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# FACTOR ANALYSIS ON ENABLERS AND INHIBITORS OF ONLINE CONSUMER BUYING BEHAVIOUR WITH SPECIAL REFERENCE TO HEALTH INSURANCE SECTOR

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**ABSTRACT**

*The growing use of digital technologies has changed how consumers search for, compare, and purchase health insurance policies. Although online health insurance platforms offer convenience, flexibility, and wider access to information, consumers continue to face several concerns while making purchase decisions in digital environments. The present study aims to understand the factors influencing online consumer buying behaviour in the health insurance sector by examining both enabling and inhibiting dimensions simultaneously. An exploratory research design was adopted, and primary data were collected from 963 respondents across selected Tier 1 and Tier 2 cities in Western India using a structured questionnaire. Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) were employed to identify and validate the underlying factor structure. The findings reveal that factors such as trust, flexibility, variety and choice, monetary rewards, consumer innovativeness, and alternative attractiveness positively influence online health insurance buying behaviour. At the same time, technical anxiety, traditional barriers, poor information quality, and service-related concerns continue to discourage digital adoption. The study highlights that online purchase decisions in health insurance are shaped by multiple behavioural and technological influences rather than a single determinant. The findings may help insurers strengthen digital engagement and improve consumer confidence in online health insurance platforms*

***KEYWORDS:*** *Health Insurance; Online Consumer Buying Behaviour; Digital Insurance Adoption; Consumer Behaviour; Factor Analysis*

## INTRODUCTION

Digital technologies have significantly transformed consumer decision-making processes across service industries specially in the insurance sector where online platforms have enhanced accessibility, convenience, and information availability (Zhang et al., 2019; Patel et al., 2022; Sun et al., 2019). The increasing digitalization of health insurance services has enabled consumers to compare policies, evaluate benefits, and purchase insurance products through online channels (Patel et al., 2022; Chauhan & Singh, 2023). Consequently, online health insurance purchasing has emerged as an important area of consumer behavior research due to its growing relevance in contemporary digital marketplaces (Zhao et al., 2023; Srivastava et al., 2024).

The expansion of digital ecosystems, increasing internet penetration, and rising awareness regarding healthcare expenditure have accelerated the adoption of online health insurance platforms (Mathur & Tripathi, 2014; Srivastava et al., 2024). Consumers increasingly rely on digital aggregators, insurer websites, and online intermediaries to purchase policies because these platforms provide flexibility, transparency, and personalized insurance options (López de Ayala López & Sánchez, 2017; Hero et al., 2019). However, despite the growing adoption of online health insurance services, consumers often experience uncertainty while making purchase decisions due to perceived risks, trust concerns, technical barriers, and information asymmetry (Zhang et al., 2019; Zhao et al., 2023; Patel et al., 2022).

Existing literature has investigated several dimensions of online consumer buying behavior in the insurance domain, including trust, perceived usefulness, service quality, social influence, and risk perceptions. However, most prior studies have examined these determinants independently, with limited emphasis on simultaneously understanding the enabling and inhibiting factors affecting online health insurance purchase behavior. This creates an important research gap because online consumer decisions are often influenced by several enabling and constraining factors at the same time.

As consumers increasingly depend on digital insurance platforms, understanding the factors influencing online purchase decisions becomes important for insurers and service providers. Examining these factors together may provide better insight into consumer decision-making and help improve digital engagement, customer trust, and platform effectiveness within the health insurance ecosystem.

Therefore, the present study seeks to examine the enablers and inhibitors influencing online consumer buying behaviour in the health insurance sector. Specifically, the study investigates the simultaneous effects of enabling and inhibiting factors associated with online health insurance purchase decisions and contributes to a better understanding of consumer behaviour in digital insurance environments.

## 2. Theoretical Framework

The present study is grounded in multiple theoretical perspectives to better understand the factors influencing online consumer buying behaviour in the health insurance sector. Since health insurance purchase through online platforms involves technology use, behavioural evaluation, and innovation adoption simultaneously, a single theoretical perspective may not adequately explain consumer decision-making in digital insurance environments. Therefore, the present study draws upon the Technology Acceptance perspective, Consumer Behaviour Theory, and the Diffusion of Innovation logic to explain the enabling and inhibiting dimensions associated with online health insurance purchase behaviour. Recent research on digital financial and insurance services suggests that consumer adoption decisions are shaped by technological convenience, behavioural perceptions, trust, perceived risks, and innovation readiness collectively influencing online consumer decisions (Gupta et al., 2024; Wang et al., 2025; Yuan et al., 2025)

The Technology Acceptance perspective provides an important basis for understanding consumers' willingness to engage with online health insurance platforms. **Technology Acceptance Model (TAM)** literature suggests that individuals are more likely to adopt digital systems when they perceive them as useful, trustworthy, convenient, and easy to navigate. In online insurance environments, consumers evaluate platform usability, informational transparency, digital trust, and service efficiency before making purchase decisions. Factors identified in the present study, including trust, information quality, service quality, flexibility, and technical anxiety, are conceptually aligned with technology acceptance logic because these factors influence consumers' comfort and confidence while interacting with digital insurance systems. Recent studies in digital insurance and fintech environments further support the importance of technology acceptance-related determinants in explaining behavioural intention and platform adoption (Chandani et al., 2025; Gupta et al., 2024; Musa et al., 2024) .

The study is further informed by **Consumer Behaviour Theory**, which explains how consumers evaluate alternatives, process information, and make purchase decisions under conditions of uncertainty. Health insurance decisions are often characterized by higher financial involvement, risk perception, and information sensitivity compared to routine online purchases. Consumer behaviour literature suggests that behavioural intentions are influenced not only by economic utility but also by psychological, social, and situational factors affecting decision-making. Accordingly, variables such as alternative attractiveness, monetary rewards, social desirability, external validation, and traditional barriers were considered relevant in the present study because consumers frequently rely on social influence, perceived value, and reassurance while purchasing financial and healthcare-related services online. Recent health

insurance and digital consumer studies further indicate that trust, perceived credibility, and behavioural perceptions substantially shape insurance purchase intentions (Ramanjaneyulu et al 2025; Mishra et al., 2024; Prasad Joshi et al., 2024)

In addition, the study draws upon the **Diffusion of Innovation (DOI) logic**, which explains how individuals adopt new technologies and innovations at different rates based on perceived usefulness, compatibility, complexity, and readiness for change. Since online health insurance represents a relatively technology-enabled mode of insurance purchase, adoption may differ across consumers depending upon their level of innovativeness and willingness to engage with digital platforms. The inclusion of constructs such as consumer innovativeness, ubiquitous behaviour, technical anxiety, and traditional barriers reflects innovation diffusion logic because consumers differ in their openness toward digital alternatives and their resistance to technological transition. Recent digital adoption literature suggests that innovation readiness and technological familiarity continue to play an important role in shaping digital service adoption across financial and insurance sectors (Seyam, 2025; Gupta et al., 2024; Śliwiński et al.,2025)

Collectively, these theoretical perspectives helped guide the identification of relevant enabling and inhibiting variables examined in the present study and helped explain the empirical findings of the study. The theoretical integration further supported the interpretation of results by explaining why certain dimensions such as trust, flexibility, innovativeness, and monetary incentives positively influenced online purchase behaviour, whereas technical anxiety, traditional barriers, and informational concerns acted as constraints affecting digital insurance adoption. Thus, the theoretical foundation strengthened the interpretation of the extracted factor structure and contributed to a more comprehensive understanding of online consumer buying behaviour in the health insurance sector (Gupta et al., 2024; Yuan et al., 2025; Chandani et al., 2025).

