



India's Health Protection Score

Young and Vulnerable?

April 2026

**A Consumer Insights Report
on Young India's Outlook towards Health Insurance**

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 Youth & Health Insurance - A Generation Ready to Rise

From the MD & CEO's Desk

India is at the threshold of a once-in-a-generation opportunity. As one of the youngest nations in the world, with over two-thirds of its population in the working-age bracket, our demographic strength has the potential to power India's rise as one of the most influential global economies of the coming decade. But, for India to truly realize its ambitions and emerge as one of the world's most formidable economies, it is imperative that our young population remains healthy, financially protected, and resilient.



A healthy nation does not just build stronger individuals; it builds stronger productivity, stronger innovation, and a stronger economy. As India accelerates towards its next phase of growth, the wellbeing of Young India will determine the durability of that momentum.

At Niva Bupa, this conviction led us to step back and listen to understand how young Indians truly perceive their health, their financial priorities, and the role of health insurance in their lives. We commissioned a nationwide consumer research study covering over 2,400 respondents aged 24–34 across India, to decode their health status, lifestyle habits, financial outlook, and most importantly, their drivers, barriers, influencers, and purchase journeys in the health insurance category.

What emerged was both illuminating and cautionary. A large proportion of young Indians perceive themselves to be in good health, often driven by self-belief rather than medical validation, creating an illusion of invincibility. For many, health insurance continues to be seen as something to be considered “later,” when age or illness demands it. While youth in Tier 1 cities remain constrained by trust deficits and negative bias around the category, young consumers in Tier 3 markets are held back primarily by affordability. The government's historic decision to exempt health insurance from GST has the potential to be a powerful inflection point, especially for young India beyond the metros.

Even as digital platforms have made financial information widely accessible, our research highlights a deeper challenge, Young India today does not lack information; it lacks the conviction to act in time.

This white paper is our attempt to bring these insights to the forefront of the national conversation. It is a call to industry, policymakers, and stakeholders to reimagine how we engage with Young India, because their health decisions today will shape the strength of India's economy tomorrow.

Krishnan Ramachandran
Chief Executive Officer & Managing Director

Executive Summary

1 Interest Is High, but Ownership Demands Conviction and Financial Readiness

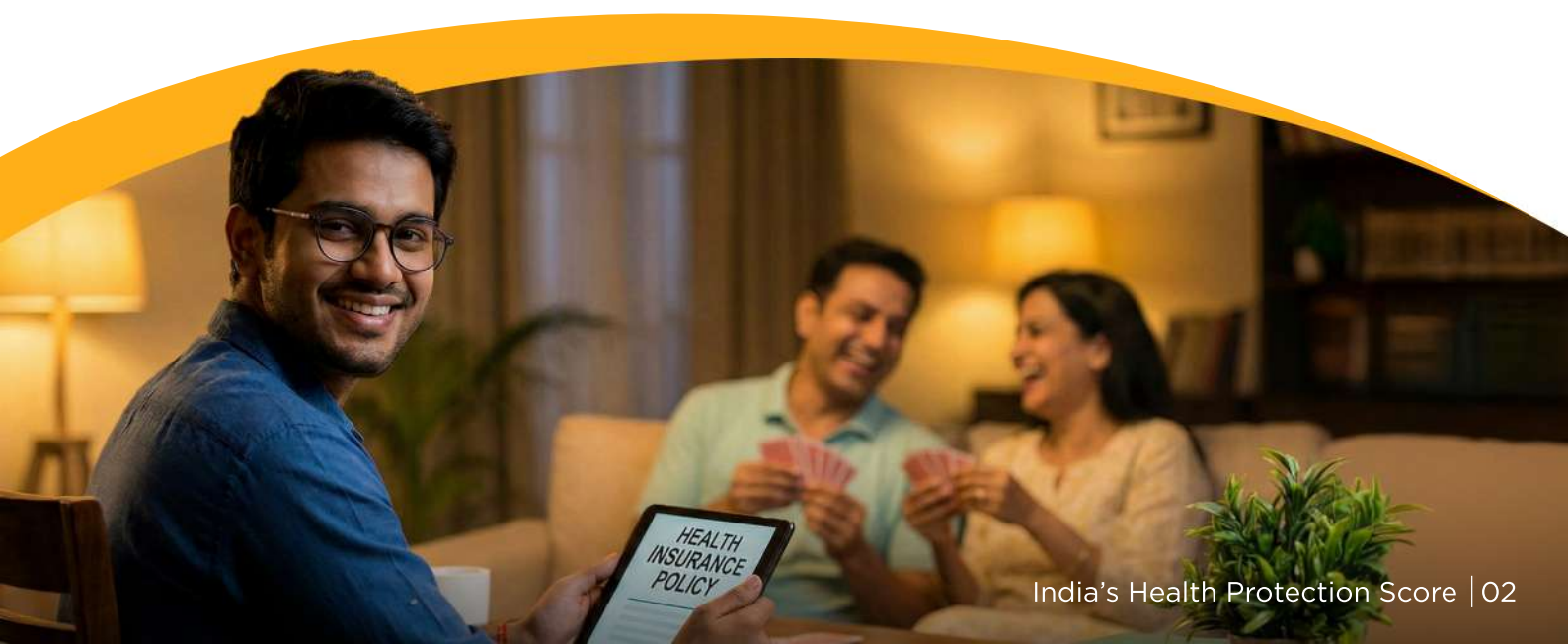
Only 14% of young Indians own personal health insurance, despite 51% ranking it among their top three financial spending priorities compared to all other investments and protection plans. This gap between interest and ownership stems primarily from a perceived lack of relevance, affordability concerns, and negative category biases.

2 Ownership Reflects Financial Maturity, Not Just Earning Power

Health insurance owners are typically more structured and risk-aware. They diversify across financial products, manage liabilities responsibly, and see insurance as a natural extension of a disciplined financial life, signalling that behavior, not just income, drives adoption.

3 Health Insurance Intent Is Sparked by Word-of-Mouth and Driven by Anxieties Over Costs and Healthcare Access

While word-of-mouth remains the primary spark for health insurance category intent, it is increasingly followed by anxieties over medical inflation and ensuring access to quality healthcare. This urgency to hedge against rising costs is most pronounced among salaried professionals and those in Tier 1 cities.



4 The Path to Purchase Begins With Digital Discovery but Ends With Human Validation

Digital channels like Google and YouTube create awareness, but they rarely close the sale. Human touchpoints like local agents, insurance company employees, and personal networks remain the strongest influencers, underscoring that reassurance and guidance are as crucial as reach.

5 Affordability and Perceived Utility Remain the Primary Hurdles to Sustained Usage

Over 56% lapsed policies discontinue within three years. While many cite premium affordability as the primary reason, a significant portion disengage because they perceive a lack of value, driven by the belief that they are healthy or that their money is better spent on investments.

6 Preparedness Is Still Partial: Confidence Outpaces the Health and Financial Reality

The Health Protection Score, which quantifies the degree of protection Indians hold against health-related financial shocks, reveals that young India's perceived health security is largely an illusion. While most feel fit, few are financially or medically protected. Insurance ownership meaningfully lifts both readiness and confidence.



Preface

2,400+ respondents aged 24-34 years across Tier 1, Tier 2, Tier 3, and Rural cities in India

Research Objective:

To understand Young India's attitude and behavior towards health insurance and assess how their choices reflect real preparedness against medical uncertainty.

Methodology:

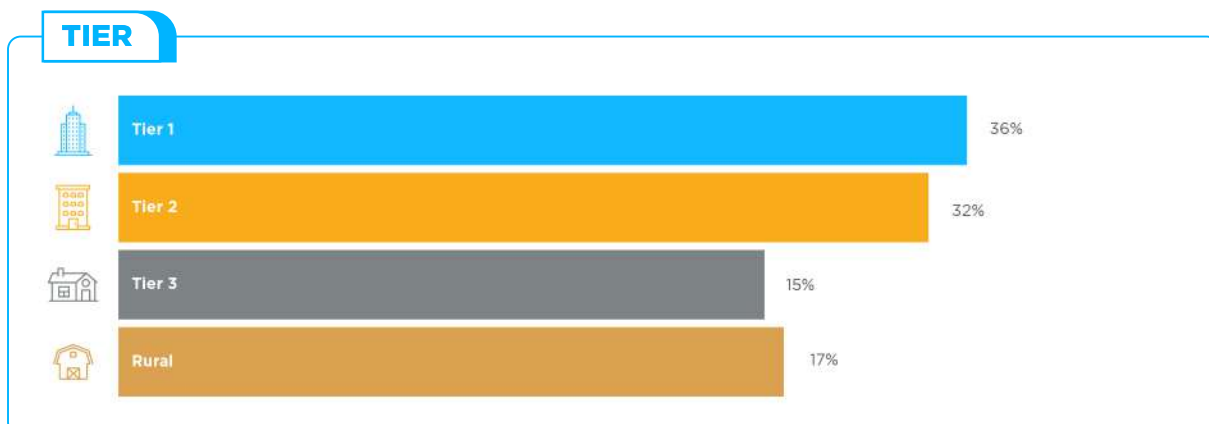
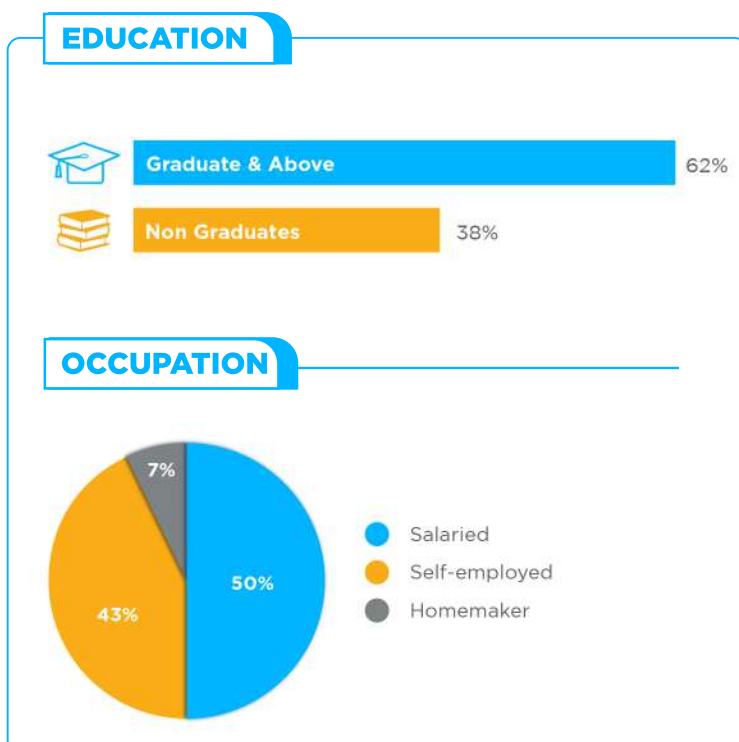
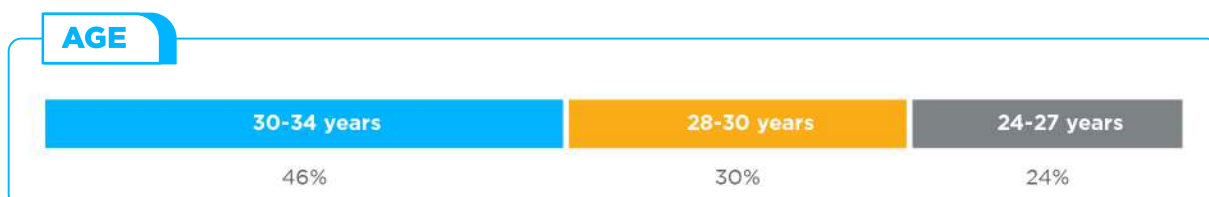
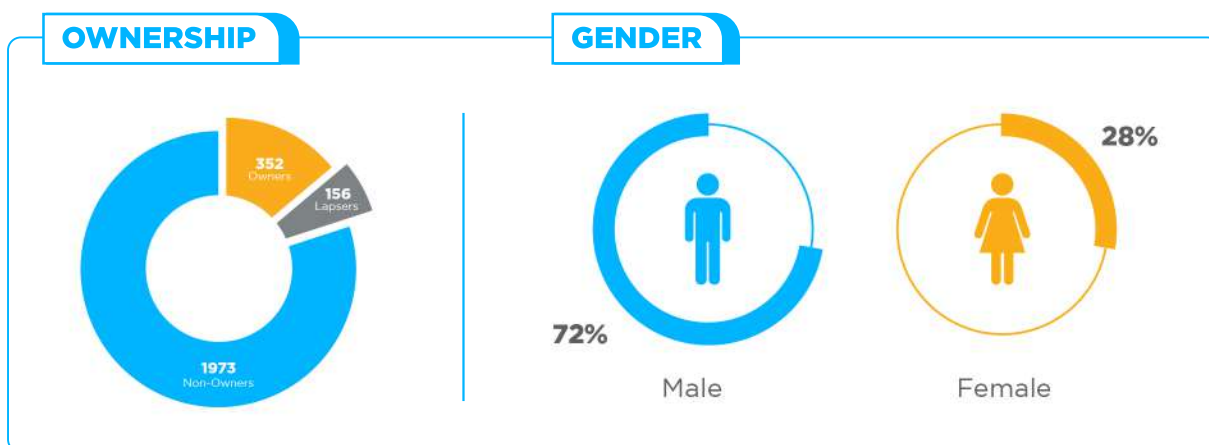
We conducted a quantitative analysis and face-to-face interviews with a structured questionnaire.

Respondent Profile:

We spoke to people who are key decision-makers in choosing financial products. The sample includes men and women aged 24-34, comprising current users, lapsed, and non-owners of health insurance. We interviewed respondents across NCCS AB in urban areas and NCCS ABC in rural areas.



Respondent Breakdown:



Base: All Respondents (n=2481)

Coverage:

The survey sample size was 2,481, covering Tier 1, Tier 2, and Tier 3 cities, as well as rural areas across the length and breadth of India.

