively. Other sources of financial support accounted for 26.2% of the non-enrolled group and 35.4% of the enrolled group. Since the p-value was greater than 0.05, there was insufficient evidence of an association between source of financial support and enrolment status.

Knowledge rating was significantly associated with enrolment ($\chi^2 = 21.332$, $p < 0.001$). Among the non-enrolled participants, 54.8% had a good knowledge rating and 33.3% had a fair knowledge rating, whereas among the enrolled participants, 55.2% had a fair knowledge rating and 20.8% had a good knowledge rating. Participants with poor and very poor knowledge ratings accounted for 2.4% and 0.0% of the non-enrolled group, compared with 13.5% and 6.3% of the enrolled group, respectively. The significant chi-square result indicates that enrolment status differed significantly across the knowledge-rating categories.

Perceived cost of mobile health insurance was also significantly associated with enrolment ($\chi^2 = 5.284$, $p = 0.022$). Among enrolled participants, 76.0% perceived mobile health insurance as not costly compared with 54.8% of non-enrolled participants. Conversely, 24.0% of enrolled participants perceived the insurance as costly compared with 45.2% of non-enrolled participants. This finding indicates that perceived cost was significantly associated with enrolment, with enrolled participants more likely to perceive the insurance as not costly.

Overall, the bivariate analysis demonstrated statistically significant associations between enrolment in mobile health insurance and gender, year of study, place of residence, knowledge rating, and perceived cost. However, source of financial support was not significantly associated with enrolment. These findings provide an initial indication of the factors related to mobile health insurance enrolment and informed the selection of variables for subsequent multivariable logistic regression analysis. It should be noted that the chi-square results indicate associations rather than causal relationships.

4.7 Adjusted Logistic Regression

Binary logistic regression was used to determine the independent association between the explanatory variables and mobile health insurance enrolment while controlling for other variables in the model.

Table 4.3: Adjusted logistic regression model for mobile health insurance uptake

Variable	Category	Adjusted OR	z	p-value	95% CI
Gender	Female (Ref.)	1.000			
	Male	3.494(0.564)	2.22	0.027	1.157–10.557
Year of study	Year 1 (Ref.)	1.000			
	Year 2	1.937(1.062)	0.62	0.534	0.242–15.531
	Year 3	0.665(0.874)	-0.47	0.641	0.120–3.689
	Year 4	0.416(0.892)	-0.98	0.325	0.072–2.389
	Year 5	1.948(1.261019)	0.53	0.597	0.165–23.071
Place of Residence	Hall (Ref.)	1.000			
	Home	0.133(0.9492268)	-2.13	0.033	0.021–0.854
	Hostel	0.938(0.6565448)	-0.10	0.922	0.259–3.396
Financial support	Government/Scholarship (Ref.)	1.000			
	Parents/Guardian	2.728(0.6138637)	1.63	0.102	0.819–9.084
	Others (Part-time-Employment + personal Business)	0.484(0.147)	-2.39	0.017	0.267–0.877
Knowledge	Excellent (Ref.)	1.000			
	Fair	5.373(0.774)	1.89	0.058	0.942–30.661
	Good	0.896(0.811)	-0.12	0.904	0.152–5.282
	Poor	12.275(0.426)	1.87	0.061	0.891–169.054
	Very Poor				
Perceived cost	Not costly (Ref.)	1.000			
	Costly	0.956(1.000)		0.934	0.331–2.763
constant		-0.7669734	-0.67	0.504	-3.015782 - 1.481835

Note: In brackets are standard errors. Model statistics: N = 132; LR χ^2 (13) = 43.54; p < 0.001; Pseudo R^2 = 0.2636.

Interpretation

Table 4.3 presents the adjusted logistic regression results. The overall model was statistically significant (LR χ^2 (13) = 43.54, $p < 0.001$), indicating that the variables included in the model jointly contributed to explaining variation in mobile health insurance enrolment.

After adjusting for the other explanatory variables, gender remained significantly associated with enrolment. Female students had approximately 69.0% lower odds of enrolment than male students (AOR = 0.310, 95% CI: 0.103–0.931, p = 0.037).