Accordingly, the selected theories informed the identification of study constructs and provided conceptual support for interpreting the extracted enablers and inhibitors influencing online consumer buying behaviour in health insurance.

## 3. Literature Review

Online consumer buying behaviour in the health insurance sector has increasingly attracted scholarly attention due to the rapid digitalization of insurance services and rising dependence on online platforms for healthcare-related financial decisions. The increasing adoption of digital insurance ecosystems has transformed how consumers search, evaluate, compare, and purchase health insurance policies through online channels (Mathur & Tripathi, 2014; Zhang et al., 2019; Patel et al., 2022). Prior studies suggest that consumer decisions in digital insurance environments are influenced by multiple behavioural, technological, and service-related determinants that collectively shape online purchase behaviour (Sun et al., 2019; Hero et al., 2019; Zhao et al., 2023; Kim, 2016).

Existing literature further indicates that online consumer buying behaviour is simultaneously influenced by enabling conditions such as trust, flexibility, innovativeness, monetary incentives, and product variety as well as inhibiting conditions including technical anxiety, poor information quality, traditional barriers, and service-related concerns (López de Ayala López & Sánchez, 2017; Patel et al., 2022; Chauhan & Singh, 2023; Srivastava et al., 2024). Since health insurance purchase decisions involve greater uncertainty, financial commitment, and information sensitivity compared to many other online transactions, understanding both facilitating and constraining dimensions becomes important for comprehensively explaining consumer decision-making behaviour in digital insurance environments (Kim, 2016; Kolstad & Chernew, 2009; Handoyo, 2024).

**Table 1: Summary of Key Studies on Online Consumer Buying Behaviour in Health Insurance**

| Author | Objective | Theory/ framework | Findings |
|---|---|---|---|
| Mathur & Tripathi (2014) | To examine behavioural dimensions influencing health insurance adoption in India | Consumer Behaviour Perspective | Awareness, accessibility, and behavioural tendencies significantly influence health insurance purchase decisions. |
| Zhang et al. (2019) | To examine determinants influencing online health insurance purchasing behaviour | Technology Acceptance and Trust Perspective | Trust, perceived risk, and platform reliability significantly affect online health insurance purchase intentions. |
| Sun et al. (2019) | To investigate digital adoption behaviour in health-related services | Innovation Adoption Perspective | Consumer innovativeness positively affects digital health service adoption and online engagement. |

| | | | |
|---|---|---|---|
| López de Ayala López & Sánchez (2017) | To examine digital flexibility and consumer engagement in online service environments | Online Consumer Behaviour Framework | Flexibility and customization positively influence consumer satisfaction and digital adoption. |
| Hero et al. (2019) | To study determinants affecting digital healthcare-related decision-making | Consumer Decision-Making Perspective | Platform attractiveness, alternatives, and convenience positively affect consumer engagement. |
| Patel et al. (2022) | To examine barriers and facilitators influencing digital insurance adoption | Digital Adoption Framework | Trust concerns, traditional barriers, and information quality significantly influence online insurance adoption. |
| Zhao et al. (2023) | To investigate technological barriers in healthcare-related digital services | Technology Anxiety Framework | Technical anxiety and digital uncertainty negatively influence online platform adoption. |
| Srivastava et al. (2024) | To evaluate determinants influencing digital financial service adoption | Digital Consumer Behaviour Framework | Consumer engagement with online platforms is shaped by both enabling and inhibiting behavioural factors. |

Based on the reviewed literature, several enabling and inhibiting factors emerge as significant determinants influencing online consumer buying behaviour in the health insurance sector.

**Enablers of Online Consumer Buying Behavior**

**Consumer Innovativeness**

Consumer innovativeness refers to an individual's tendency to experiment with and adopt new technologies, products, or services earlier than others. In online service environments, innovativeness significantly affects consumers' willingness to explore digital platforms and engage in technology-enabled transactions. Previous research indicates that innovative consumers are generally more open to digital healthcare services because they perceive online systems as efficient, useful, and convenient for managing healthcare-related decisions (Sun et al., 2019; Zhao et al., 2023). In the context of health insurance, consumer innovativeness may positively influence online purchasing behaviour because innovative consumers tend to show greater acceptance toward digital insurance platforms, online policy comparison mechanisms, and technology-enabled financial services (Patel et al., 2022; Srivastava et al., 2024). Consumers with higher levels of innovativeness may therefore show greater acceptance toward online health insurance platforms.

**Trust**

Trust has been widely recognized as one of the most significant determinants of online consumer behaviour, particularly in service sectors involving financial obligations and sensitive personal information. In digital environments, trust reduces perceived uncertainty and increases consumers' confidence in online transactions, thereby positively influencing purchase decisions (Zhang et al., 2019; Kim, 2016). In the context of health insurance, consumers frequently assess the reliability, transparency, and credibility of insurance providers before engaging in online purchases because health insurance decisions involve long-term financial commitment and confidential healthcare information (Handoyo, 2024; Patel et al., 2022). Prior studies have reported that higher trust significantly improves consumers' willingness to adopt online insurance services and increases engagement with digital insurance platforms (Zhang et al., 2019; Kim, 2016; Handoyo, 2024). Accordingly, trust may significantly shape consumers' willingness to purchase health insurance through digital platforms.

**Flexibility**

Flexibility refers to the extent to which online health insurance platforms allow consumers to customize plans, compare alternatives, and select coverage options according to individual preferences and financial requirements. Existing studies suggest that flexibility significantly improves consumers' satisfaction with online services because it enables greater control over purchase decisions and personalized service experiences (López de Ayala López & Sánchez, 2017; Hero et al., 2019). In online health insurance contexts, flexibility in policy selection, premium payment methods, and claim-related services may positively influence consumers' willingness to purchase insurance digitally. Consumers are more likely to engage with digital insurance platforms when they perceive that online systems provide adaptable and convenient solutions aligned with their healthcare and financial needs (López de Ayala López & Sánchez, 2017; Srivastava et al., 2024). Greater flexibility in online insurance services may positively influence consumers' willingness to purchase insurance digitally.

**Variety and Choice**

Variety and choice refer to the availability of multiple insurance products, coverage plans, and policy alternatives that enable consumers to evaluate options

according to their healthcare requirements and financial preferences. In digital environments, consumers are more likely to engage with online platforms that provide wider alternatives because greater choice enhances decision autonomy and perceived control over purchasing decisions. Existing studies indicate that online consumers value platforms that facilitate comparison among diverse products and enable informed selection processes (De Allegri et al., 2006; Hero et al., 2019). In the context of health insurance, the availability of varied plans, premium structures, and coverage alternatives may positively influence online purchase behaviour because consumers perceive online platforms as offering greater convenience and decision flexibility. A wider range of insurance options may positively shape consumers' online purchase preferences.

**Alternative Attractiveness**

Alternative attractiveness refers to consumers' perceptions regarding the comparative appeal of available insurance providers, plans, and competing digital offerings within the online marketplace. Previous research suggests that consumers are more likely to adopt online services when alternative options provide competitive pricing, superior benefits, better service quality, and enhanced convenience (Dasgupta & Ghose, 1994; Hero et al., 2019). In the context of online health insurance, attractive alternatives may increase consumer engagement by motivating individuals to compare insurers and select plans that offer greater value, broader benefits, or improved customer support. Consequently, the attractiveness of alternative insurance options may positively influence consumers' willingness to purchase health insurance through online channels.