NORTH ZONE

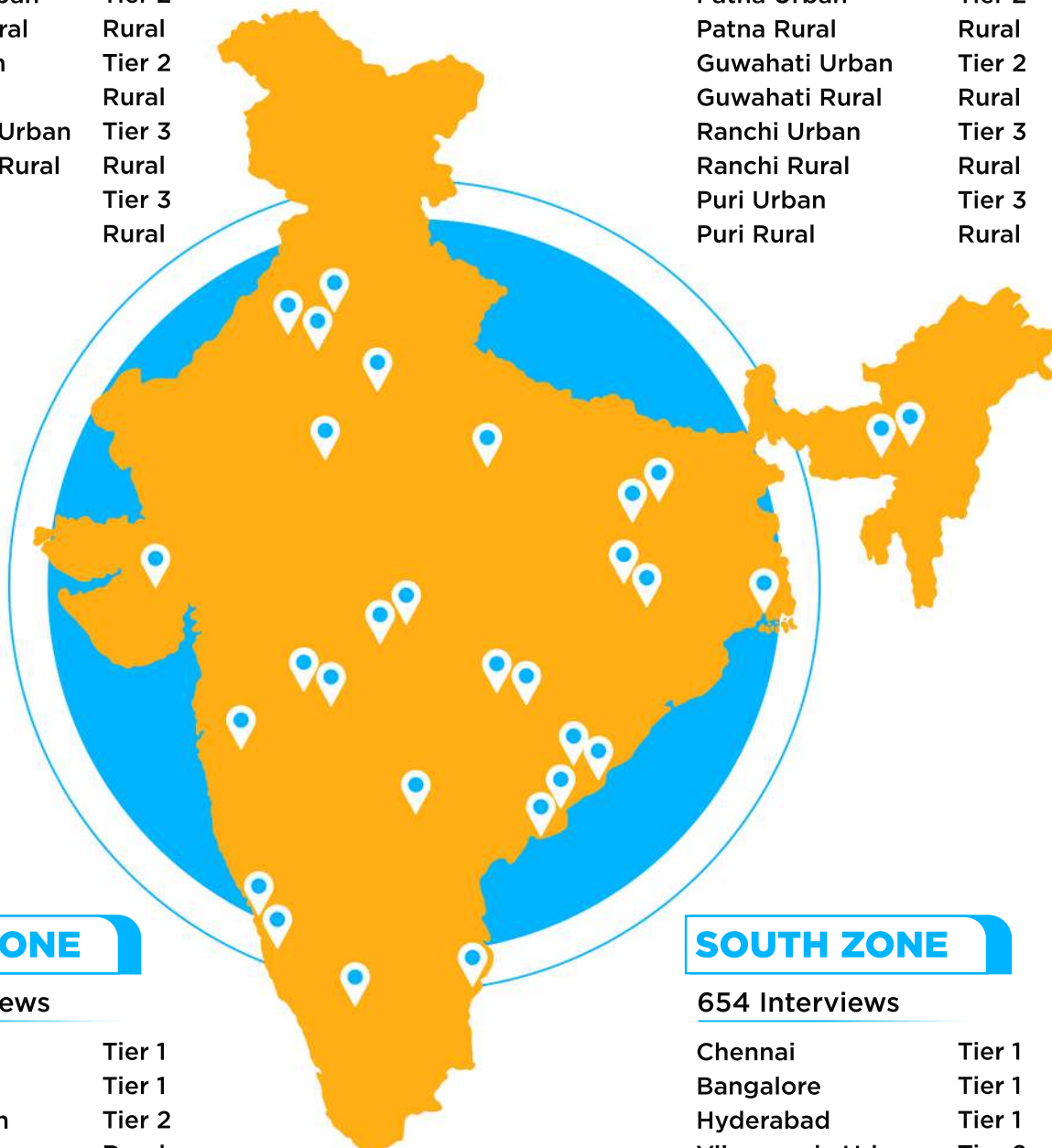
590 Interviews

New Delhi	Tier 1
Lucknow Urban	Tier 2
Lucknow Rural	Rural
Jaipur Urban	Tier 2
Jaipur Rural	Rural
Chandigarh Urban	Tier 3
Chandigarh Rural	Rural
Hisar Urban	Tier 3
Hisar Rural	Rural

EAST ZONE

615 Interviews

Kolkata	Tier 1
Patna Urban	Tier 2
Patna Rural	Rural
Guwahati Urban	Tier 2
Guwahati Rural	Rural
Ranchi Urban	Tier 3
Ranchi Rural	Rural
Puri Urban	Tier 3
Puri Rural	Rural



WEST ZONE

622 Interviews

Mumbai	Tier 1
Ahmedabad	Tier 1
Indore Urban	Tier 2
Indore Rural	Rural
Raipur Urban	Tier 2
Raipur Rural	Rural
Jalgaon Urban	Tier 3
Jalgaon Rural	Rural

SOUTH ZONE

654 Interviews

Chennai	Tier 1
Bangalore	Tier 1
Hyderabad	Tier 1
Vijayawada Urban	Tier 2
Vijayawada Rural	Rural
Vellore Urban	Tier 3
Vellore Rural	Rural
Thrissur Urban	Tier 3
Thrissur Rural	Rural

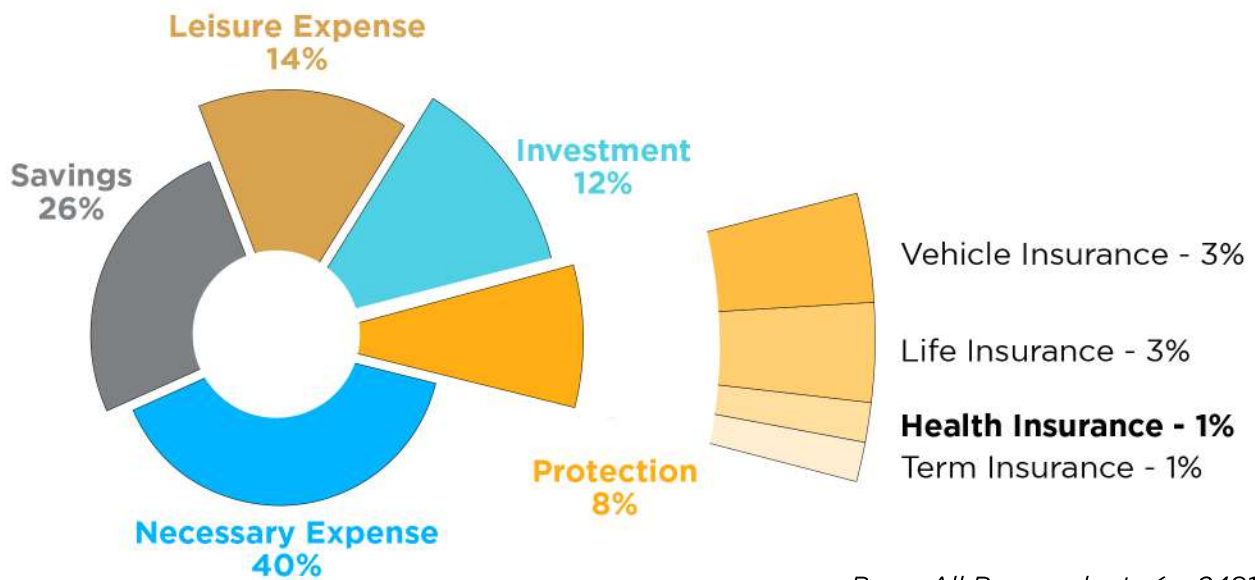


Overall Financial Management of Young India

1 Young Indians Prioritize Immediate Security and Lifestyle Over Long-term Financial Growth

Young Indians demonstrate a disciplined yet conservative approach to money. They are not spending impulsively; they are managing cash flow effectively. However, they prioritize liquidity over long-term wealth creation and protection. This behavior stems in part from a historic lack of formal financial education - only 27% of Indian adults are financially literate, compared to the global average of 35% (National Centre for Financial Education, 2019).

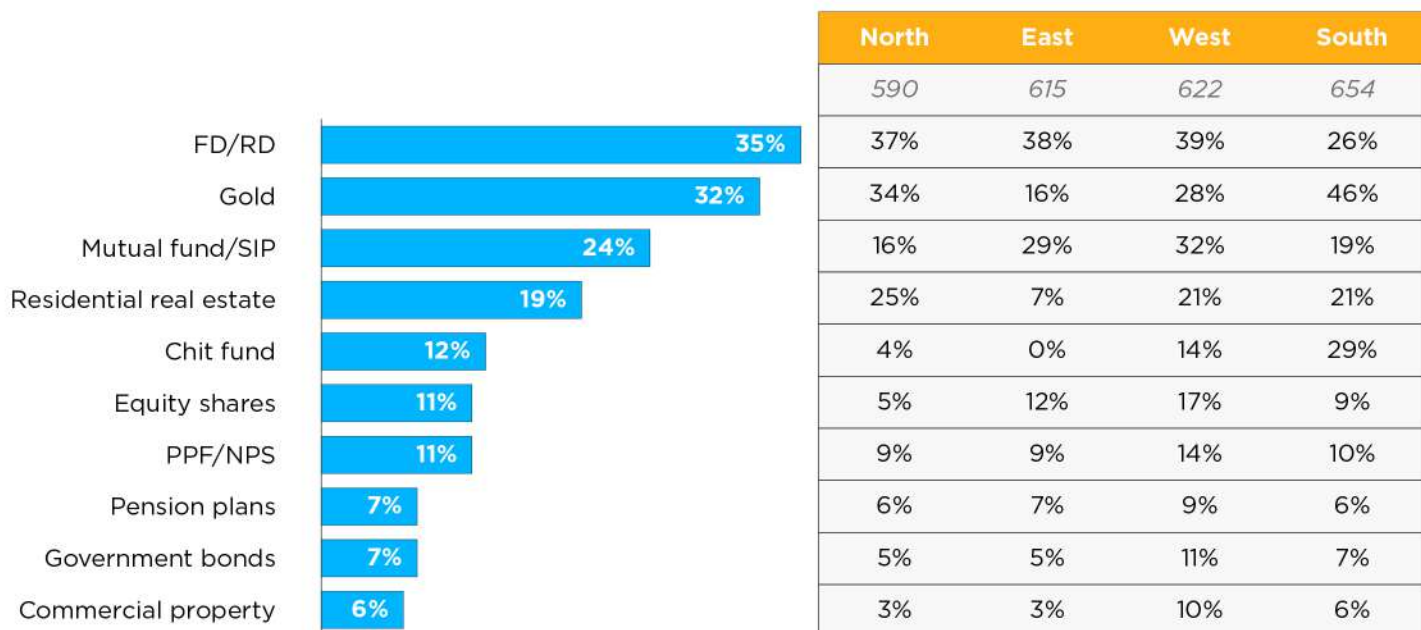
Monthly Expense Distribution: Overall



Base: All Respondents (n=2481)

- **Needs first:** 40% of income goes toward essential expenses such as groceries, commute, and school fees of their children.
- **Liquidity and lifestyle over returns:** Young Indians prefer immediate access and gratification over long-term wealth creation. 26% of income is held as general savings (cash or bank accounts) and 14% goes toward leisure and lifestyle spends, together far exceeding the 12% invested in instruments like FDs, mutual funds, or SIPs.

Investment Ownership: Zone-wise



Base: All Respondents (n=2481)

- **Protection last:** Only 8% of income goes into insurance plans.

Within this, the allocation is lopsided: vehicle and life insurance each take 3% of total income, while personal health insurance accounts for just 1%.



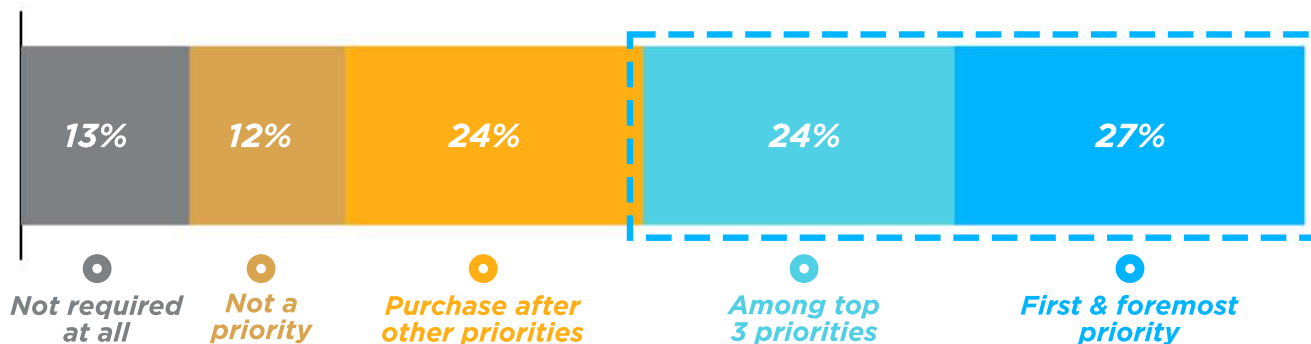
While Young Indians are financially disciplined, their safety net is primarily liquidity and not coverage. They save for tomorrow but they remain vulnerable to the unpredictable and often steep costs of healthcare.



Young India's Interest towards Health Insurance

2 Health Insurance Ranks High in Interest

51% rank health insurance among their top three priorities while evaluating options for both investment as well as insurance.

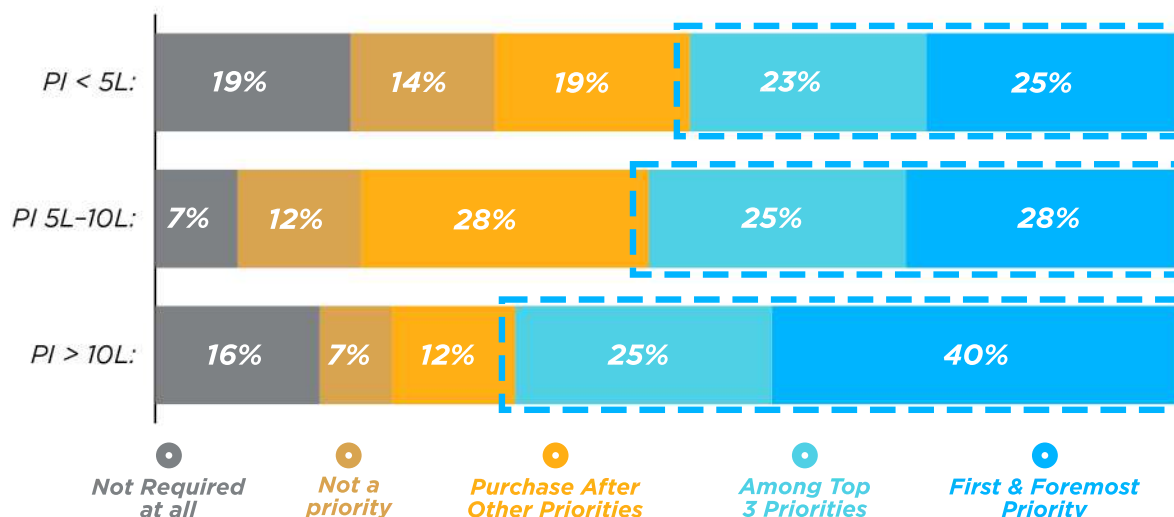


Base: All Respondents (n=2481)

2A. Affordability and awareness shape positive attitudes

This positive interest rises with personal income, reaching 65% among those earning ₹10 lakh or more annually, indicating that higher-income groups are more aware of its importance and feel financially equipped to consider it.