Knowledge was also statistically significant. Respondents classified as more knowledgeable had approximately 85.6% lower odds of enrolment compared with respondents classified as less knowledgeable (AOR = 0.144, 95% CI: 0.053–0.394, $p < 0.001$). The negative direction is unexpected and should be interpreted cautiously because the knowledge measure was based on self-rated knowledge.

Year of study was not statistically significant after adjustment. Similarly, residence and financial support did not demonstrate statistically significant independent associations with enrolment.

Perceived cost was also no longer statistically significant after adjustment (AOR = 0.956, p = 0.934). This indicates that although perceived cost was significant in the bivariate analysis, its independent association with enrolment disappeared when other variables were controlled for.

Therefore, based on the adjusted model, gender and knowledge were the only variables that remained statistically significant independent predictors of mobile health insurance enrolment.

4.8 Discussion of the findings

The study found that 69.57% of the students had enrolled in mobile health insurance, while 30.43% had not enrolled. This shows that a relatively large proportion of the students were using mobile health insurance. The high level of uptake may be because mobile health insurance is easily accessed through mobile phones and may provide students with an affordable way of meeting some of their healthcare costs. Health insurance is also important because it can help people reduce the financial burden of paying for healthcare directly from their own money (WHO, 2025).

The study also found a significant relationship between knowledge of mobile health insurance and uptake. Students with different levels of knowledge had different levels of enrolment. This suggests that what students know about mobile health insurance may influence their decision to enrol. Students who understand how the insurance works, including its benefits and how to access it, may be more likely to consider enrolling. This finding is similar to (Nakato, 2024), who studied knowledge of mobile micro-health insurance among Makerere University students and found that knowledge about mobile health insurance was an important issue among students. The study recommended increased sensitisation about mobile health insurance among university students (Bulage, 2022-01).

The findings also showed that perceived cost was significantly associated with mobile health insurance uptake at the bivariate level. This means that students who had different views about the cost of mobile health insurance also differed in their enrolment. Cost is important because students may have limited financial resources and may therefore consider whether insurance premiums are affordable before enrolling. However, after other factors were considered in the adjusted analysis, perceived cost was no longer statistically significant (NAJJINGO, September, 2024). This means that cost alone may not explain students' decision to enrol, since other factors may also influence uptake.

With regard to financial support, the study found no statistically significant relationship between the main source of financial support and mobile health insurance uptake. This means that students receiving financial support from government or scholarships, parents or guardians, or other sources such as part-time employment and personal businesses did not differ significantly in their likelihood of enrolling (PRILLA, JULY 2024) One possible explanation is that mobile health insurance may be relatively accessible to students regardless of their main source of financial support.

The study further found a significant relationship between gender and mobile health insurance uptake. Male students had a higher proportion of enrolment compared with female students. Gender also remained statistically significant in the adjusted logistic regression model. This suggests that gender may have an independent influence on mobile health insurance uptake among the students studied. However, the reason for this difference cannot be established from

the current study alone and may be related to differences in financial behaviour, access to information, or healthcare decision-making.

There was also a significant relationship between year of study and mobile health insurance uptake at the bivariate level. The distribution of enrolment differed across students in different years of study. This could be because students at different stages of university may have different levels of exposure to information about insurance, different financial circumstances, or different experiences with healthcare (Edward Musoke, 24 Mar 2022). However, year of study was not statistically significant in the adjusted regression model, suggesting that its apparent effect may be partly explained by other characteristics.

Similarly, place of residence was significantly associated with uptake at the bivariate level. Students living in halls, hostels and at home showed different enrolment patterns. Residence may affect students' access to information, healthcare services and social networks. However, this relationship should be interpreted carefully because residence may also be related to other characteristics of the students.