**Monetary Rewards**

Monetary rewards refer to financial incentives offered to consumers in the form of discounts, cashback benefits, premium reductions, loyalty programs, or promotional offers that increase the perceived value of online purchases. Existing literature suggests that monetary incentives positively influence consumer behaviour because tangible economic benefits increase purchase motivation and strengthen consumers' perceptions of value (Afonso Vieira et al., 2022; Abduljawad & Al-Assaf, 2011). In online health insurance settings, financial incentives may encourage consumers to adopt digital purchase channels by reducing perceived cost burdens and increasing affordability. Consumers are more likely to purchase insurance online when monetary rewards improve the attractiveness and economic feasibility of available plans. Monetary incentives may encourage consumers to prefer online channels for purchasing health insurance.

While enabling factors facilitate consumers' willingness to adopt online health insurance platforms, several inhibiting factors simultaneously create resistance and uncertainty toward digital purchase behaviour. Existing literature suggests that technological, behavioural, and service-related barriers significantly influence consumers' reluctance toward online insurance adoption.

**Inhibitors of Online Consumer Buying Behavior**

**External Validation**

External validation refers to consumers' tendency to seek reassurance, recommendations, and approval from external sources before making important purchase decisions. In online service environments, consumers frequently depend on reviews, peer recommendations, expert opinions, and social endorsements to reduce uncertainty and strengthen confidence in digital transactions. Existing studies suggest that external validation significantly affects consumer trust and decision-making behaviour, particularly in high-involvement services such as healthcare and insurance (Lubalin & Harris-Kojetin, 1999; Khare et al., 2012; Adam & Hikmah, 2022). In the context of online health insurance, inadequate external validation may discourage consumers from purchasing insurance digitally because the absence of trusted recommendations and credible feedback can create doubts regarding reliability and provider authenticity. n the absence of trusted recommendations and reassurance, consumers may hesitate to purchase health insurance through online platforms.

**Social Desirability**

Social desirability refers to consumers' tendency to make decisions that align with perceived social expectations, cultural norms, or socially accepted behaviours rather than solely relying on personal preferences. Previous studies indicate that social influences significantly shape consumer decision-making because individuals often evaluate whether their choices will receive social acceptance or approval (Fisher & Anderson, 1990; Shiv et al., 2005). In the context of online health insurance, consumers may hesitate to purchase certain insurance products digitally if online purchase behaviour is perceived as less credible, socially unfamiliar, or inconsistent with traditional expectations. Consequently, social desirability concerns may inhibit online consumer buying behaviour by influencing individuals to conform to socially accepted purchasing practices.

**Traditional Barrier**

Traditional barriers refer to consumers' resistance toward adopting digital services due to preference for conventional purchasing methods and face-to-face interactions. Existing literature suggests that consumers accustomed to traditional service channels often perceive online platforms as impersonal, unfamiliar, or less trustworthy, thereby reducing willingness to engage in digital transactions (Patel et al., 2022; Bundorf et al., 2004). In the health insurance sector, consumers may prefer direct interaction with insurance agents because health-related financial decisions involve complexity,

uncertainty, and a need for personalized consultation. As a result, strong traditional preferences may negatively influence consumers' willingness to adopt online health insurance platforms, thereby functioning as a significant inhibitor.

**Information Quality**

Information quality refers to the accuracy, completeness, clarity, relevance, and reliability of information provided on online platforms that assists consumers in making purchase decisions. Prior studies indicate that high-quality information positively influences consumer trust and online purchase intentions because consumers rely heavily on digital content to evaluate products and reduce uncertainty (Sun et al., 2019; Patel et al., 2022; Chauhan & Singh, 2023). In online health insurance environments, poor-quality, incomplete, or highly technical information may confuse consumers and create mistrust toward insurance providers, thereby discouraging online purchase behaviour. Poor information clarity may discourage consumers from adopting online health insurance platforms.

**Service Quality**

Service quality refers to consumers' evaluation of responsiveness, reliability, efficiency, and customer support provided by online service providers. Existing literature consistently suggests that perceived service quality significantly influences consumer trust, satisfaction, and purchase intentions in digital environments (Zhang et al., 2019; Kolstad & Chernew, 2009). In the context of online health insurance, delayed responses, lack of customer support, poor grievance handling, or unreliable service delivery may negatively affect consumers' experiences with digital insurance providers. Consequently, poor service quality may inhibit online consumer buying behaviour by reducing trust and discouraging future digital engagement.

**Technical Anxiety**

Technical anxiety refers to the apprehension, fear, or discomfort experienced by individuals while interacting with technological systems and digital interfaces. Existing studies indicate that higher levels of technological anxiety reduce consumers' willingness to adopt online services because individuals may fear making mistakes, facing technical failures, or encountering difficulties in navigating digital platforms (Zhao et al., 2023; Frishammar et al., 2023). In online health insurance contexts, technical anxiety may discourage consumers from using digital platforms for insurance purchase due to concerns regarding payment security, navigation complexity, and lack of digital familiarity. Higher levels of technical anxiety may discourage consumers from using online insurance platforms.

## 4. Gap in Literature

Existing literature has substantially contributed to understanding online consumer behaviour by examining determinants such as trust, service quality, perceived usefulness, social influence, risk perception, and digital engagement in online insurance and healthcare-related services (Zhang et al., 2019; Kim, 2016; Patel et al., 2022). Prior studies have also highlighted the importance of technological and behavioural dimensions influencing consumers' adoption of digital platforms in financial and healthcare contexts (Sun et al., 2019; Zhao et al., 2023; Chauhan & Singh, 2023). However, most existing studies have examined these determinants independently, resulting in fragmented understanding of online consumer behaviour within digital insurance environments.

Furthermore, limited empirical attention has been devoted specifically to understanding online consumer buying behaviour in the health insurance sector, particularly from a perspective that simultaneously examines both enabling and inhibiting factors affecting consumer decisions. Since health insurance purchase decisions involve higher financial commitment, uncertainty, and information sensitivity compared to many other online purchases, a more integrated understanding of behavioural determinants becomes necessary (Kolstad & Chernew, 2009; Handoyo, 2024).

Existing literature also provides limited evidence regarding how emerging behavioural variables such as alternative attractiveness, external validation, and technical anxiety collectively influence online insurance purchase behaviour.

Additionally, most prior studies have predominantly focused on developed economies, with relatively limited evidence available from rapidly digitizing developing markets where consumer behaviour toward online insurance adoption may differ substantially due to sociocultural and technological conditions (Mathur & Tripathi, 2014; Srivastava et al., 2024). Therefore, the present study attempts to address these gaps by empirically examining the enablers and inhibitors influencing online consumer buying behaviour in the health insurance sector through a factor analytical approach.

## 5. Research Methodology

The present study adopted an exploratory research design to examine the enablers and inhibitors influencing online consumer buying behaviour in the health insurance sector. Since limited studies have examined enabling and inhibiting factors together affecting online health insurance purchase decisions, an exploratory approach was considered appropriate for identifying the underlying behavioural dimensions influencing digital insurance adoption. The study also aimed to better understand consumer perceptions regarding online health insurance purchase behaviour. Both primary and secondary sources of data were considered for the present investigation. Primary data were collected through a structured questionnaire

administered using both online and offline modes to capture consumer perceptions regarding online health insurance purchase behaviour. The questionnaire items were adapted from validated constructs identified in prior studies related to online consumer behaviour, digital services, and insurance adoption. Secondary data were obtained from peer-reviewed journal articles, indexed databases, and relevant scholarly publications to identify variables and support construct development.