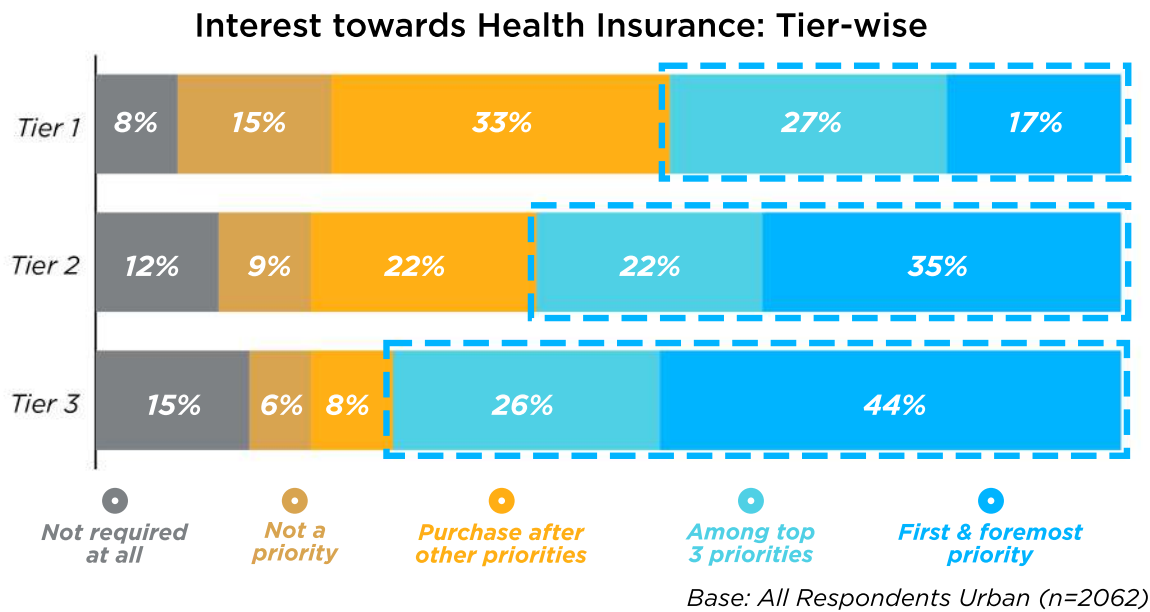
Interest towards Health Insurance: Personal Income-wise



Base: All Respondents (n=2481)

2B. Perceived value peaks beyond tier 1 cities

While 44% young Indians in Tier 1 consider health insurance a priority purchase, the percentage improves to 57% in Tier 2 cities and goes up to 70% in Tier 3 cities. This reflects that the importance of health insurance is even higher outside the Tier 1 cities where it is seen as an enabler to access quality healthcare. This is likely because private healthcare in these regions is limited and feels expensive to them, making personal health insurance a means of securing access to quality treatment for their family. In fact, “access to treatment/hospitals” and “protection for family” emerges as a key purchase trigger for more than 34% of respondents in Tier 2 and Tier 3 towns.





Barriers to Purchase

3 Non-owners Remain Stuck Between Interest and Action

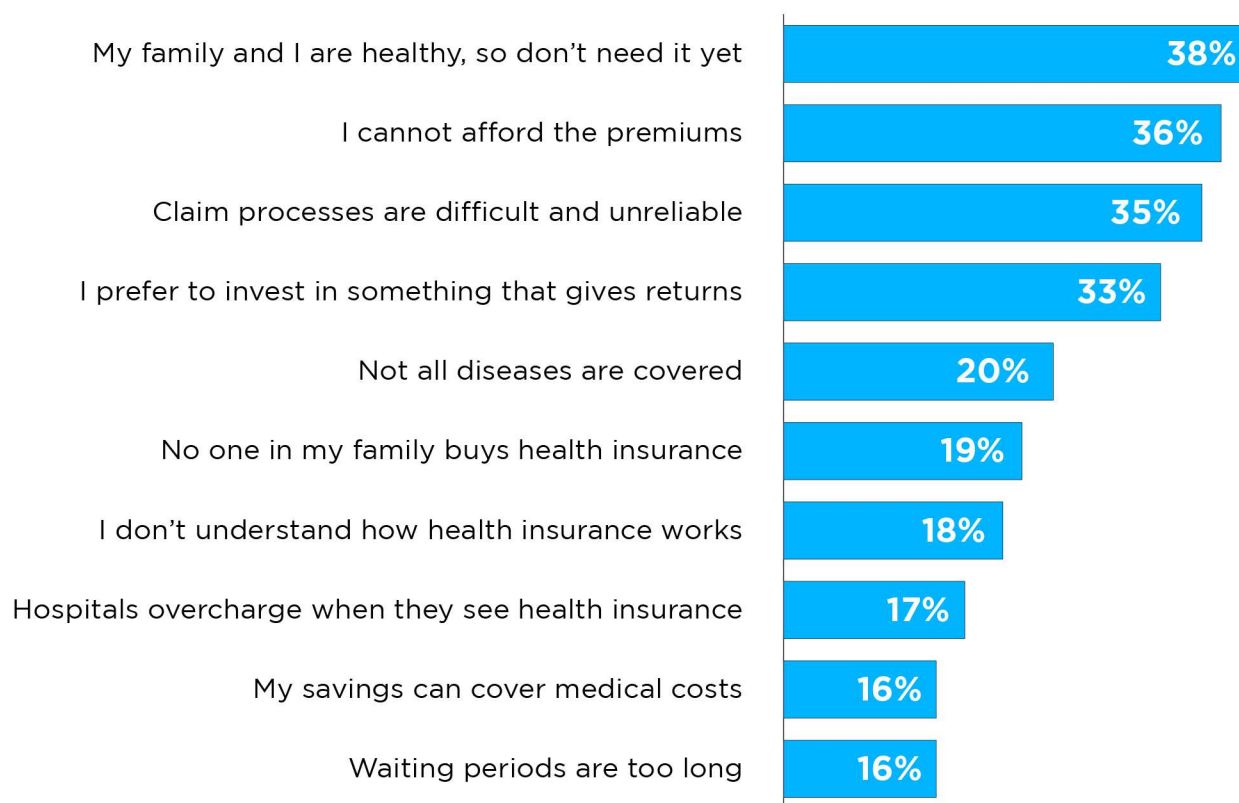
Even though young Indians are positively disposed toward health insurance, conversion remains low. Only 22% of non-owners actively seek information after first being introduced to the category.

3A. Low relevance creates inertia

At a national level, the biggest hurdle is psychological. Young Indians do not see the immediate relevance of health insurance to their current lives.

- 38% of non-owners believe they and their families are "too healthy" to need insurance. This creates a "later" mindset, where purchase is deferred until a medical crisis occurs.
- 33% of respondents view insurance through the lens of traditional investing. They prefer instruments that offer tangible returns, viewing insurance premiums as a "lost" expense if not utilized.

Barriers to Purchase: Overall



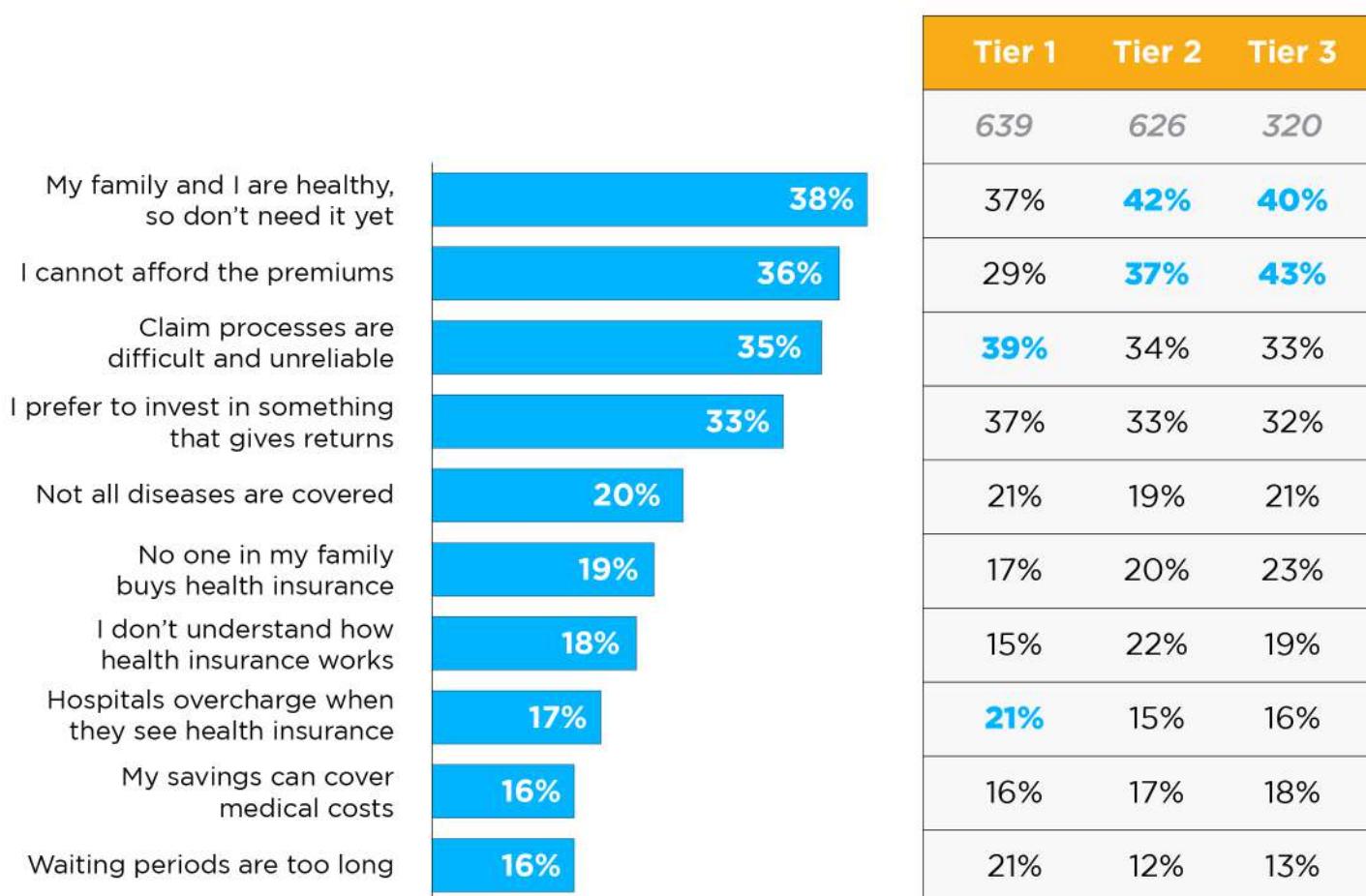
Base: Non-owners (n=1973)

3B. Barriers shift by market maturity

In the most developed markets, a lack of faith in the ecosystem emerges as another deterrent. 39% of non-owners in Tier 1 cities are the most likely to cite "difficult and unreliable claim processes" as a top barrier, compared to 34% or less in other tiers. Furthermore, 21% of Tier 1 respondents perceive that hospitals intentionally overcharge insured patients, significantly higher than the 16% or less reported in lower tiers.

As we move into Tier 2 and 3 cities, the narrative shifts from distrust to distress regarding costs and a lack of perceived urgency. 37% of respondents in Tier 2 and 43% in Tier 3 state they simply cannot afford the premiums, compared to 29% in Tier 1. The belief that "family is healthy" is also more prevalent in these markets, cited by 42% in Tier 2 and 40% in Tier 3, vs. 37% in Tier 1.

Barriers for Purchase: Tier-wise



Base: Non-owners Urban (n=1585)

3C. The self-employed face structural, not just financial gaps

A significant gap exists between interest and ownership for both self-employed and salaried individuals, but the disconnect is particularly severe for the self-employed.

Interest vs. Ownership: Occupation-wise

Occupation Segment	Positive Interest (%)	Health Insurance Ownership (%)
Self-employed	55%	12%
Salaried	48%	15%

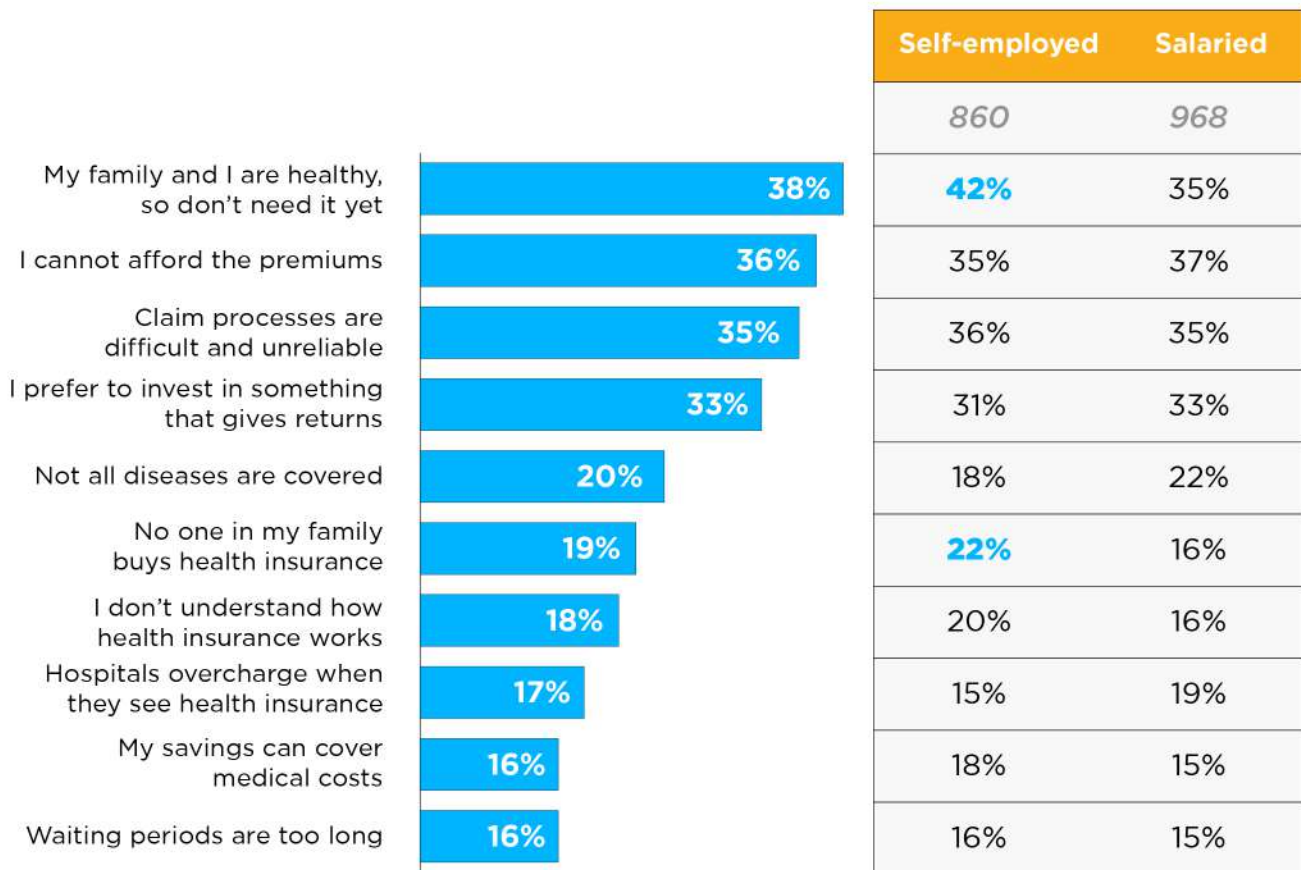
Base: All Respondents excluding Homemakers (n=2297)

The self-employed segment presents a unique paradox: they possess the high positive interest (55%) but the low ownership (12%). The barriers preventing this massive 43% gap from closing are not purely financial; they are deeply rooted in a false sense of security driven by perceived good health and lack of systemic trust.



- The self-employed group is the most likely to cite a perception of good health as a primary barrier to purchase at 42%, compared to 35% for salaried peers.
- Self-employed individuals are the least likely to come from families that buy health insurance; 22% state that no one in their family has health insurance, compared to 16% for salaried youth.

Barriers to Purchase: Occupation-wise



Base: Non-owners excluding Homemakers (n=1828)



Young India is stuck in a high-interest, low-urgency deadlock: they believe insurance is important, but feel they are too healthy to need it today.