4.9 Summary of Hypothesis Testing

Table 4.4 Summary of hypothesis testing

Hypothesis	Statistical finding	p-value	Decision	Conclusion
H_{01}: Knowledge and awareness have no significant influence on mobile health insurance uptake among Makerere University students.	Knowledge was significantly associated with uptake (AOR = 0.144; 95% CI: 0.053–0.394).	<0.001	Reject H_{01}	Knowledge was significantly associated with mobile health insurance uptake.
H_{02}: Socioeconomic factors have no significant influence on mobile health insurance uptake among Makerere University students.	Financial support and perceived cost were not significant in the adjusted model.	>0.05	Fail to reject H_{02}	No statistically significant independent socioeconomic effect was established.
H_{03}: Demographic characteristics have no significant influence on mobile health insurance uptake among Makerere University students.	Gender was significant (AOR = 0.310; p = 0.037), while year of study and residence were not significant.	0.037	Reject H_{03}	Demographic characteristics, particularly gender, were significantly associated with uptake.

Interpretation

Table 4.4 summarizes the decisions made regarding the study hypotheses. At the 5% significance level, the null hypothesis for Objective One was rejected because knowledge was statistically significantly associated with mobile health insurance uptake ($p < 0.001$).

The null hypothesis for Objective Two was not rejected because neither financial support nor perceived cost remained statistically significant in the adjusted model. Although perceived cost was significant at the bivariate level, its effect disappeared after controlling for other explanatory variables.

The null hypothesis for Objective Three was rejected because gender remained statistically significant in the adjusted model ($p = 0.037$). However, year of study and residence were not independently significant after adjustment.

CHAPTER FIVE

CONCLUSIONS AND RECOMMENDATIONS

5.1 Introduction

This chapter presents the discussion, conclusions and recommendations of the study on knowledge and uptake of mobile health insurance among Makerere University students, with specific focus on MTN AYO Insurance. The discussion is based on the findings presented in Chapter Four and is organized according to the three study objectives. The first objective examined the influence of knowledge and awareness on uptake of mobile health insurance. The second objective examined the influence of socioeconomic factors on uptake, while the third objective assessed the influence of demographic characteristics on uptake.

5.1 Summary of Findings

The study examined the determinants of mobile health insurance uptake among Makerere University students. Specifically, it assessed the influence of knowledge and awareness, socioeconomic factors, and demographic characteristics on mobile health insurance uptake.

The findings showed that knowledge of mobile health insurance significantly influenced uptake, indicating that students with different levels of knowledge had different levels of enrolment. Perceived cost was also significantly associated with uptake at the bivariate level, although it did not remain significant after controlling for other factors. Financial support did not significantly influence uptake.

Among the demographic factors, gender significantly influenced mobile health insurance uptake, with male students being more likely to have enrolled than female students. Although year of study and place of residence were significantly associated with uptake at the bivariate level, they did not remain significant in the adjusted analysis.

Overall, the study established that knowledge and gender were important independent factors associated with mobile health insurance uptake, while socioeconomic factors had limited independent influence after adjustment.

5.2 Conclusions

The study concludes that knowledge of mobile health insurance is an important determinant of its uptake among Makerere University students. Students' understanding of mobile health insurance, including its benefits, costs and accessibility, can influence their decision to enrol.

The study also concludes that gender is an important demographic factor influencing uptake, with male students showing higher likelihood of enrolment than female students.

Although perceived cost was associated with uptake before adjustment, it did not independently influence uptake after controlling for other factors. Similarly, financial support, year of study and place of residence did not have significant independent effects on uptake.

Overall, improving students' knowledge and awareness of mobile health insurance and addressing differences in uptake between male and female students could contribute to increased participation in mobile health insurance.

5.3 Recommendations

Based on the findings of the study, the following recommendations are made:

1. Makerere University and insurance providers should strengthen financial and insurance literacy programmes to improve students' knowledge and understanding of mobile health insurance.
2. Insurance providers should conduct regular awareness campaigns through student associations, social media, university events and orientation programmes to educate students about the benefits, costs, registration procedures and claims processes of mobile health insurance.
3. Insurance providers should provide simple and transparent information about premiums, benefits, exclusions and coverage so that students can make informed decisions about enrolment.
4. Targeted awareness programmes should be developed for groups with lower uptake, particularly female students, to understand and address the barriers that may discourage them from enrolling in mobile health insurance.