Respondents included both existing and prospective purchasers of health insurance policies. Respondents included individuals who had previously purchased health insurance through online channels such as insurer websites and insurance aggregators, as well as prospective consumers intending to purchase health insurance in the near future. To ensure data relevance, respondents were required to possess basic familiarity with digital transaction systems including UPI, internet banking, and digital wallets. The study included male and female participants within the age group of 25–55 years residing in Tier 1 and Tier 2 cities of Western India, specifically Maharashtra, Gujarat, and Goa.

A stratified random sampling approach was adopted to ensure proportional representation across respondent categories including existing and prospective policyholders, gender, age groups, and geographical regions. Data were collected through both online and offline modes to enhance representativeness and response diversity. A total of 963 valid responses were retained for final analysis, which was considered adequate for performing multivariate statistical procedures including exploratory factor analysis and confirmatory factor analysis.

**Instrument Development and Data Collection**

A structured questionnaire was developed to collect primary data for the study. Measurement items were adapted from previously validated scales used in studies related to online consumer behaviour, health insurance adoption, trust, innovativeness, service quality, information quality, technological anxiety, and related behavioural determinants Minor wording changes were made to ensure contextual relevance to online health insurance purchasing behaviour.

Prior to the final survey administration, a pilot study was conducted to assess the clarity, reliability, and comprehensibility of the questionnaire items. Feedback obtained from pilot respondents was incorporated to improve wording clarity, remove ambiguity, and ensure contextual appropriateness of the measurement instrument.

Data collection was conducted using both online and offline survey modes. Online responses were collected through structured digital forms, while offline responses were gathered using printed questionnaires to improve respondent accessibility and representation. This mixed-mode approach helped improve respondent diversity and overall coverage across the selected geographical regions.

**Measures**

The questionnaire consisted of measurement items related to both enabling and inhibiting factors influencing online consumer buying behaviour in the health insurance sector. Enablers included consumer innovativeness, trust, flexibility, variety and choice, alternative attractiveness, and monetary rewards, whereas inhibitors included external validation, social desirability, traditional barriers, information quality, service quality, and technical anxiety. Responses were recorded using a five-point Likert scale ranging from 1 = strongly disagree to 5 = strongly agree.

**Data Analysis Techniques**

The collected data were analysed using statistical software packages to examine the underlying dimensions influencing online consumer buying behaviour in the health insurance sector. Descriptive statistics were employed to summarize respondent characteristics and preliminary response patterns. Exploratory Factor Analysis (EFA) was conducted to identify the latent factor structure of the proposed enablers and inhibitors, while Confirmatory Factor Analysis (CFA) was employed to validate the measurement structure and assess construct validity. Reliability and validity measures were further examined to ensure robustness of the proposed measurement model.

**Ethical Considerations**

Participation in the study was voluntary, and respondents were informed about the academic purpose of the research prior to survey administration. Informed consent was obtained from respondents, and confidentiality of responses was maintained throughout the study. No personally identifiable information was collected, and respondents retained the right to withdraw participation at any stage of the survey process.

**Respondent Profile**

The demographic profile of respondents was analysed to understand the characteristics of participants included in the study. Variables such as gender, age, educational qualification, occupation, income level, and prior experience with online health insurance purchase were examined to assess sample diversity and respondent representation

**6. Data Analysis**

Prior to statistical analysis, the collected data were screened for missing values, inconsistencies, and outliers to ensure suitability for multivariate analysis. Descriptive statistics including mean, standard deviation, skewness, and kurtosis were examined to assess data distribution and normality assumptions. Since the sample size was sufficiently large (N = 963),

the dataset was considered appropriate for subsequent exploratory and confirmatory factor analyses.

| | N | Mean | Std. Deviation | **Skewness** | **Kurtosis** |
|---|---|---|---|---|---|
| AA1 | 963 | 3.99 | 1.625 | 0.129 | 0.078 |
| AA2 | 963 | 3.95 | 1.621 | -0.034 | -0.070 |
| AA3 | 963 | 3.84 | 1.601 | 0.018 | 0.115 |
| AA4 | 963 | 4.06 | 1.561 | 0.016 | -0.072 |
| MR1 | 963 | 3.61 | 1.785 | -0.205 | 0.067 |
| MR2 | 963 | 3.64 | 1.836 | 0.142 | 0.104 |
| MR3 | 963 | 3.64 | 1.704 | 0.026 | -0.136 |
| MR4 | 963 | 3.67 | 1.820 | 0.013 | 0.023 |
| UB1 | 963 | 3.79 | 1.674 | 0.023 | 0.147 |
| UB2 | 963 | 3.83 | 1.663 | -0.078 | -0.239 |
| UB3 | 963 | 3.89 | 1.665 | 0.010 | 0.072 |
| UB4 | 963 | 3.83 | 1.652 | -0.132 | 0.257 |
| VC1 | 963 | 4.33 | 1.374 | -0.011 | 0.048 |
| VC2 | 963 | 4.24 | 1.376 | 0.127 | 0.079 |
| VC3 | 963 | 4.30 | 1.404 | -0.019 | -0.095 |
| VC4 | 963 | 4.27 | 1.381 | -0.128 | 0.181 |
| SQ1 | 963 | 4.58 | 1.391 | 0.007 | 0.209 |
| SQ2 | 963 | 4.49 | 1.403 | 0.007 | -0.127 |
| SQ3 | 963 | 4.50 | 1.430 | -0.076 | -0.056 |
| SQ4 | 963 | 4.46 | 1.389 | 0.205 | 0.088 |
| IQ1 | 963 | 4.01 | 1.625 | -0.103 | 0.169 |
| IQ2 | 963 | 3.90 | 1.595 | -0.086 | -0.148 |
| IQ3 | 963 | 4.07 | 1.628 | 0.049 | -0.251 |
| IQ4 | 963 | 4.08 | 1.576 | 0.007 | 0.006 |
| TA1 | 963 | 3.39 | 1.250 | 0.072 | -0.249 |
| TA2 | 963 | 3.44 | 1.254 | -0.094 | -0.016 |
| TA3 | 963 | 3.40 | 1.250 | 0.077 | -0.084 |
| TA4 | 963 | 3.37 | 1.252 | 0.049 | -0.145 |
| TB1 | 963 | 3.89 | 1.622 | -0.011 | -0.041 |
| TB2 | 963 | 3.89 | 1.503 | 0.028 | 0.038 |
| TB3 | 963 | 3.80 | 1.544 | -0.013 | -0.096 |
| TB4 | 963 | 3.85 | 1.583 | -0.044 | 0.233 |
| TR1 | 963 | 4.54 | 1.418 | 0.040 | -0.221 |
| TR2 | 963 | 4.49 | 1.408 | 0.008 | 0.251 |
| TR3 | 963 | 4.49 | 1.445 | -0.010 | 0.038 |

| | | | | | |
|---|---|---|---|---|---|
| TR4 | 963 | 4.54 | 1.402 | 0.074 | -0.141 |
| CI1 | 963 | 4.16 | 1.429 | -0.113 | -0.097 |
| CI2 | 963 | 4.23 | 1.339 | 0.071 | -0.169 |
| CI3 | 963 | 4.22 | 1.393 | -0.058 | 0.014 |
| CI4 | 963 | 4.23 | 1.392 | -0.004 | -0.248 |
| IR1 | 963 | 4.03 | 1.444 | 0.025 | 0.003 |
| IR2 | 963 | 4.15 | 1.428 | -0.106 | 0.135 |
| IR3 | 963 | 4.17 | 1.451 | 0.025 | -0.228 |
| IR4 | 963 | 4.13 | 1.465 | 0.046 | -0.193 |
| IU1 | 963 | 4.22 | 1.497 | -0.132 | 0.063 |
| IU2 | 963 | 4.20 | 1.494 | -0.093 | 0.157 |
| IU3 | 963 | 4.30 | 1.450 | 0.020 | 0.144 |
| IU4 | 963 | 4.20 | 1.462 | -0.082 | -0.071 |
| SC1 | 963 | 4.28 | 1.627 | -0.064 | 0.016 |
| SC2 | 963 | 4.25 | 1.664 | -0.054 | -0.291 |
| SC3 | 963 | 4.26 | 1.728 | 0.001 | -0.070 |
| SC4 | 963 | 4.31 | 1.682 | -0.037 | 0.108 |
| Valid N (listwise) | 963 | | | | |

**Table 2: Descriptive Statistics**

The descriptive statistics indicated that item means ranged from 3.37 to 4.58, indicating that respondents generally showed moderate to high agreement among respondents across measurement items. Standard deviation values reflected adequate variability in responses, indicating adequate variation across responses. Further, skewness and kurtosis values remained within acceptable thresholds, indicating no serious violation of normality assumptions and confirming suitability for multivariate analysis.