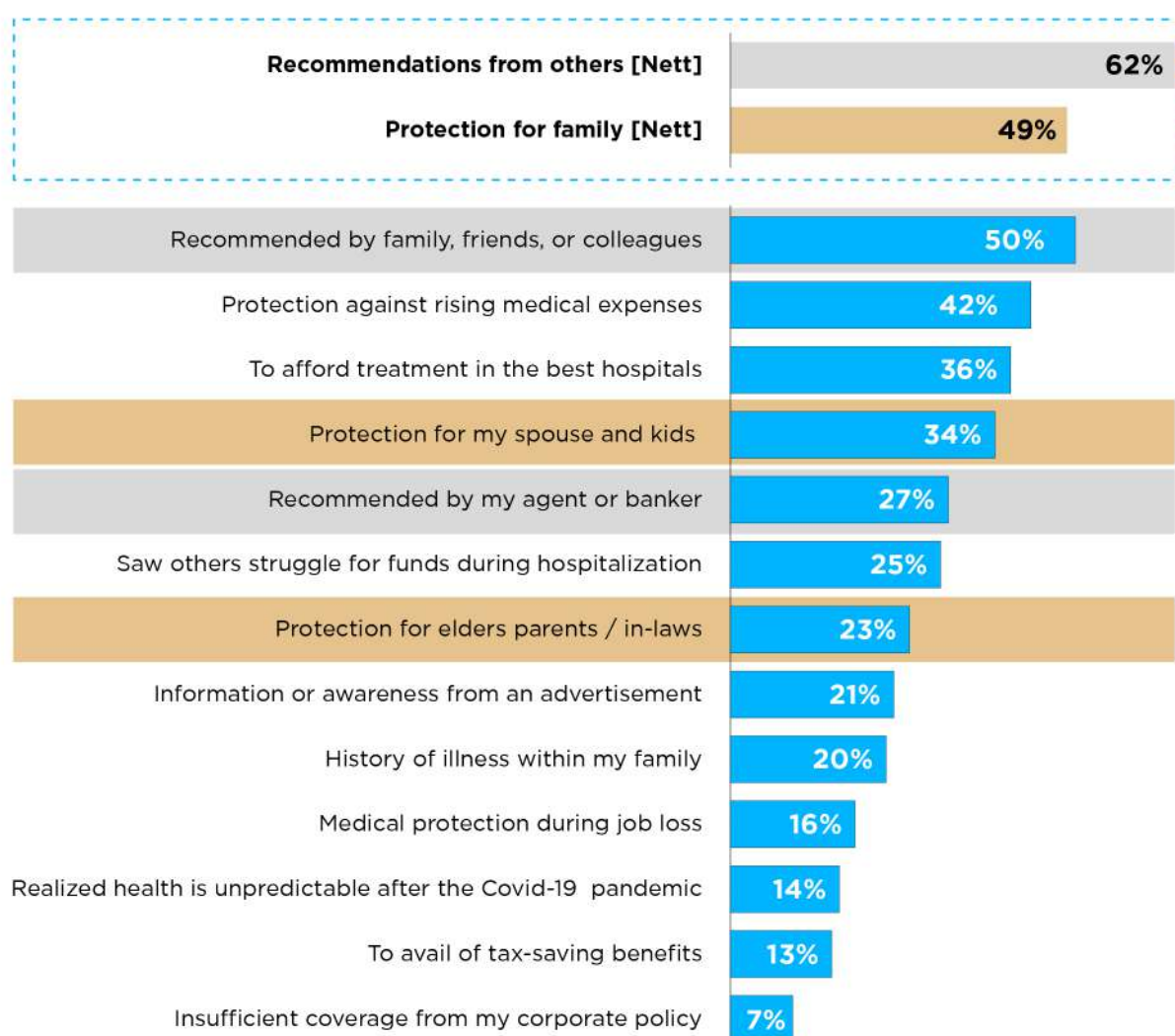
Reasons for Purchase

4 Word of Mouth and Fear of Medical Inflation Drive Purchase Intent

Across all segments, the decision to purchase health insurance is driven heavily by social circles and family protection, alongside the practical need to hedge against inflation. The top reasons for purchase are:

1. Recommendations from others (62%)
2. Protection for family (49%)
3. Protection against rising medical expenses (42%)
4. To afford treatment in the best hospitals (36%)

Reasons for Purchase: Overall



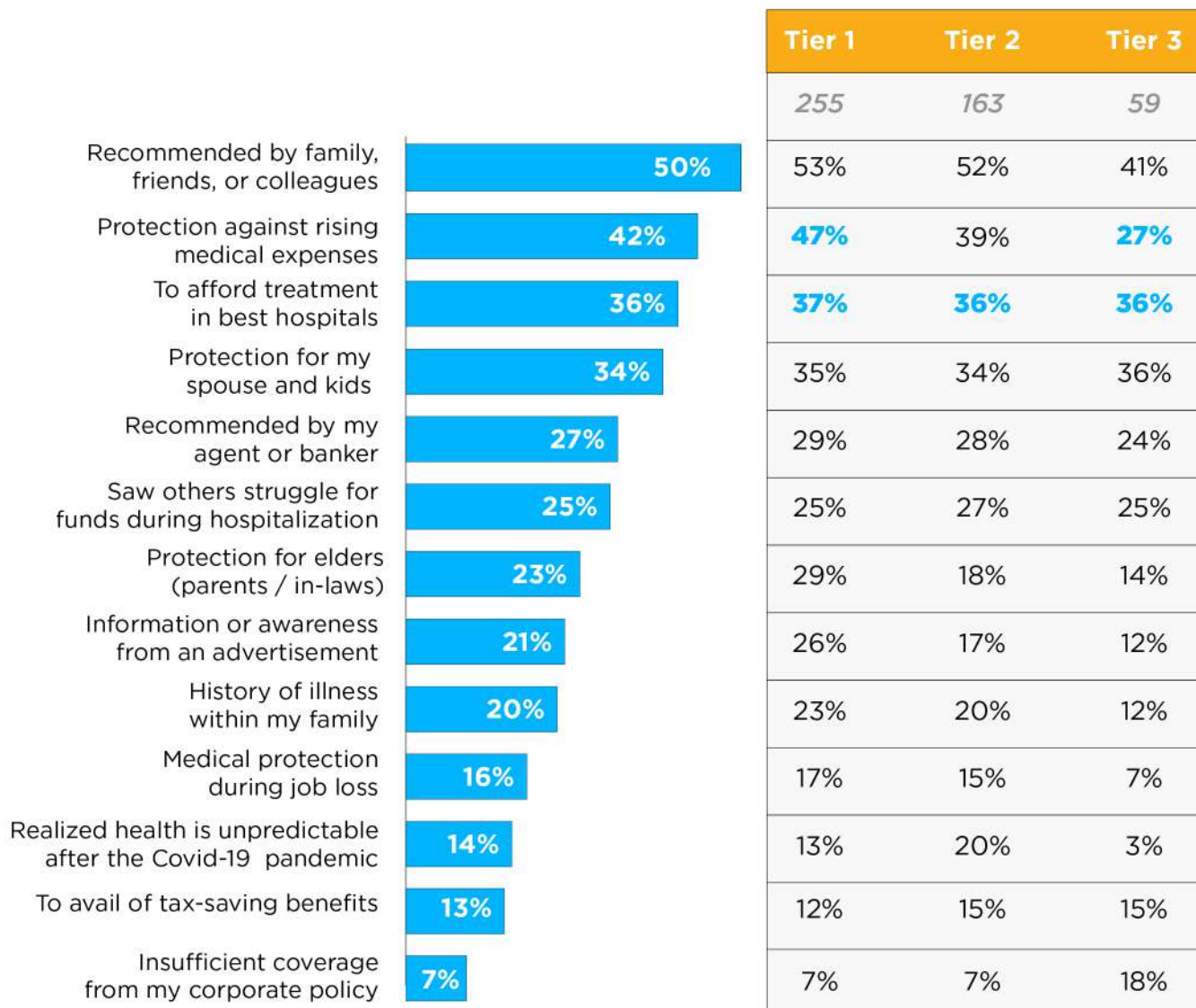
Base: Owners + Lapsers in Urban (n=477)

4A. Healthcare access is a universal need while cost anxiety drives tier 1 cities

- The desire to "afford treatment in the best hospitals" remains high and relatively stable across all three tiers (37% in Tier 1, 36% in Tier 2, and 36% in Tier 3). This highlights a fundamental need across India: Health Insurance is seen as a key to unlocking quality healthcare, regardless of the city size.

- The trigger for "protection against rising medical expenses" is highest in Tier 1 cities (47%) and significantly lower in Tier 3 (27%). This suggests that young people in Tier 1 cities are acutely aware of the high cost of quality healthcare in their high-cost-of-living environment.

Reasons for Purchase: Tier-wise



Base: Owners + Lapsers (n=508)

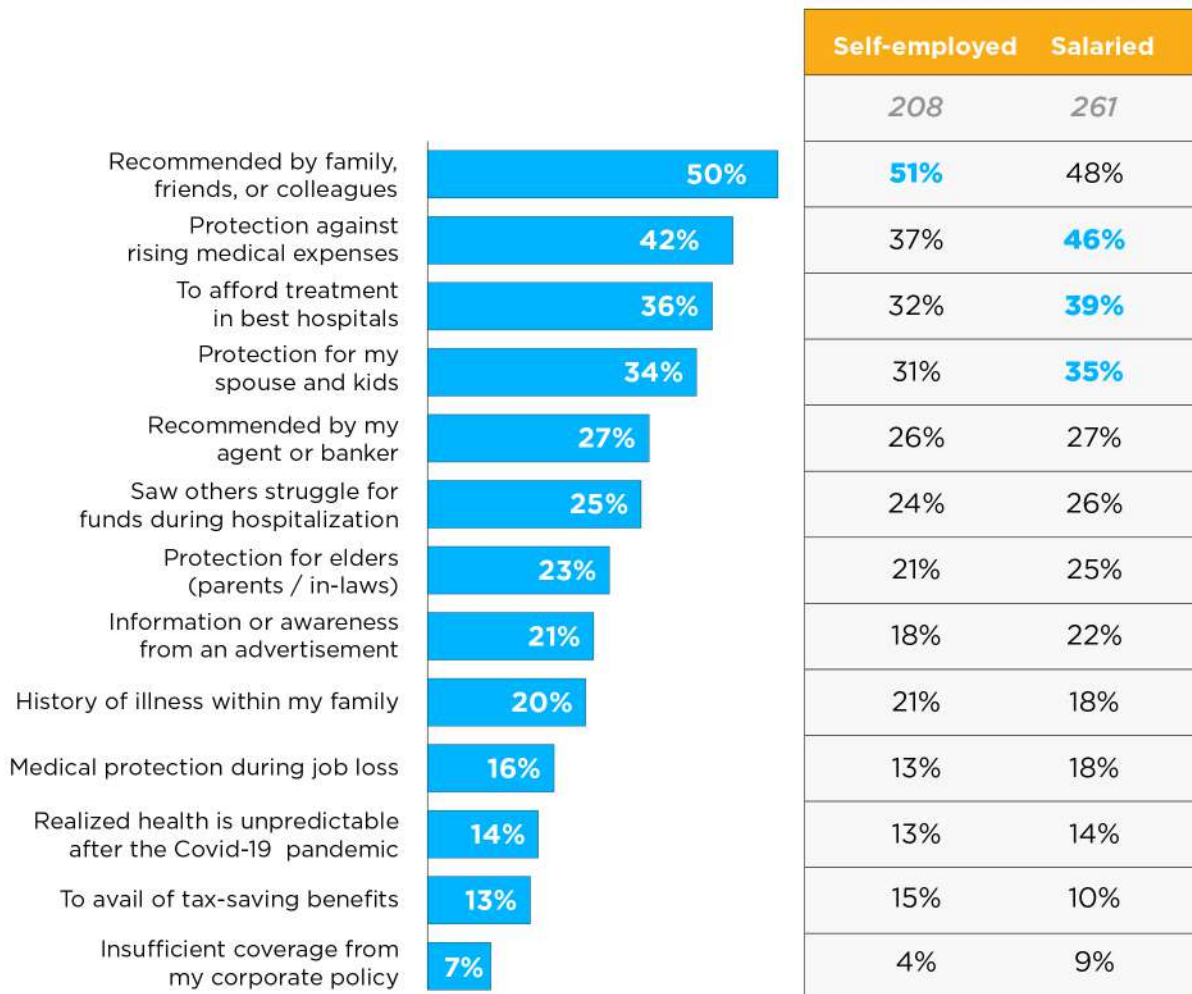
4B. Drivers grow from external trust to internal responsibility depending on occupation

The data reveals a clear divide in purchase motivations based on employment type, growing from a reliance on social validation to a focus on long-term protection.

- The self-employed group relies most heavily on external validation and word-of-mouth, with 51% acting on recommendations from family and friends.

- The salaried youth, on the other hand, are also motivated by focus on financial resilience and family security. They prioritize protection against medical inflation (46% vs. 37% for self-employed) and the ability to afford treatment in the best hospitals (39% vs. 32% for self-employed). Most importantly, they view health insurance as an essential safeguard for their dependents, with 35% citing family protection as a top reason, a 4% lead over their self-employed counterparts.

Reasons for Purchase: Occupation-wise



Base: Owners + Lapsers excluding Homemakers (n=469)

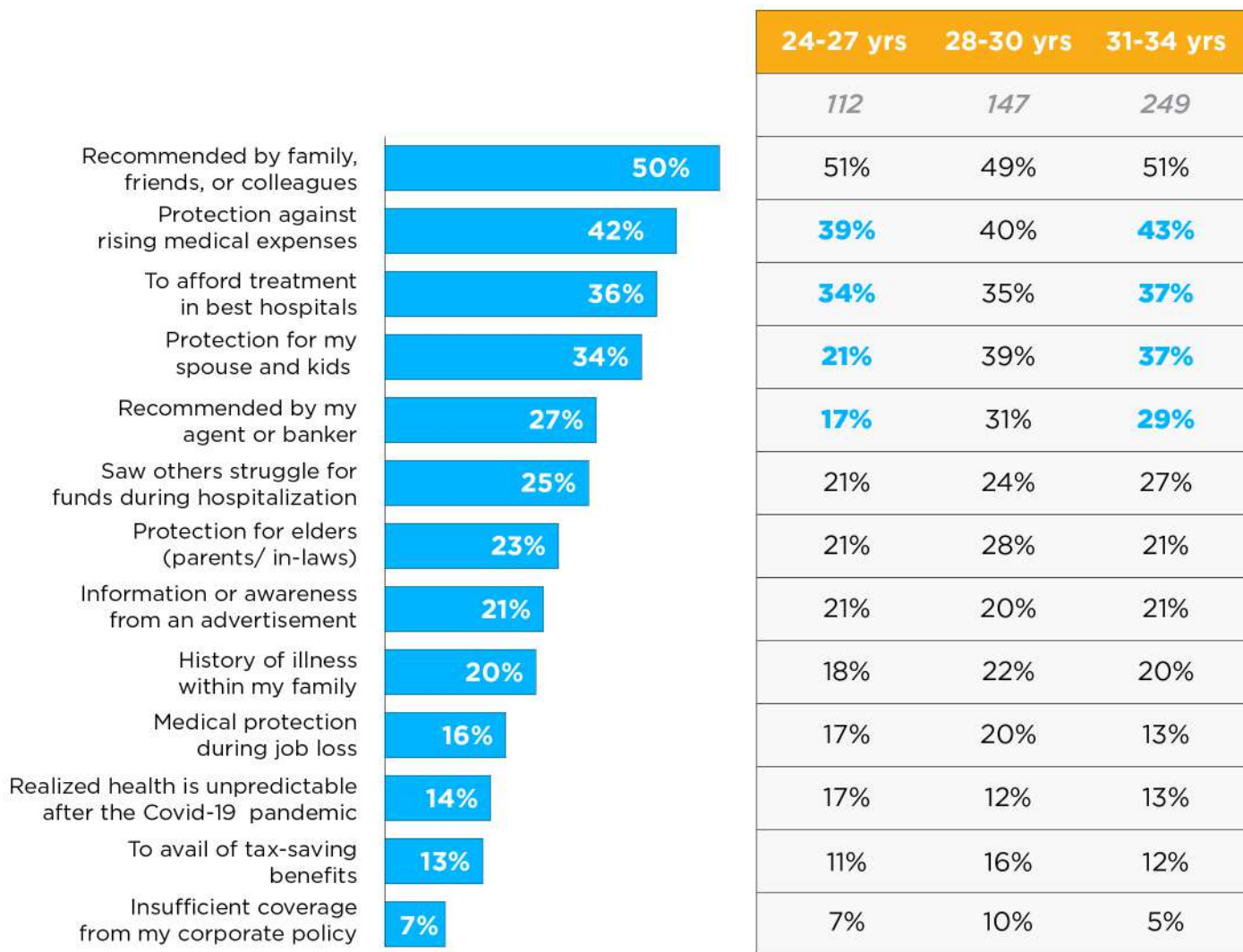
4C. Financial responsibility grows with age, but so does reliance on advisors

As consumers mature, social recommendations remain a foundational reason, but they are increasingly supplemented by personal financial stakes and professional guidance.