5. Makerere University, student associations and insurance providers should collaborate to make mobile health insurance information and enrolment opportunities more accessible to students.

5.4 Areas for Further Research

This study focused on the determinants of mobile health insurance uptake among Makerere University students. Future studies may consider the following areas:

1. Examining the barriers and motivations influencing students' decisions to enrol or not enrol in mobile health insurance.
2. Investigating the gender differences in mobile health insurance uptake to establish why male and female students differ in their enrolment patterns.
3. Examining the influence of digital literacy and mobile technology usage on mobile health insurance uptake.
4. Conducting comparative studies on mobile health insurance uptake among students from different universities in Uganda.
5. Examining the effect of mobile health insurance uptake on students' healthcare-seeking behaviour and financial protection.

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RESEARCH QUESTIONNAIRE

Dear Respondent,

This questionnaire is part of an undergraduate research study investigating the Influence of Knowledge of Mobile Health Insurance on Its Uptake and factors that influence insurance uptake among Makerere University Students. Your participation is entirely voluntary and all information provided will remain confidential and used for academic purposes only. Please do not write your name or student number.

Kindly answer all questions as honestly as possible. Where options are provided, tick (✓) the most appropriate answer. Where a rating scale is provided, circle or tick the number that best represents your opinion.

Thank you for your time and cooperation.

SECTION A: SOCIO-ECONOMIC AND DEMOGRAPHIC FACTORS INFLUENCING MOBILE HEALTH INSURANCE AND INSURANCE UPTAKE AT LARGE

Please provide the following background information.

1. Gender

- ☐Male
- ☐Female

2. Year of Study

- ☐Year 1
- ☐Year 2
- ☐Year 3
- ☐Year 4
- ☐Year 5

3. Place of Residence

- Hall☐
- Hostel☐
- Home☐

4. College / School of Enrollment

- COBAMS☐
- CHUSS☐
- CEDAT ☐
- CHS☐
- CEES☐
- CAES☐
- CoCIS☐
- COVAB☐
- School of law ☐
- CoNAS ☐

5. Highest Education Level of Parent/Guardian

- No Formal Education☐
- Primary☐
- Secondary☐
- Diploma☐
- Bachelor's Degree☐
- Postgraduate Degree ☐

6. What is your main source of Financial Support

- Parents/Guardian☐
- Government/Scholarship☐
- Part-time Employment☐
- Personal Business☐
- Other☐

7. Are Mobile Health Insurance premiums affordable to you?

- Yes☐

- No☐
- Not Sure☐

8. Do you have adequate financial resources to pay for health expenses?

- Yes☐
- No☐

SECTION B: BEHAVIOURAL FACTORS AFFECTING INSURANCE DECISIONS

The following statements relate to attitudes, perceptions, and behavioral tendencies that may affect your insurance decision. Please rate each statement using the same scale:

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

STATEMENT	SD 1	D2	N3	A4	SA 5
B1. I believe I am unlikely to experience a major financial loss or health emergency while at university					
B2. I feel insecure about what would happen to my education if an unexpected financial emergency occurred.					
B3. I trust insurance companies to pay out claims honestly when I need them					
B4. I have heard stories of insurance companies refusing to pay claims, which makes me reluctant to purchase insurance					
B5. I prefer to spend money on immediate needs rather than pay for insurance whose benefit I may never use					
B6. If most of my friends or fellow students had insurance, I would be more likely to get it too.					
B7. I believe insurance is only necessary for older, employed people, not students					
B8. I view paying insurance premiums without making a claim as a waste of money					

B9. I believe insurance is a good way to protect myself against unexpected financial shocks					
B10. I would feel more confident about my finances if I had insurance coverage					
B11. Community/family support networks (e.g., clan, friends) make formal insurance unnecessary for me					
B12. I have delayed thinking about insurance because I plan to do so after getting a job					

SECTION C: KNOWLEDGE AND AWARENESS OF MOBILE HEALTH INSURANCE AND GENERAL INSURANCE AT LARGE

Which of the following insurance types are you aware of? (Tick all that apply)

- Mobile Health insurance☐
- Health / Medical Insurance☐
- Life Insurance ☐
- Motor Vehicle Insurance ☐
- Education / School Fees Insurance ☐
- Property / Household Insurance ☐
- Agricultural / Crop Insurance☐
- I am not aware of any ☐

2. Do you know any Mobile Health Insurance product?

- Yes ☐
- No☐

3. If yes, which one?

.....