Prior to performing EFA, the data was evaluated for suitability for factor analysis by **Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy**.

Prior to conducting exploratory factor analysis, the suitability of the dataset for factor extraction was assessed using the Kaiser-Meyer-Olkin (KMO) Measure of Sampling Adequacy and Bartlett's Test of Sphericity. The KMO value of 0.958 indicated excellent sampling adequacy, while Bartlett's Test of Sphericity was statistically significant ($\chi^2 = 42424.609$, $df = 1326$, $p < 0.001$), confirming the presence of sufficient interrelationships among variables and supporting the appropriateness of factor analysis.

| | |
|---|---|
| Kaiser-Meyer-Olkin Measure of Sampling Adequacy. | .958 |
| Approx. Chi-Square | 42424.609 |
| df | 1326 |
| Sig. | .000 |

**Table 3: KMO and Bartlett's Test**

**Extraction Method**

Exploratory Factor Analysis (EFA) using Principal Component Analysis with Varimax rotation was conducted to identify the underlying factor structure of the proposed constructs. Factor retention was determined based on eigenvalues greater than one and supported through scree plot examination.

| Component | Initial Eigenvalues | | | Extraction Sums of Squared Loadings | | | Rotation Sums of Squared Loadings | | |
|---|---|---|---|---|---|---|---|---|---|
| | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % | Total | % of Variance | Cumulative % |
| 1 | 20.104 | 38.661 | 38.661 | 20.104 | 38.661 | 38.661 | 3.662 | 7.042 | 7.042 |
| 2 | 3.583 | 6.890 | 45.551 | 3.583 | 6.890 | 45.551 | 3.441 | 6.617 | 13.659 |
| 3 | 2.643 | 5.082 | 50.633 | 2.643 | 5.082 | 50.633 | 3.385 | 6.509 | 20.168 |
| 4 | 1.897 | 3.649 | 54.282 | 1.897 | 3.649 | 54.282 | 3.379 | 6.498 | 26.666 |
| 5 | 1.796 | 3.453 | 57.735 | 1.796 | 3.453 | 57.735 | 3.332 | 6.409 | 33.074 |
| 6 | 1.749 | 3.363 | 61.098 | 1.749 | 3.363 | 61.098 | 3.254 | 6.258 | 39.332 |
| 7 | 1.578 | 3.035 | 64.133 | 1.578 | 3.035 | 64.133 | 3.146 | 6.051 | 45.383 |
| 8 | 1.540 | 2.962 | 67.095 | 1.540 | 2.962 | 67.095 | 3.094 | 5.951 | 51.334 |
| 9 | 1.429 | 2.747 | 69.843 | 1.429 | 2.747 | 69.843 | 3.081 | 5.924 | 57.258 |
| 10 | 1.346 | 2.589 | 72.431 | 1.346 | 2.589 | 72.431 | 3.060 | 5.884 | 63.142 |
| 11 | 1.243 | 2.391 | 74.822 | 1.243 | 2.391 | 74.822 | 2.882 | 5.542 | 68.685 |
| 12 | 1.169 | 2.248 | 77.070 | 1.169 | 2.248 | 77.070 | 2.855 | 5.489 | 74.174 |
| 13 | 1.015 | 1.952 | 79.023 | 1.015 | 1.952 | 79.023 | 2.521 | 4.849 | 79.023 |
| 14 | .571 | 1.098 | 80.121 | | | | | | |
| 15 | .543 | 1.045 | 81.166 | | | | | | |
| 16 | .526 | 1.012 | 82.178 | | | | | | |
| 17 | .493 | .948 | 83.126 | | | | | | |
| 18 | .440 | .847 | 83.973 | | | | | | |
| 19 | .433 | .832 | 84.805 | | | | | | |
| 20 | .421 | .810 | 85.616 | | | | | | |
| 21 | .409 | .787 | 86.402 | | | | | | |
| 22 | .382 | .735 | 87.137 | | | | | | |

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 23 | .343 | .659 | 87.796 | | | | | | |
| 24 | .336 | .646 | 88.442 | | | | | | |
| 25 | .326 | .628 | 89.070 | | | | | | |
| 26 | .323 | .621 | 89.691 | | | | | | |
| 27 | .320 | .616 | 90.306 | | | | | | |
| 28 | .306 | .588 | 90.894 | | | | | | |
| 29 | .296 | .569 | 91.463 | | | | | | |
| 30 | .283 | .545 | 92.008 | | | | | | |
| 31 | .272 | .522 | 92.530 | | | | | | |
| 32 | .256 | .493 | 93.023 | | | | | | |
| 33 | .253 | .486 | 93.509 | | | | | | |
| 34 | .250 | .481 | 93.990 | | | | | | |
| 35 | .245 | .472 | 94.462 | | | | | | |
| 36 | .238 | .458 | 94.920 | | | | | | |
| 37 | .230 | .442 | 95.362 | | | | | | |
| 38 | .224 | .430 | 95.793 | | | | | | |
| 39 | .217 | .418 | 96.210 | | | | | | |
| 40 | .198 | .381 | 96.591 | | | | | | |
| 41 | .197 | .379 | 96.970 | | | | | | |
| 42 | .193 | .372 | 97.342 | | | | | | |
| 43 | .182 | .350 | 97.692 | | | | | | |
| 44 | .174 | .334 | 98.027 | | | | | | |
| 45 | .173 | .333 | 98.359 | | | | | | |
| 46 | .157 | .303 | 98.662 | | | | | | |
| 47 | .151 | .291 | 98.953 | | | | | | |
| 48 | .135 | .259 | 99.212 | | | | | | |
| 49 | .131 | .251 | 99.463 | | | | | | |
| 50 | .108 | .209 | 99.672 | | | | | | |
| 51 | .099 | .190 | 99.862 | | | | | | |
| 52 | .072 | .138 | 100.000 | | | | | | |

**Table 4: Total Variance Explained**

The results of exploratory factor analysis indicated the extraction of 13 components with eigenvalues greater than one, collectively explaining 79.023% of the total variance. The cumulative variance explained was considered adequate, suggesting meaningful representation of the underlying dimensions associated with online health insurance purchase behaviour.

**Scree Plot**

The scree plot further supported the retention of 13 components, as a clear inflection point was observed after the thirteenth component, beyond which the eigenvalues demonstrated a gradual flattening trend. This finding further confirmed the appropriateness of the extracted factor structure

.