- For older cohorts (31–34 years), protection against rising medical expenses at 43% (up from 39% in the youngest group) and the desire to afford treatment in the best hospitals at 37% (up from 34% in the youngest group) strengthen as reasons.

- The most significant addition to the decision-making mix is family protection. Motivation for "protection for my spouse and kids" jumps from 21% in the youngest segment to 37% in the oldest, as individuals transition into parenthood and marriage.
- Age also leads to a higher reliance on experts. Reliance on agent or banker recommendations grows from 17% among the youngest to 29% among the oldest segment.

Reasons for Purchase: Age-wise



Base: Owners + Lapsers (n=508)



The primary drivers of the category reveal a transition from socially-fueled interest to financially-structured action. While family and peer recommendations provide the initial spark, further conversion is increasingly driven by a fear of medical inflation and a growing sense of domestic responsibility as consumers age.



Sources of Information

5 Digital Discovery Builds Awareness, but Human Interaction Drives Action

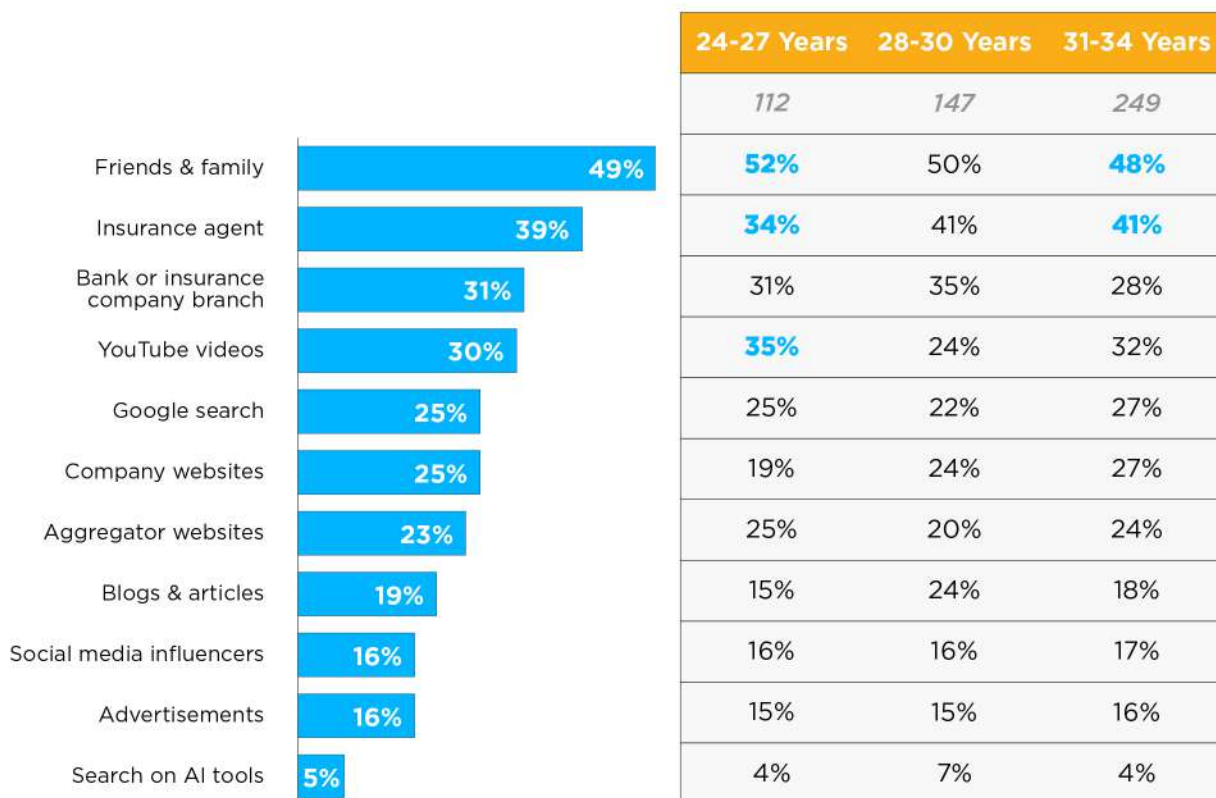
Young Indians today don't necessarily lack access to information, what they lack is conviction to act. While digital platforms have democratized access to financial knowledge, health insurance remains a category where trust outweighs technology in influencing decisions.

5A. Information sources evolve with age

Among those aged 24-27 years, friends and family (52%) are the most common sources of advice. This influence declines slightly with age (to 48%), while reliance on agents rises from 34% to 41%.

Younger consumers are also the most digitally engaged, with 35% citing YouTube as their primary information source.

Sources of Information: Age-wise



Base: Owners + Lapsers (n=508)



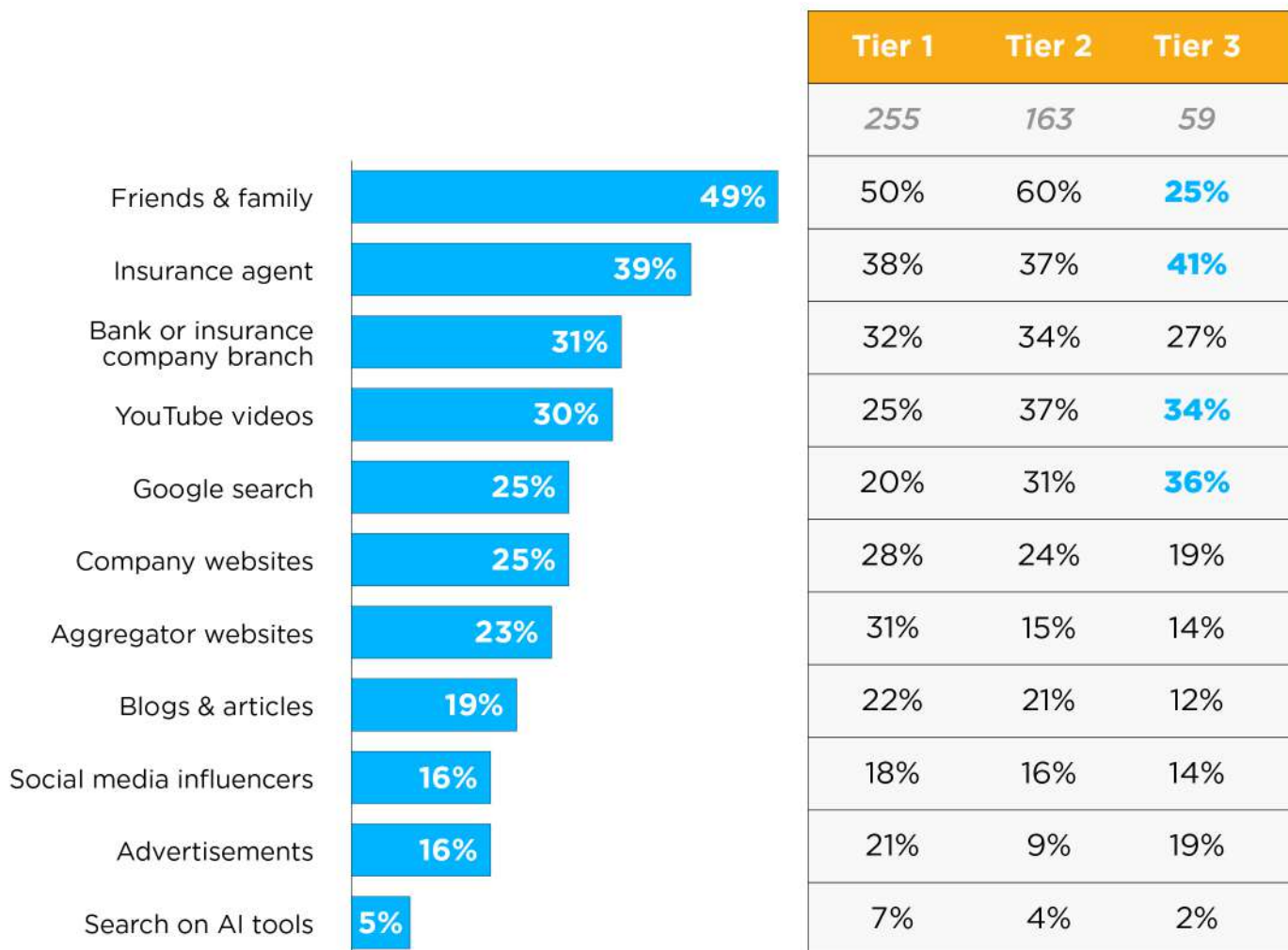
The younger generation learns socially, the older acts professionally. With age comes financial responsibility and with it, a shift from not just peer-driven discovery to advisor-guided decisions.

5B. Smaller towns seek guidance beyond their circle

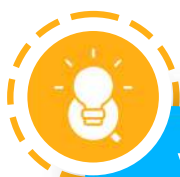
In Tier 3 towns, the influence of personal circles drops sharply - only one in four (25%) rely on friends and family. Instead, they lean on agents (41%), Google (36%), and YouTube (34%) for advice.

This contrasts sharply with Tier 1, where awareness and peer exposure often fill the gap that formal advice occupies elsewhere.

Sources of Information: Tier-wise



Base: Owners + Lapsers in Urban (n=477)



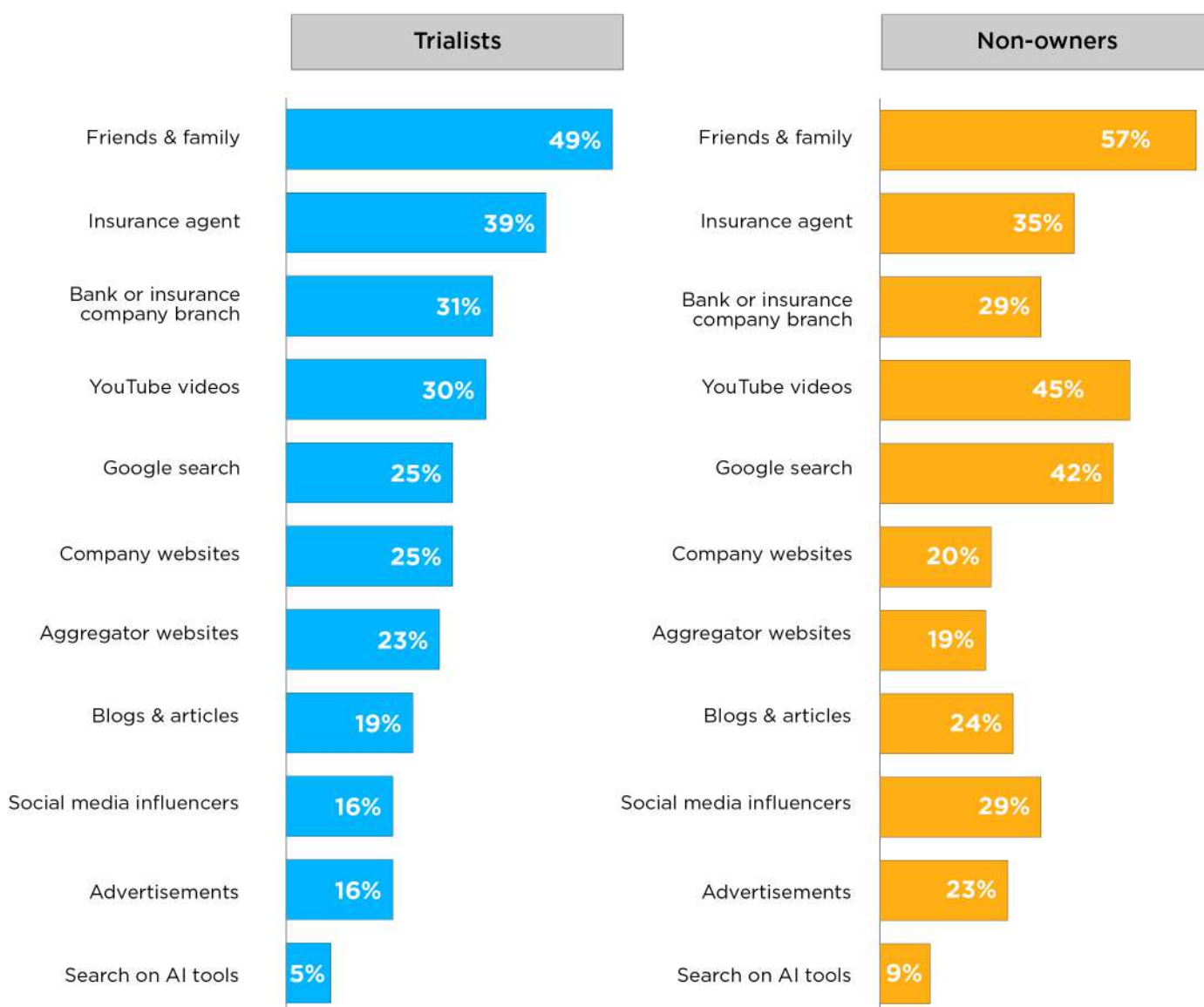
Where experience is limited, expertise takes over. Smaller towns depend more on structured, credible voices to navigate a complex category like health insurance.

5C. Digital activity alone is often insufficient for conversion

Digital platforms fuel curiosity but not commitment.

- Non-owners are most likely to rely on YouTube (45%) and Google searches (42%) for pre-purchase awareness but often stop at exploration.
- In contrast, trialists (owners + lapsers) turn to friends & family (49%) and agents (39%), with these non-digital channels forming their top sources.