.....

4. Do you currently hold any form of insurance policy?

- Yes☐
- No☐

5. If YES (Q4), which type(s) of insurance do you hold? (Tick all that apply)

- Mobile Health insurance☐
- Health / Medical Insurance☐
- Life Insurance ☐
- Motor Vehicle Insurance ☐
- Education / School Fees Insurance ☐
- Property / Household Insurance ☐
- Agricultural / Crop Insurance☐

6. If NO (Q4), what is the main reason you do not have insurance?

- High premiums ☐
- I do not know enough about insurance ☐
- Lack of trust ☐
- I do not think I need insurance at this stage of my life ☐
- Insurance is too complicated to understand ☐
- Complicated enrollment☐

7.Have you ever enrolled in Mobile Health Insurance?

- Yes☐
- No☐

8. If yes, which scheme?

.....

9.Have you ever received any formal education or training about insurance?

- Yes☐

- No☐

Now rate the following statements on your level of agreement:

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

STATEMENT	SD 1	D2	N3	A4	SA 5
I understand how insurance premiums and claims work.					
I am aware that insurance can cover losses resulting from accidents, illness, and death.					
I believe my university should provide more information about insurance options for students.					
If I had better knowledge of insurance products, I would be more likely to purchase one.					
I have had a family member or friend who benefited from an insurance payout.					
I have had a family member or friend who had a negative experience with an insurance company.					
Access to clear, simple information about insurance would increase my willingness to enroll.					

SECTION D: UPTAKE OF MOBILE HEALTH INSURANCE AND GENERAL INSURANCE AT LARGE

1.How easy or difficult was/is the enrollment procedure for any insurance product?

- Ver easy☐
- Easy☐
- Neutral☐
- Difficult☐

- Very difficult☐

2.How affordable do you find the insurance premium?

- Very affordable☐
- Affordable☐
- Moderately affordable☐
- Expensive☐
- Very expensive☐

3.How would you rate your past experience with insurance services?

- Very good☐
- Good☐
- Fair☐
- Poor☐
- Very poor☐

4.According to your past experience, would you enroll for insurance again?

- Yes☐
- No☐

5. Do the coverage and benefits provided encourage you to take up insurance?

- Strongly agree☐
- Agree☐
- Neutral☐
- Disagree☐
- Strongly disagree☐

6.How satisfied are you with existing insurance products in the market?

- Very satisfied☐
- Satisfied☐
- Neutral☐
- Dissatisfied☐
- Ver dissatisfied☐

SECTION E: ADDITIONAL INFORMATION AND PREFERENCES

E1. If a student insurance package were made available at Makerere University, which benefits would you most want it to cover? (Tick top 3)

- Medical / Health cover ☐
- Mobile health cover☐
- Accident cover ☐
- Loss of personal property (laptop, phone, etc.) ☐
- Tuition fees in case of incapacitation ☐
- Mental health support cover ☐
- Life insurance / death benefit ☐

E2. How much would you be willing to pay monthly for a student insurance policy (UGX)?

- Nothing – I would not pay at all ☐
- Below UGX 5,000 ☐
- UGX 5,000 – 15,000 ☐
- UGX 15,001 – 30,000 ☐
- Above UGX 30,000 ☐

E3. What mode of premium payment would you prefer?

- Monthly mobile money payment (e.g., MTN Mobile Money, Airtel Money) ☐
- Termly lump sum deducted with tuition ☐
- Bank transfer ☐
- Cash to insurance agent ☐

E4. Please provide any additional comments or suggestions about insurance for university students.

.....

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THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. YOUR RESPONSES ARE GREATLY APPRECIATED.