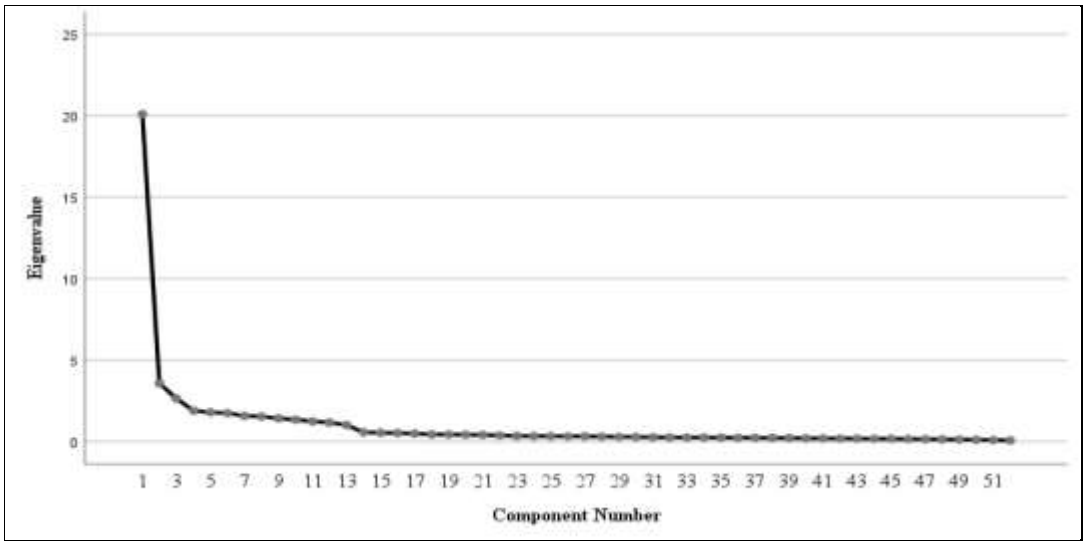


Chart 1: Scree Plot

**Rotated Component Matrix**

| | Component | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| AA1 | .147 | .189 | .090 | .216 | .057 | .058 | .104 | .092 | .751 | .200 | .096 | .080 | .141 |
| AA2 | .127 | .198 | .098 | .190 | .040 | .053 | .140 | .152 | .715 | .157 | .146 | .146 | .093 |
| AA3 | .073 | .162 | .128 | .110 | .035 | .127 | .040 | .074 | .754 | .140 | .098 | .154 | .124 |
| AA4 | .113 | .106 | .110 | .192 | .105 | .066 | .076 | .106 | .787 | .236 | .093 | .091 | .106 |
| MR1 | .134 | .127 | .071 | .829 | .056 | .073 | .104 | .141 | .134 | .154 | .121 | .075 | .111 |
| MR2 | .120 | .170 | .124 | .812 | .057 | .094 | .110 | .083 | .182 | .187 | .119 | .154 | .074 |
| MR3 | .017 | .158 | .070 | .694 | .076 | .135 | .066 | .058 | .234 | .117 | .099 | .093 | .146 |
| MR4 | .136 | .146 | .097 | .861 | .060 | .076 | .132 | .121 | .128 | .188 | .107 | .105 | .112 |
| UB1 | .076 | .816 | .128 | .191 | .081 | .094 | .090 | .127 | .159 | .169 | .113 | .119 | .066 |
| UB2 | .155 | .778 | .063 | .079 | .088 | .083 | .140 | .099 | .178 | .148 | .094 | .090 | .157 |
| UB3 | .096 | .796 | .088 | .186 | .092 | .081 | .105 | .038 | .147 | .171 | .076 | .138 | .114 |
| UB4 | .083 | .861 | .094 | .143 | .095 | .081 | .107 | .099 | .139 | .176 | .112 | .124 | .086 |
| VC1 | .130 | .095 | .802 | .112 | .101 | .189 | .123 | .122 | .122 | .077 | .146 | .106 | .118 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| VC2 | .141 | .132 | .833 | .108 | .167 | .109 | .123 | .116 | .124 | .064 | .148 | .052 | .102 |
| VC3 | .149 | .048 | .726 | .056 | .195 | .146 | .157 | .192 | .043 | .145 | .163 | .119 | .120 |
| VC4 | .112 | .104 | .863 | .089 | .161 | .147 | .126 | .117 | .137 | .072 | .097 | .100 | .110 |
| SQ1 | .069 | .160 | .174 | .126 | .260 | .165 | .746 | .124 | .082 | .150 | .109 | .139 | .123 |
| SQ2 | .094 | .108 | .148 | .058 | .238 | .208 | .763 | .172 | .094 | .046 | .088 | .108 | .156 |
| SQ3 | .056 | .109 | .148 | .111 | .188 | .210 | .757 | .161 | .116 | .104 | .181 | .113 | .137 |
| SQ4 | .075 | .139 | .119 | .183 | .216 | .194 | .782 | .115 | .096 | .107 | .166 | .109 | .080 |
| IQ1 | .086 | .153 | .083 | .144 | .072 | .083 | .048 | .106 | .200 | .783 | .089 | .130 | .102 |
| IQ2 | .150 | .164 | .048 | .200 | .082 | .110 | .074 | .061 | .149 | .700 | .139 | .088 | .005 |
| IQ3 | .022 | .138 | .091 | .126 | .042 | .094 | .162 | .064 | .116 | .732 | .018 | .132 | .142 |
| IQ4 | .110 | .182 | .095 | .145 | .041 | .091 | .044 | .130 | .207 | .796 | .064 | .080 | .126 |
| TA1 | -.102 | -.108 | -.129 | -.062 | -.783 | -.165 | -.205 | -.117 | -.036 | -.092 | -.133 | -.113 | -.098 |
| TA2 | -.053 | -.104 | -.129 | -.071 | -.784 | -.148 | -.164 | -.114 | -.078 | -.044 | -.120 | -.088 | -.078 |
| TA3 | -.032 | -.050 | -.138 | -.020 | -.750 | -.142 | -.171 | -.109 | -.050 | -.034 | -.088 | -.129 | -.132 |
| TA4 | -.070 | -.074 | -.162 | -.082 | -.816 | -.152 | -.173 | -.159 | -.052 | -.067 | -.159 | -.076 | -.111 |
| TB1 | -.098 | -.084 | -.143 | -.146 | -.151 | -.145 | -.084 | -.157 | -.040 | -.107 | -.700 | -.135 | -.108 |
| TB2 | -.079 | -.081 | -.058 | -.086 | -.105 | -.096 | -.127 | -.082 | -.183 | -.070 | -.732 | -.005 | -.110 |
| TB3 | -.099 | -.099 | -.178 | -.070 | -.108 | -.119 | -.093 | -.140 | -.048 | -.051 | -.709 | -.148 | -.127 |
| TB4 | -.095 | -.103 | -.126 | -.118 | -.128 | -.159 | -.125 | -.156 | -.108 | -.069 | -.731 | -.102 | -.077 |
| TR1 | .176 | .078 | .172 | .086 | .209 | .796 | .149 | .131 | .079 | .129 | .096 | .095 | .094 |
| TR2 | .159 | .133 | .168 | .137 | .176 | .746 | .214 | .094 | .101 | .085 | .159 | .091 | .190 |
| TR3 | .108 | .107 | .138 | .131 | .180 | .763 | .203 | .128 | .073 | .131 | .225 | .085 | .130 |
| TR4 | .151 | .069 | .171 | .077 | .176 | .816 | .203 | .130 | .091 | .104 | .163 | .105 | .116 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CI 1 | .209 | .094 | .127 | .135 | .159 | .077 | .070 | .741 | .088 | .092 | .135 | .108 | .114 |
| CI 2 | .099 | .060 | .106 | .084 | .077 | .140 | .149 | .693 | .100 | .108 | .136 | .101 | .139 |
| CI 3 | .145 | .091 | .134 | .118 | .125 | .116 | .155 | .757 | .083 | .106 | .180 | .136 | .103 |
| CI 4 | .113 | .107 | .140 | .062 | .159 | .084 | .109 | .811 | .120 | .062 | .106 | .109 | .113 |
| IR 1 | .104 | .171 | .182 | .130 | .157 | .195 | .129 | .211 | .187 | .148 | .167 | .172 | .669 |
| IR 2 | .174 | .133 | .144 | .195 | .169 | .135 | .176 | .191 | .126 | .161 | .143 | .192 | .681 |
| IR 3 | .204 | .172 | .138 | .163 | .164 | .191 | .170 | .140 | .154 | .134 | .210 | .155 | .661 |
| IR 4 | .203 | .145 | .173 | .163 | .169 | .157 | .154 | .176 | .202 | .133 | .156 | .163 | .691 |
| IU 1 | .284 | .140 | .131 | .148 | .137 | .135 | .125 | .174 | .195 | .157 | .098 | .744 | .128 |
| IU 2 | .247 | .165 | .104 | .132 | .188 | .069 | .145 | .154 | .133 | .120 | .125 | .734 | .168 |
| IU 3 | .273 | .207 | .101 | .146 | .142 | .134 | .141 | .151 | .136 | .180 | .169 | .683 | .187 |
| IU 4 | .293 | .142 | .146 | .146 | .124 | .116 | .142 | .153 | .161 | .173 | .156 | .749 | .153 |
| SC 1 | .801 | .086 | .153 | .092 | .083 | .144 | .082 | .175 | .072 | .055 | .133 | .142 | .112 |
| SC 2 | .792 | .085 | .113 | .082 | .047 | .118 | .029 | .126 | .096 | .124 | .076 | .187 | .150 |
| SC 3 | .838 | .105 | .120 | .090 | .064 | .129 | .077 | .108 | .116 | .083 | .083 | .204 | .110 |
| SC 4 | .862 | .109 | .100 | .115 | .058 | .105 | .059 | .130 | .126 | .090 | .086 | .179 | .064 |
| Extraction Method: Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization. a. Rotation converged in 8 iterations. | | | | | | | | | | | | | |