Sources of Information: Trialists vs. Non-owners



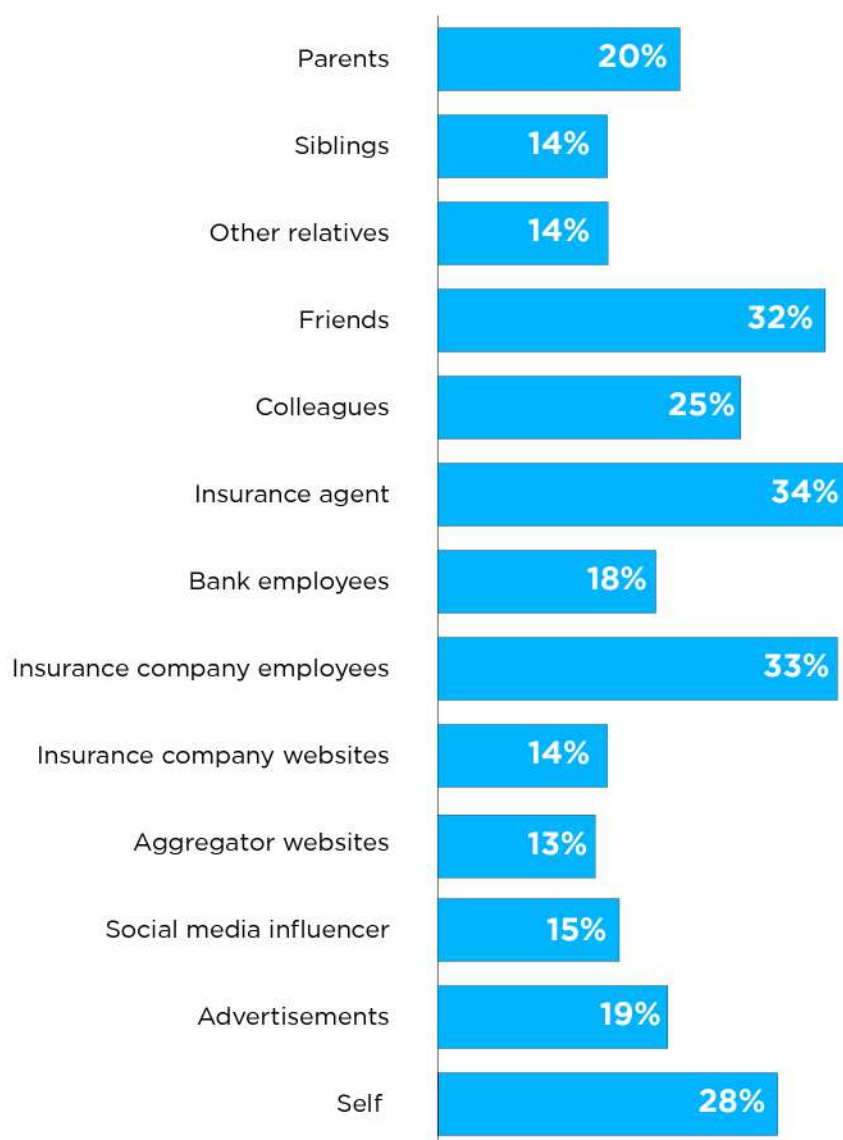
Base: Owners + Lapsers (n=508)

Base: Non-owners who sought information (n=425)

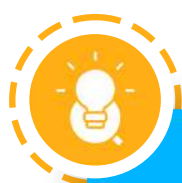
Our data also reveals that although digital channels see high engagement for information (YouTube and Google Search lead across segments), they do not rank highly as final purchase influencers.

Instead, insurance agents, insurance company employees, and close personal networks such as friends and family remain the most decisive in converting interest to action.

Purchase Influencers: Trialists



Base: Owners + Lapsers (n= 508)



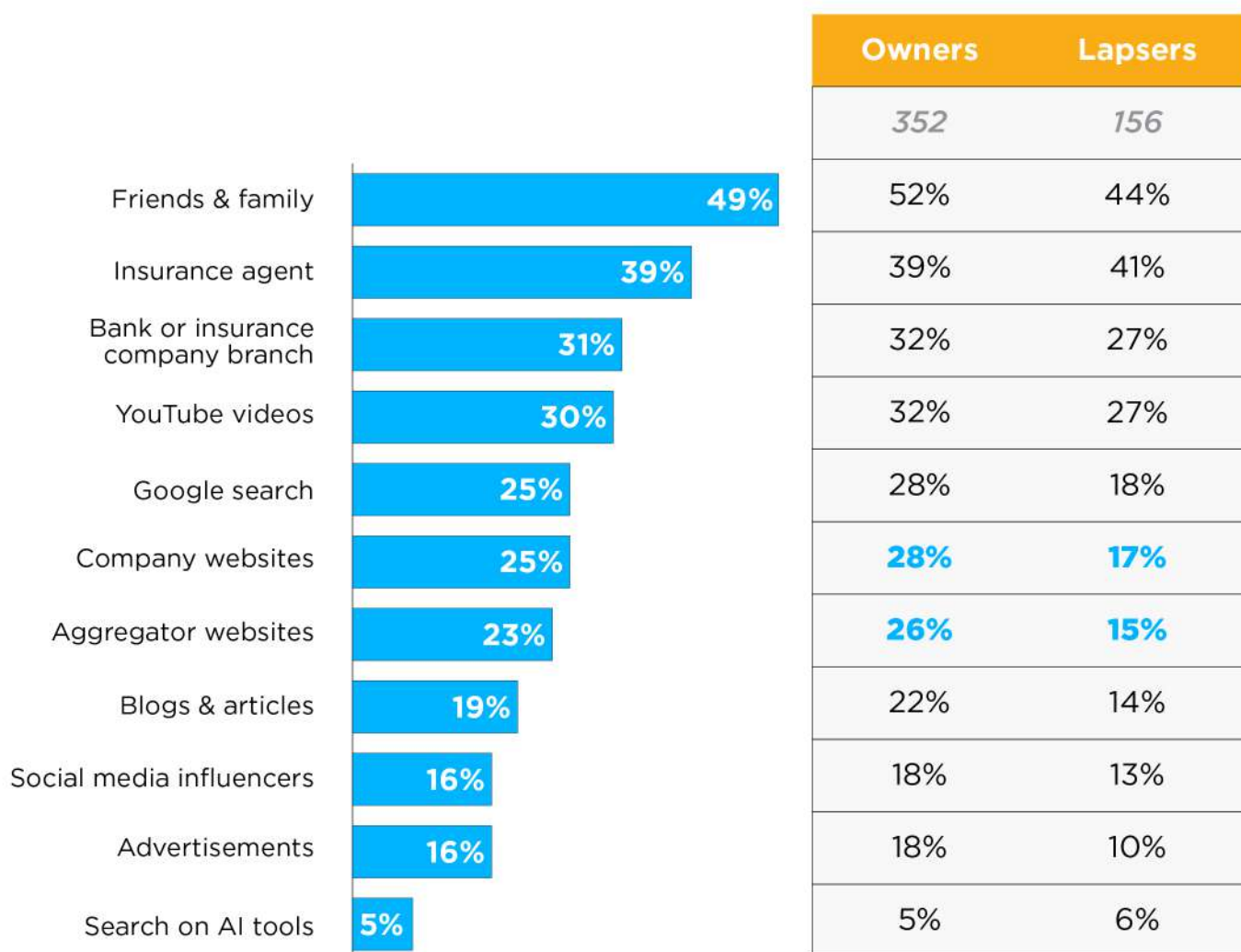
Digital builds awareness; people build trust. Health insurance, a high-involvement, low-frequency purchase, still needs human reassurance to overcome inertia and close the sale.

5D. Informed comparison reduces lapse risk

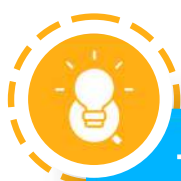
Policyholders who remain active tend to be more deliberate and research-led in their purchase journey. About 28% of owners compared premiums before buying, compared to only 17% of lapsers. Similarly, 26% of owners compared policies, while just 15% of lapsers did the same.

This suggests that lapsers often enter the category impulsively or with incomplete understanding, leading to early disconnection once the policy feels burdensome or unclear in value.

Sources of Information: Owners vs. Lapsers



Base: Owners + Lapsers (n=508)



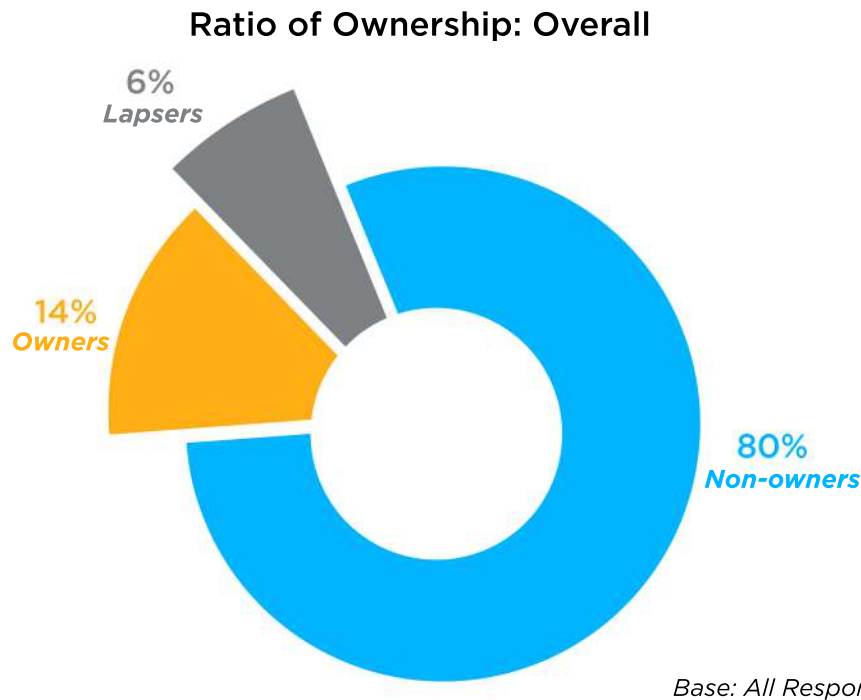
The more informed the buyer, the more sustained the ownership. Comparative evaluation builds confidence and long-term stickiness, turning a first-time purchase into a retained policy.



Who Is Buying?

6 Health Insurance Ownership Is Concentrated Among the Affluent and Financially Disciplined

Despite strong interest, only 14% of young Indians currently own a personal health insurance plan. Ownership remains highly polarized across income, occupation, and geography, highlighting a persistent gap between intent and action.



6A. Access and Affluence Still Define Who Buys

Ownership rises sharply with both urbanization and income. While just 3% of rural youth hold a policy, this figure climbs sevenfold to 21% in Tier-1 cities, underscoring the role of access, awareness, and exposure in driving adoption.

Ownership: Tier-wise

	Tier 1	Tier 2	Tier 3	Rural
Base	894	789	379	419
Owners	21%	14%	10%	3%
Lapsers	8%	7%	6%	4%
Non-owners	71%	79%	84%	93%

Base: All Respondents (n=2481)

The divide widens further when income is factored in: 35% of those earning above ₹10 lakh are insured, indicating that health insurance continues to be seen as a product of financial readiness, not a universal necessity.

Ownership: Based on Personal Income

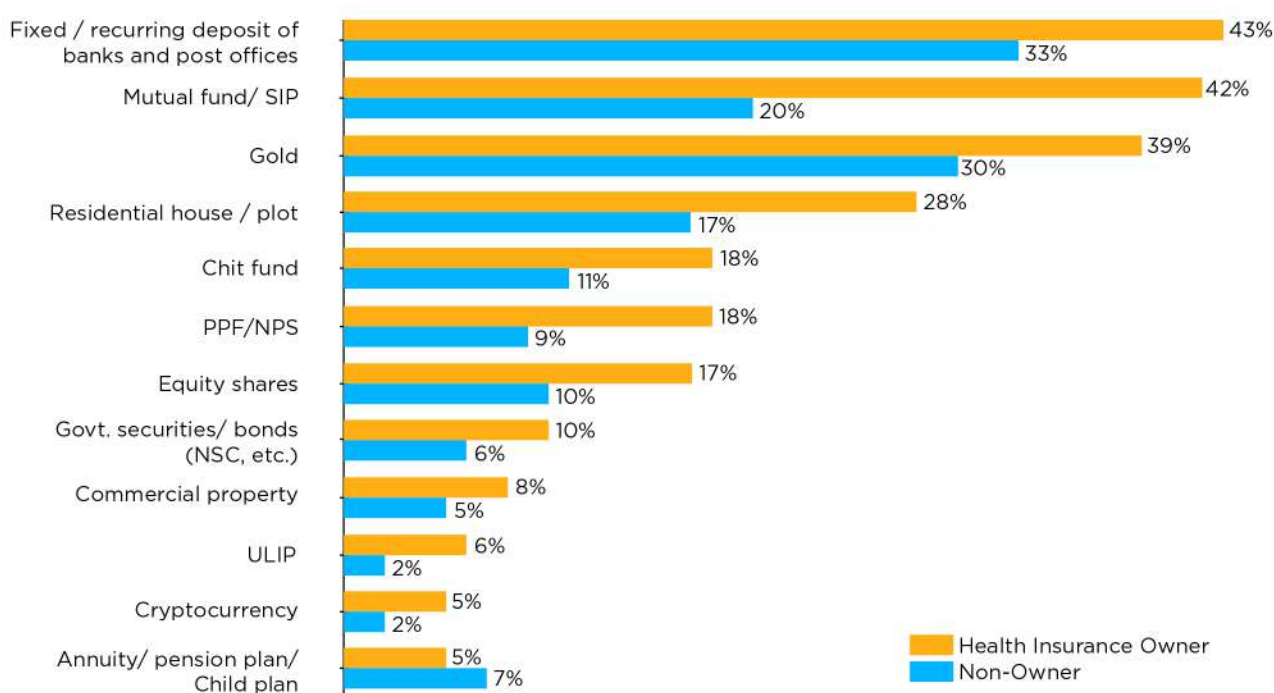
	<5 Lakh	5-10 Lakh	>10 Lakh
Base	1123	1254	104
Owners	6%	20%	35%
Lapsers	4%	8%	5%
Non-owners	90%	72%	60%

Base: All Respondents (n=2481)

6B. Ownership reflects financial discipline, not just income

Beyond income, behaviour matters. Insured youth (Owners) display a more disciplined and diversified financial profile than the uninsured (Non-owners). They are twice as likely to invest in long-term financial instruments like mutual funds/SIPs (42% vs. 20%) and PPF/NPS (18% vs. 9%). For these buyers, health insurance is not an isolated purchase but part of a broader, risk-managed financial strategy—the mark of maturity rather than mere affordability.