**Table 5: Rotated Component Matrix**

The rotated component matrix revealed a clear and interpretable factor structure comprising 13 distinct constructs. Factor loadings ranged from 0.661 to 0.862, indicating strong associations between observed variables and their respective latent constructs. The extracted dimensions included Alternative Attractiveness, Monetary Rewards, Ubiquitous Behaviour, Variety and Choice, Service Quality, Information Quality, Trust, Consumer Innovativeness, Technical Anxiety, Traditional Barrier, Intention to Use, Intention to Recommend, and Social Comparison. Minimal cross-loadings were observed, indicating satisfactory discriminant distinction among constructs and supporting the robustness of the measurement structure

.

**Cronbach's Alpha Reliability Test**

| Component | Cronbach's Alpha |
|---|---|

| | |
|---|---|
| Alternative Attractiveness (AA) | 0.890 |
| Monetary Reward (MR) | 0.921 |
| Service Quality (SQ) | 0.925 |
| Information Quality (IQ) | 0.866 |
| Trust (TR) | 0.936 |
| Consumer Innovativeness (CI) | 0.874 |
| Ubiquitous (UB) | 0.929 |
| Variety and Choice (VC) | 0.931 |
| Technological Anxiety (TA) | 0.896 |
| Traditional Barrier (TB) | 0.827 |
| Intention to Use (IU) | 0.937 |
| Intention to Recommend (IR) | 0.908 |
| Social Comparison (SC) | 0.930 |

**Table 6 Cronbach's Alpha**

Reliability analysis indicated satisfactory internal consistency across all constructs. Cronbach's alpha values ranged from 0.827 to 0.937, exceeding the recommended threshold of 0.70 and confirming strong reliability of the measurement instrument. Constructs such as Trust, Intention to Use, Variety and Choice, and Service Quality demonstrated particularly high internal consistency, indicating robustness of the proposed factor structure.

The **Composite Reliability (CR)** values measure the internal consistency of the latent constructs in the model. It is an indicator of how well the observed variables (indicators) reliably measure their corresponding latent construct. **Convergent Validity** refers to the extent to which the observed variables (indicators) of a latent construct share a high proportion of variance. The **Average Variance Extracted (AVE)** is a key measure of convergent validity

**Composite Reliability and Convergent Validity**

| | **CR** | **AVE** |
|---|---|---|
| **IR** | 0.908 | 0.713 |
| **TR** | 0.936 | 0.786 |
| **IU** | 0.938 | 0.79 |
| **SC** | 0.931 | 0.771 |
| **IQ** | 0.87 | 0.629 |
| **CI** | 0.876 | 0.64 |
| **UB** | 0.931 | 0.772 |
| **MR** | 0.924 | 0.757 |
| **TA** | 0.898 | 0.69 |
| **AA** | 0.891 | 0.673 |
| **VC** | 0.933 | 0.778 |
| **SQ** | 0.926 | 0.757 |
| **TB** | 0.827 | 0.545 |

**Table 7: Composite Reliability and Convergent Validity**

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The results demonstrated satisfactory construct reliability and convergent validity across all latent variables. Composite Reliability (CR) values ranged from 0.827 to 0.938, exceeding the recommended threshold of 0.70, thereby confirming strong internal consistency among measurement items. Similarly, Average Variance Extracted (AVE) values ranged from 0.545 to 0.790, surpassing the acceptable benchmark of 0.50 and confirming adequate convergent validity for all constructs. These findings indicate that the observed indicators adequately represented their respective latent dimensions

**Discriminant Validity (Using the Fornell-Larcker Criterion)**

**Discriminant Validity** assesses the degree to which a latent construct is distinct from other constructs in the model. The table shows the square root of the **Average Variance Extracted (AVE)** on the diagonal and the correlations between constructs in the off-diagonal cells.

| | IR | TR | IU | SC | IQ | CI | UB | MR | TA | AA | VC | SQ | TB |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **IR** | **0.844** | | | | | | | | | | | | |
| **TR** | 0.609 | **0.887** | | | | | | | | | | | |
| **IU** | 0.676 | 0.498 | **0.889** | | | | | | | | | | |
| **SC** | 0.539 | 0.456 | 0.652 | **0.878** | | | | | | | | | |
| **IQ** | 0.54 | 0.415 | 0.523 | 0.38 | **0.793** | | | | | | | | |
| **CI** | 0.612 | 0.479 | 0.555 | 0.48 | 0.419 | **0.8** | | | | | | | |
| **UB** | 0.523 | 0.381 | 0.507 | 0.365 | 0.528 | 0.397 | **0.879** | | | | | | |
| **MR** | 0.528 | 0.384 | 0.484 | 0.384 | 0.513 | 0.411 | 0.463 | **0.87** | | | | | |
| **TA** | -0.549 | -0.555 | -0.473 | -0.316 | -0.312 | -0.491 | -0.354 | -0.306 | **0.831** | | | | |
| **AA** | 0.599 | 0.404 | 0.554 | 0.431 | 0.612 | 0.451 | 0.529 | 0.535 | -0.328 | **0.82** | | | |
| **VC** | 0.549 | 0.516 | 0.467 | 0.414 | 0.364 | 0.477 | 0.375 | 0.359 | -0.488 | 0.429 | **0.882** | | |
| **SQ** | 0.609 | 0.625 | 0.53 | 0.354 | 0.408 | 0.52 | 0.445 | 0.435 | -0.624 | 0.438 | 0.499 | **0.87** | |
| **TB** | -0.616 | -0.564 | -0.536 | -0.417 | -0.399 | -0.557 | -0.423 | -0.434 | 0.511 | -0.465 | -0.497 | -0.536 | **0.738** |

**Table 8: Discriminant Validity**

Discriminant validity was assessed using the Fornell–Larcker criterion. The square root of the Average Variance Extracted (AVE) for each construct exceeded the corresponding inter-construct correlations, thereby confirming adequate discriminant validity. These findings suggest that each latent construct remained empirically distinct and adequately captured unique conceptual dimensions within the proposed measurement model.

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**Confirmatory Factor Analysis:**

Confirmatory Factor Analysis (CFA) was conducted to validate the measurement structure identified through Exploratory Factor Analysis (EFA). CFA was employed to assess the adequacy of the proposed factor structure and examine the overall goodness-of-fit of the measurement model

| Model | NPAR | CMIN | DF | P | CMIN/DF | CFI | GFI |
|---|---|---|---|---|---|---|---|
| Default model | 182 | 2456.819 | 1196 | .000 | 2.054 | .970 | .912 |
| Saturated model | 1378 | .000 | 0 | | | 1.000 | 1.000 |
| Independence model | 52 | 43241.188 | 1326 | .000 | 32.610 | .000 | .116 |

**Table 9a CMIN, CFI, GFI**

| Model | RMSEA | LO 90 | HI 90 | PCLOSE |
|---|---|---|---|---|
| Default model | .033 | .031 | .035 | 1.000 |
| Independence model | .181 | .180 | .183 | .000 |

**Table 9b RMSEA**

The CFA results indicated satisfactory model fit. The chi-square to degrees of freedom ratio (CMIN/DF = 2.054) remained within the recommended threshold, indicating acceptable model adequacy. Further, the Comparative Fit Index (CFI = 0.970) and Goodness-of-Fit Index (GFI = 0.912) exceeded the recommended cut-off values, indicating strong model fit. Additionally, the Root Mean Square Error of Approximation (RMSEA = 0.033) demonstrated excellent model adequacy. Taken together, the obtained fit indices indicate that the proposed measurement model demonstrated satisfactory fit with the observed data.

## 7. CONCLUSION

The findings of the present study indicate that online consumer buying behaviour in the health insurance sector is influenced by a combination of enabling and inhibiting factors associated with digital platforms, consumer perceptions, and service experiences. As consumers increasingly rely on online channels for comparing and purchasing insurance policies, factors such as trust, flexibility, monetary benefits, product variety, and consumer innovativeness appear to play an important role in encouraging digital purchase behaviour.

At the same time, several barriers continue to affect consumers' willingness to purchase health insurance through online platforms. Concerns related to technical difficulties, traditional preference for offline interaction, insufficient information clarity, and service-related issues were found to influence consumer hesitation toward digital insurance adoption. The findings suggest that online consumer behaviour is influenced by multiple factors rather than any single determinant., but rather through the interaction of multiple behavioural and technological dimensions.

The factor analytical results further supported the reliability and validity of the proposed measurement framework. The extracted factor structure demonstrated satisfactory explanatory strength, while the confirmatory factor analysis results indicated acceptable model fit across the selected indicators. Overall, the study provides empirical evidence regarding the multidimensional nature of online consumer buying behaviour in the health insurance sector.

From a practical perspective, the findings may assist insurance providers and digital platforms in understanding the factors that encourage or discourage online insurance adoption among consumers. Improving trust, simplifying digital processes, enhancing informational clarity, and reducing technological barriers may help strengthen consumer engagement with online health insurance platforms. The study also contributes to the existing literature on digital consumer behaviour by offering evidence from the Indian health insurance context, where digital adoption in financial and healthcare-related services continues to expand.

## 8. Limitations of the Study

The present study is subject to certain limitations. First, the study focused on respondents from selected Tier 1 and Tier 2 cities of Western India, which may limit the generalizability of findings to other geographical regions. Second, the study relied on self-reported responses, which may be influenced by respondent bias and subjective interpretation. Third, although the study identified major enabling and inhibiting factors influencing online health insurance purchase behaviour, additional behavioural and psychological variables may further enrich understanding of consumer decision-making in digital insurance environments.

## 9. Future Scope

The present study offers several opportunities for future research. First, future studies may extend the proposed framework by incorporating additional behavioural and psychological variables influencing online health insurance adoption, including perceived risk, digital literacy, perceived usefulness, and consumer awareness. Second, future researchers may employ Structural Equation Modeling (SEM) to examine causal relationships among enabling and inhibiting variables and assess their direct and indirect effects on online purchase intentions.

Further, comparative investigations may be conducted across different geographical regions, demographic

segments, and insurance categories to examine contextual variations in online consumer behaviour. Since the present study focused primarily on respondents from Western India, future research may expand the geographical scope to improve generalizability of findings. Longitudinal investigations may also provide deeper insights into evolving consumer behaviour patterns toward digital health insurance adoption over time.

## 10. IMPLICATION

### Managerial Implication

The findings of the present study provide important managerial implications for insurance providers, digital insurance aggregators, and policymakers seeking to improve consumer adoption of online health insurance platforms. Since trust emerged as a critical enabling factor, insurance companies should prioritize platform transparency, secure digital transactions, and effective grievance redressal mechanisms to strengthen consumer confidence in online purchase environments.

Further, the significance of flexibility, variety and choice, alternative attractiveness, and monetary rewards suggests that insurers should focus on providing customizable insurance plans, transparent product comparison mechanisms, and value-based incentives to improve perceived usefulness and consumer engagement. Digital platforms may further improve adoption by offering simplified navigation systems, accessible policy information, and responsive customer support to reduce behavioural resistance toward online purchase decisions.

The findings also highlight the importance of minimizing inhibiting factors such as technical anxiety, traditional barriers, information quality concerns, and external validation issues. Insurance providers may improve digital adoption by strengthening informational clarity, improving service responsiveness, and increasing consumer awareness regarding the reliability and convenience of online insurance channels. Since consumer behaviour varies across demographic segments, insurers may further benefit from adopting targeted communication strategies to improve digital engagement across different customer groups.

### Academic Implications

The findings of the study contribute to the existing literature in several ways by contributing to the growing body of literature on online consumer buying behaviour within digital insurance environments. **First**, the study extends existing consumer behaviour literature by simultaneously examining both enabling and inhibiting factors influencing online health insurance purchase behaviour, thereby providing a more integrated understanding of consumer decision-making in digital service settings.

**Second**, the study contributes empirically by identifying and validating a multidimensional factor structure comprising behavioural, technological, and service-related determinants influencing online consumer behaviour in the health insurance sector. The integration of factors such as consumer innovativeness, trust, technical anxiety, alternative attractiveness, and external validation expands the conceptual understanding of digital consumer behaviour beyond conventional adoption models.

**Third**, the study contributes methodological value through the application of exploratory and confirmatory factor analytical approaches for validating the proposed measurement framework. The findings further provide a foundation for future scholars to examine causal relationships among identified constructs through advanced analytical approaches such as Structural Equation Modeling (SEM), mediation, and moderation analysis.

### Declaration of competing interest

The author(s) declare no conflict of interest with respect to the research, authorship, and/or publication of this article.

### Data availability

Data will be made available on request

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