Investment Portfolio Profile: Owners vs. Non-owners

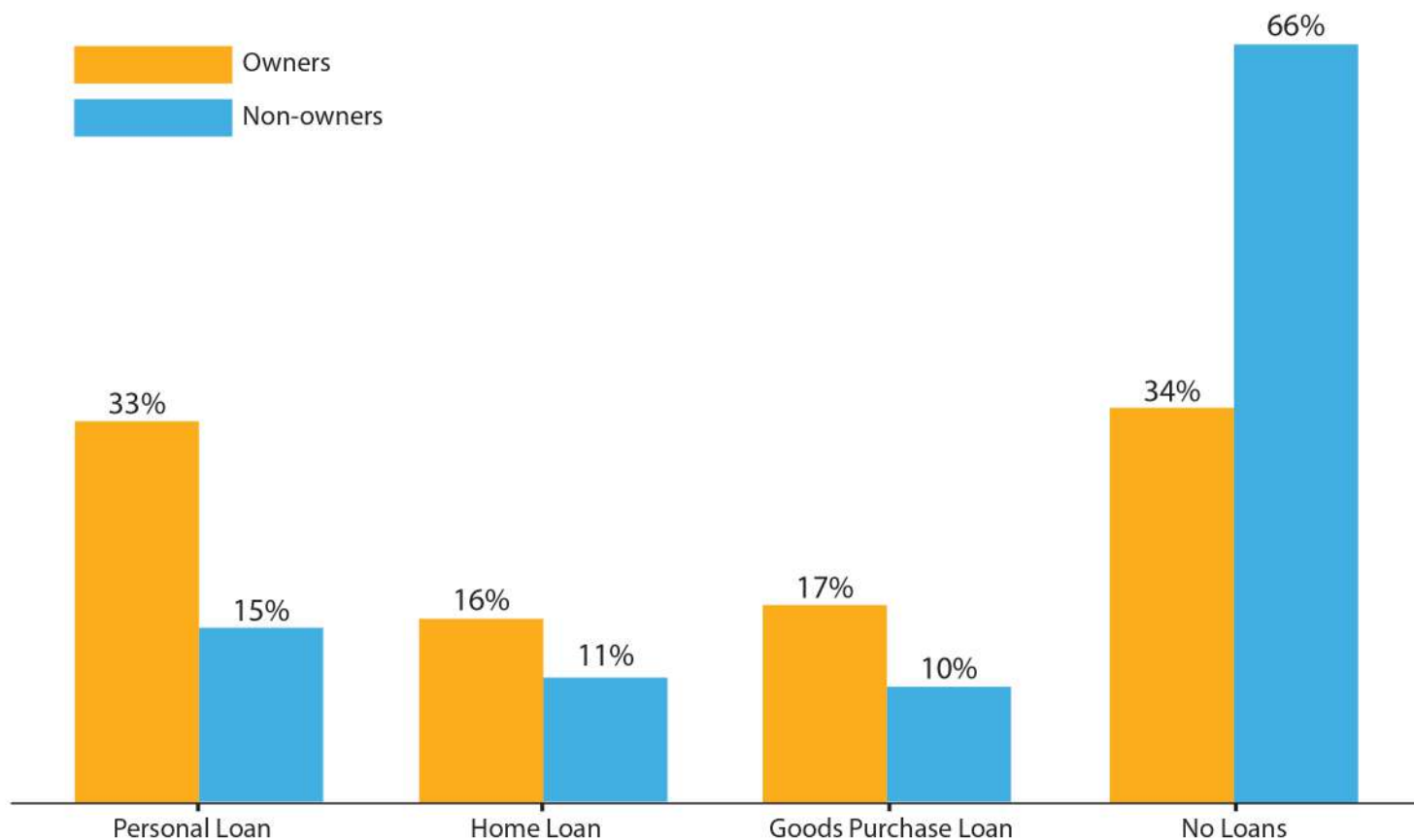


Base: Owners + Non-Owners (n=2332)

6C. Loans are a catalyst for financial responsibility

Interestingly, health insurance ownership is higher among those servicing loans. This correlation suggests that financial obligations such as home or education EMIs act as a catalyst for responsibility. The fear of a medical emergency disrupting these commitments turns health insurance from an optional expense into a pragmatic safeguard.

Loans: Owners vs. Non-owners



Base: Owners + Non-Owners (n=2332)



Health insurance ownership among young Indians is driven by access, affluence, and accountability. Those who already manage structured financial lives through loans, disciplined saving, or diverse portfolios, are more likely to see health insurance as essential. The rest still view it as a discretionary product, purchased when they “can afford to,” not when they must.

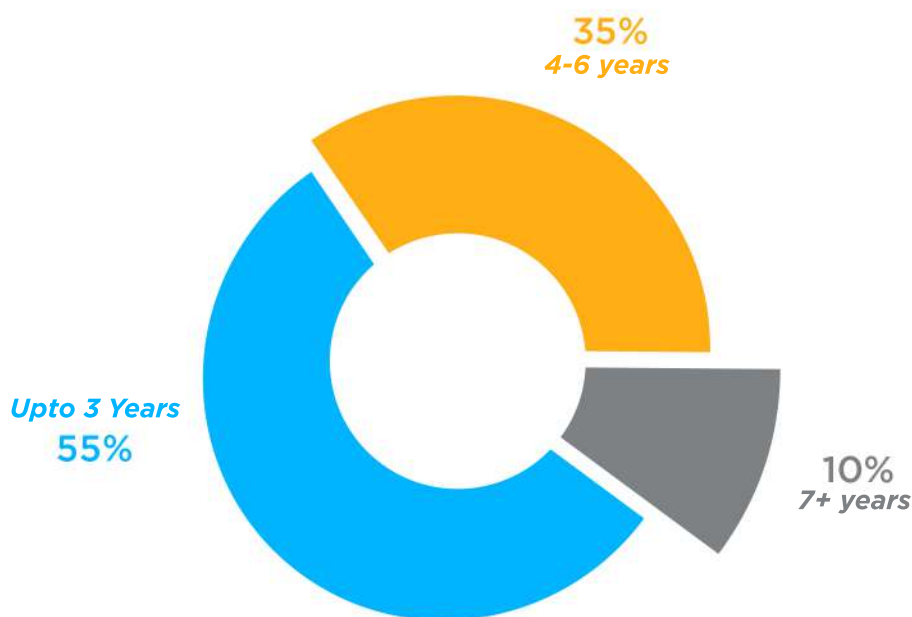


Reasons for Lapsing

7 Early Exit from the Category Reflects Cost Pressure and Perceived Low Value

Early attrition by young Indians is a defining challenge for the category. More than half of young policyholders who lapse do so within the first three years of purchase, indicating that initial adoption often lacks long-term conviction.

Initial Period of Ownership: Lapsers



Base: Lapsers (156 respondents)

7A. Affordability is the most common cause of exit

Among lapsers, affordability dominates as the primary driver for discontinuation. 46% cited they could no longer afford the premium payment. This is corroborated by the fact that 66% of lapsers carry active financial liabilities. Specifically, 33% are managing personal loans and 17% are servicing home loans. In these households, insurance premiums seem to compete with loan repayments, making the policy a prime candidate for cost-cutting.

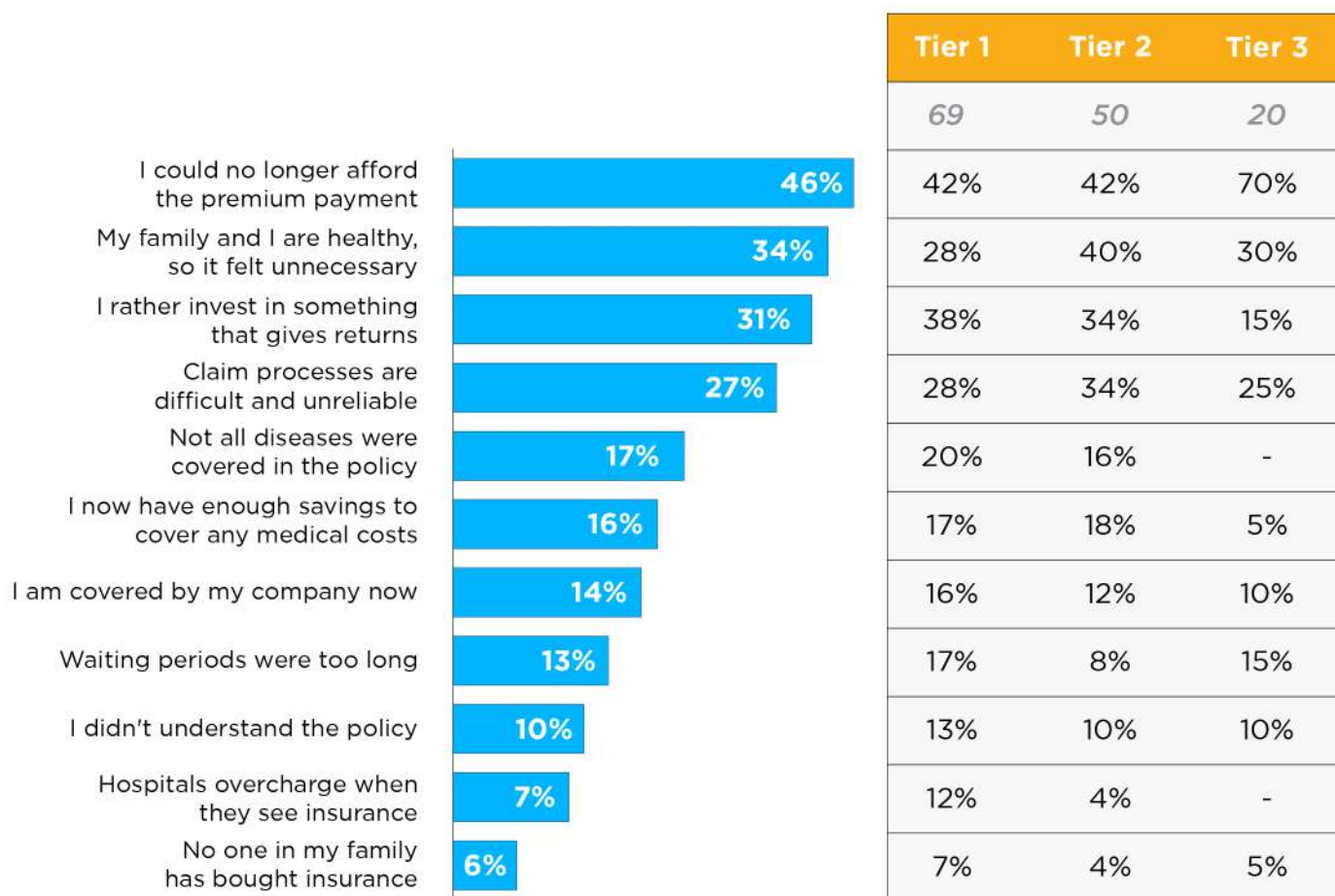
7B. Perceived low utility also drives disengagement

A significant portion of lapsers disengage because they do not perceive sufficient value in a "protection-only" product compared to other financial avenues.

- 34% discontinued their policy because they felt they and their families were healthy, viewing the premium as an unnecessary expense.

- 31% opted to "rather invest in something that gives returns," treating insurance as a sunk cost rather than a safeguard. This sentiment is notably strong in Tier 1 cities (38%), where the opportunity cost of capital is felt more acutely.
- 17% cited that "not all diseases were covered," suggesting that a lack of comprehensive understanding or perceived exclusions further devalues the plan in the consumer's mind.

Reasons for Lapsing: Tier-wise



Base: Lapsers (156 respondents)



The low utility mindset is the cognitive counterpart to the affordability issue. While 46% stop because of the cost, the belief that the family is healthy or that money is better spent on investments explains why the insurance premium is the first item cut from the budget.



Outlook towards Health Status

8 Young Indians Largely Believe They Are in Good Health

Young India is confident, but when it comes to health, that confidence can turn into denial. A significant portion of the demographic operates under a "self-declared" clean bill of health, creating a psychological barrier where health insurance feels unnecessary because the health risk feels non-existent.

8A. Unvalidated confidence masks the true health status of the uninsured

- A staggering **29% of non-owners** admit they have never followed a healthy lifestyle, or validated their health condition with a doctor or check-up, compared to just **10% of owners**.

No Healthy Lifestyle or Medical Checks: Ownership-wise

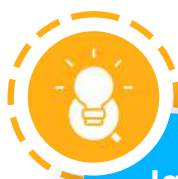
Overall	Owners	Non-owners
26%	10%	29%

- Additionally, **65% of non-owners** claim to have "no current ailments." in sharp contrast, owners—who visit doctors more often and get regular health check-ups done—are more realistic; only **43%** claim to be completely ailment-free.

Current Health Ailments: Ownership-wise

Overall	Owners	Non-owners
61%	43%	65%

This exposes a critical behavioral loop: non-owners feel healthier simply because they don't look for problems. This "unvalidated confidence" acts as a massive barrier to insurance adoption, with **38% of non-owners** citing "my family is healthy" as their primary reason for not buying protection.

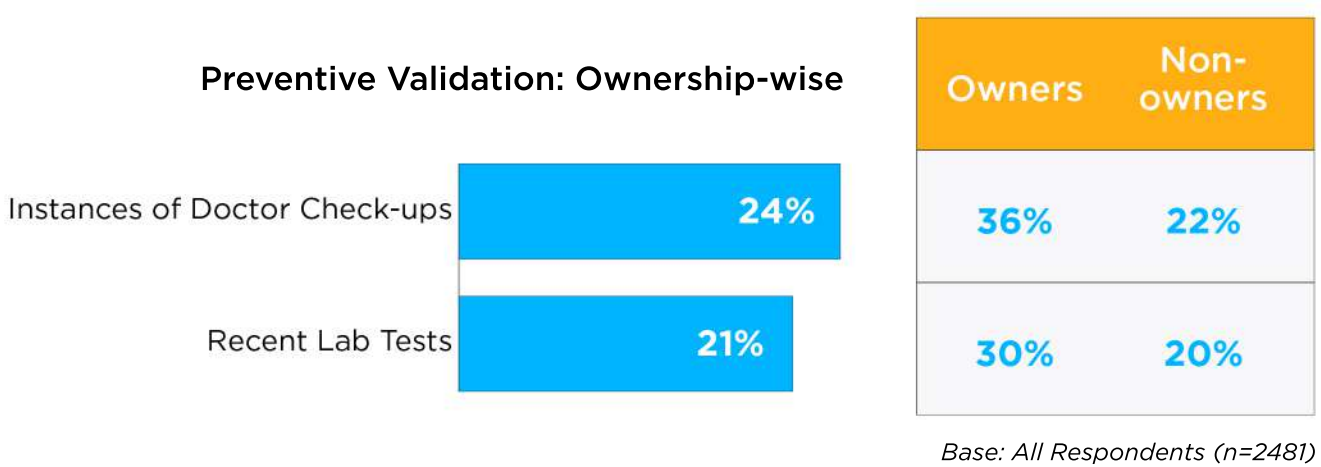


Ignorance is not bliss; it is risk. Non-owners confuse "lack of diagnosis" with "lack of disease," creating a false sense of security that delays financial protection until it is often too late.

8B. The illusion of invincibility creates an action gap

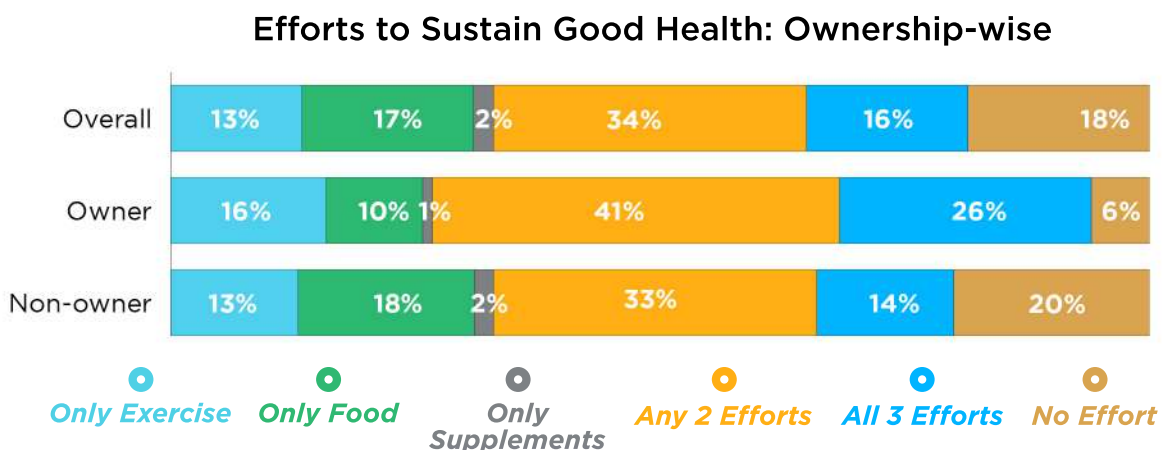
The "invincibility" mind-set directly creates an "action gap," because they believe they are fine, non-owners engage in significantly less preventive care, turning healthcare into a reactive "repair job" rather than a proactive "maintenance project."

- Ownership drives engagement. **36% of owners** go for regular doctor check-ups, compared to just **22% of non-owners**.
- Similarly, **30% of owners** have undergone recent lab tests, whereas only **20% of non-owners** have done the same.



This apathy leaves the uninsured vulnerable to silent risks. While they avoid the doctor to save money or time, they miss the early warning signs that the insured—through their regular touchpoints with the medical ecosystem—are more likely to catch.

- This risk is compounded by a lack of effort. **1 in 5 (20%) non-owners** make *absolutely no effort* to sustain good health (diet, exercise, or supplements), compared to just **6% of owners**. Conversely, owners are nearly twice as likely to engage in "all 3 efforts" (26% vs. 14%).

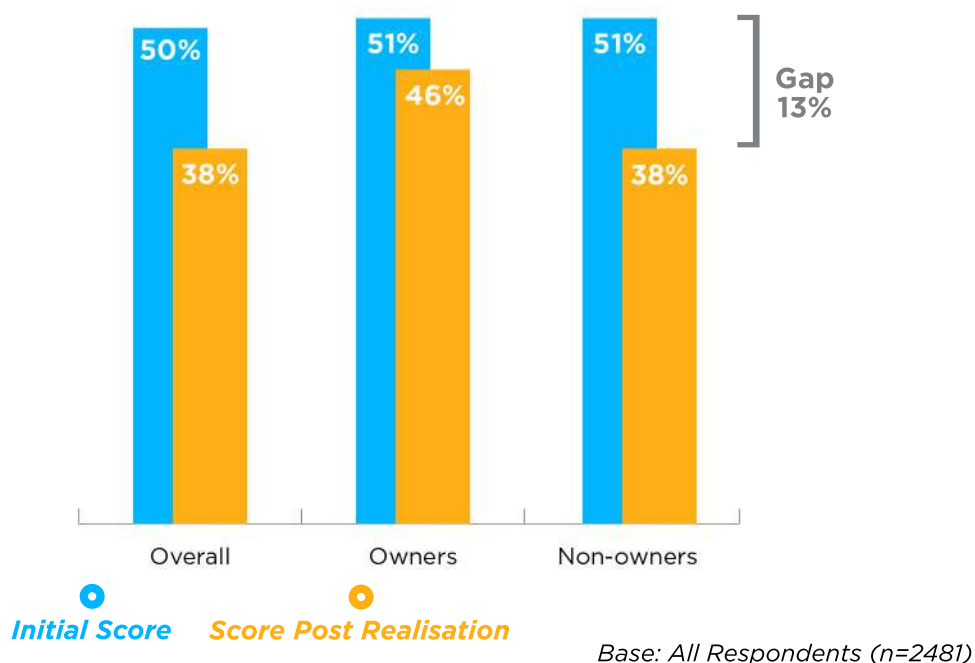


8C. Confronting family medical history shatters the "healthy family" illusion

The fragility of this optimism is exposed the moment young Indians are forced to confront their reality.

- Initially, **51%** of non-owners rated their family's health as excellent. However, after being prompted to think about actual family history, this score dropped to **38%** - a significant **13% gap**.

Family Health Rating: Initial vs. Post Realisation
(Rated "excellent", "very good" on a 5 pt scale)



The "Gap" represents the market opportunity. The 13% drop in confidence when faced with family history reveals that optimism is fragile. Triggering this "realization" through conversations about hereditary risks is the key to breaking the illusion of invincibility.

9.1/10

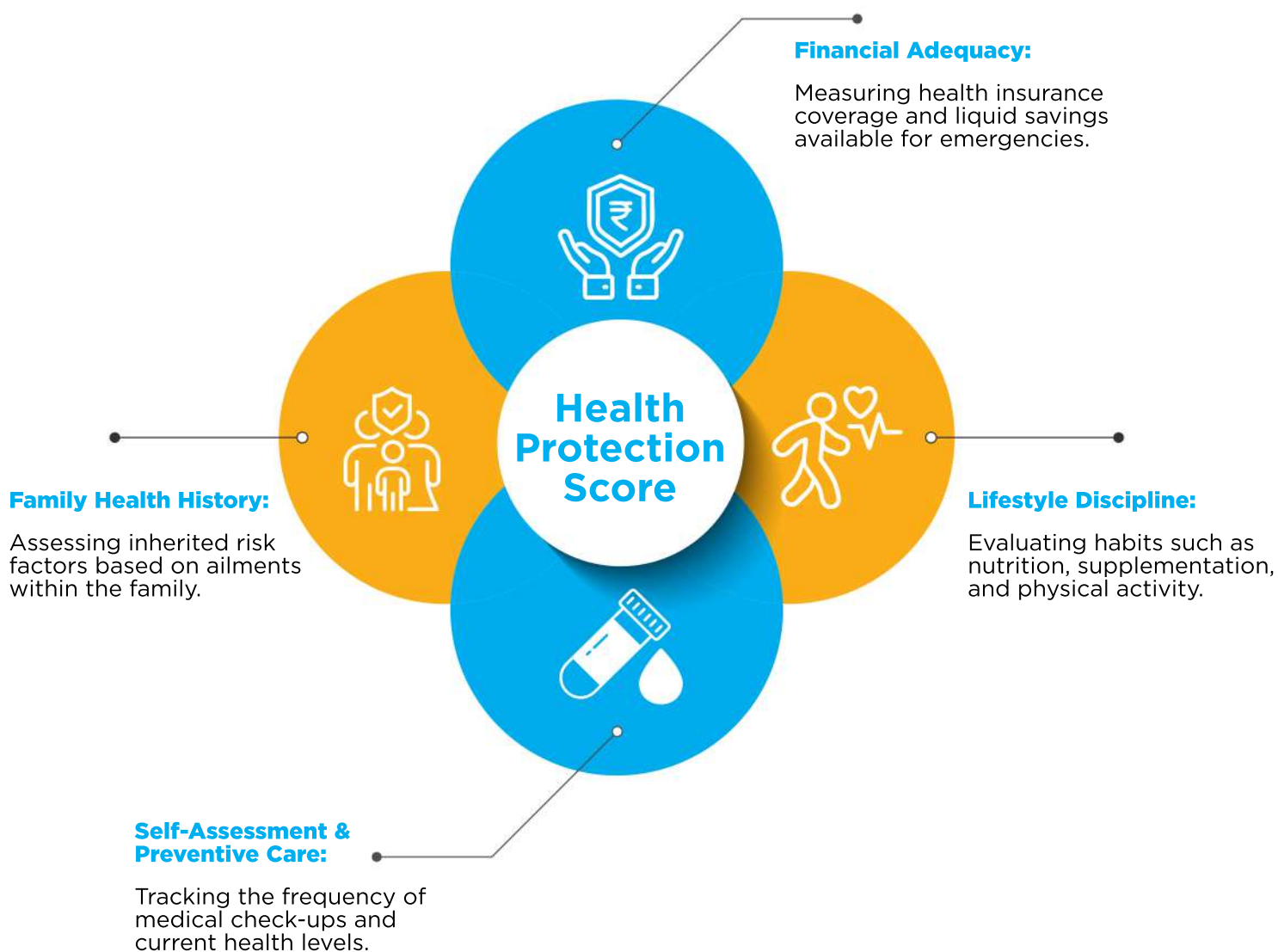


Introducing Health Protection Score

9 Measuring Young India's Real Preparedness Against Medical Emergencies

While previous chapters highlighted that young India feels confident and healthy, a critical question remains: is this confidence backed by capability? To answer this, we introduced the **Health Protection Score (HPS)**.

The HPS is a composite measure designed to bridge the gap between how secure Indians feel and how protected they actually are. It moves beyond simple insurance ownership to evaluate holistic preparedness against medical uncertainty by combining four critical pillars:



Based on this composite score (0-10), individuals are categorized into three segments:

Very Vulnerable
(0 - 2.99)

Somewhat Vulnerable
(3-5.99)

Safe & Secure
(6 and above)



9A. While optimism is high, the national score of 4.54 leaves the majority of young Indians vulnerable

At a national level, India’s average HPS stands at **4.54**, placing the majority of young Indians firmly in the “somewhat vulnerable” category. **Nearly 3 in 4 (76%)** young Indians remain financially or medically exposed to unforeseen health events, only a minority have reached the threshold of true security.

Young India’s Health Protection Scorecard



Base: All Respondents (n=2481)

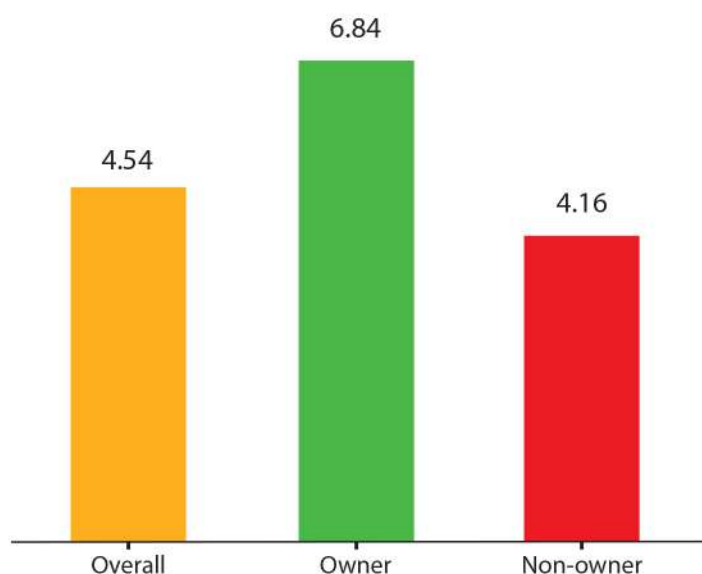
As per their initial self-perception of health, **58% of youth rate their health as “excellent.”** However, the HPS reveals that without financial backing or preventive behaviour, this optimism does not translate into resilience. The optimism is high, but the preparedness is dangerously delusional.

9B. The insured feel safer and are safer

The correlation between insurance ownership and overall health protection is absolute. Ownership does not just provide a financial safety net; it enforces a discipline that elevates the entire lifestyle.

Owners (6.84) lead the hierarchy, while **Non-owners (4.16)** drag the average down significantly below the national benchmark.

Health Protection Index Score: Ownership-wise

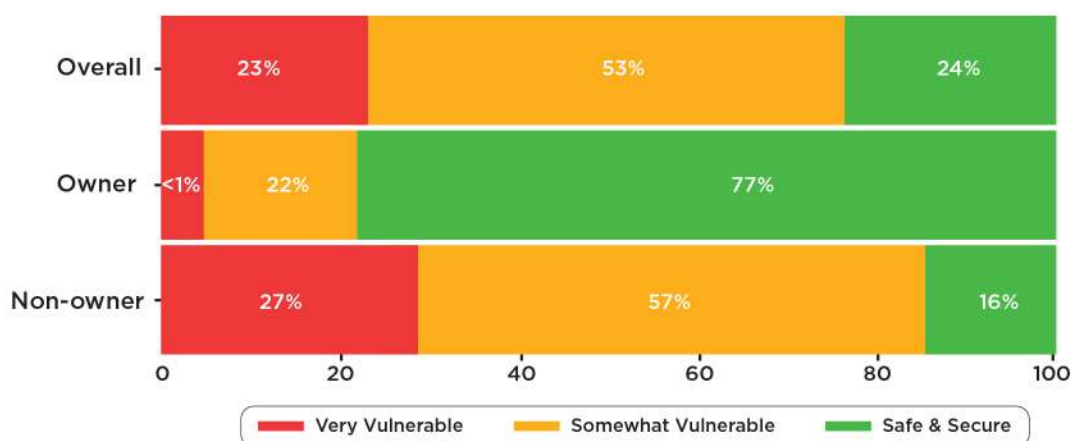


Base: All Respondents (n=2481)

- **A stark divide separates the proactive owners from the vulnerable uninsured**

While the national average suggests a population in the "middle ground," dissecting the data by ownership reveals two distinct realities. **77% of owners** are "safe & secure." In stark contrast, **84% of non-owners** fall into the "vulnerable" range.

Health Vulnerability Index: Ownership-wise



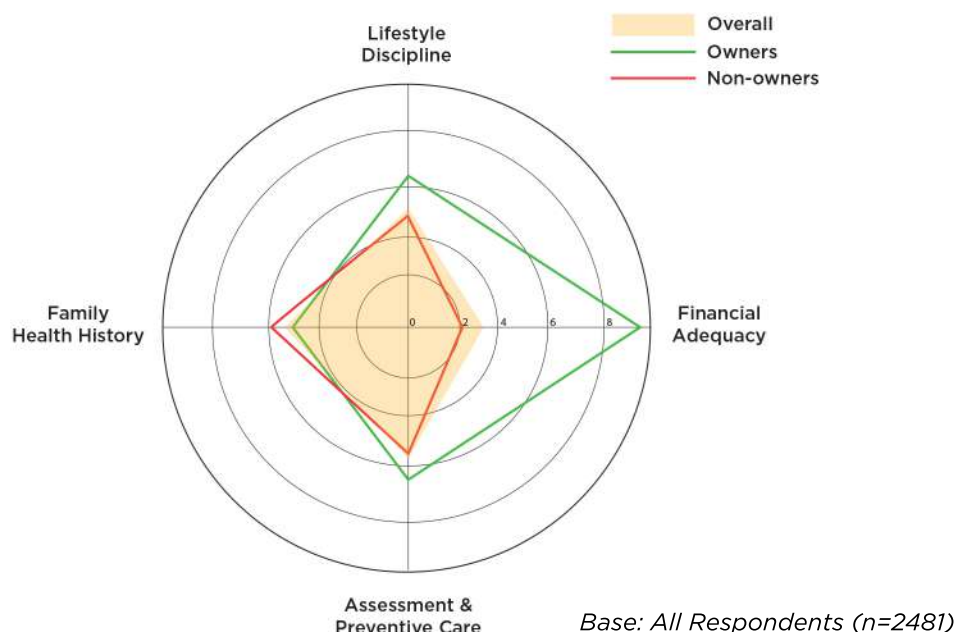
Base: All Respondents (n=2481)

● **The root cause of vulnerability is financial adequacy**

While scores for "healthy lifestyle discipline" and "self-assessment" are low among non-owners, the **financial adequacy** axis shows a significant deficit. They lack health insurance and emergency savings, and behave as if they are invincible.

Health Protection Index Parameter Score: Ownership-wise

(The farther the graph line extends, the stronger the score.)



Here lies the true disconnect:

- **The excuse:** "I am too healthy to need insurance" is the top barrier to purchase.
- **The reality:** Based on the revised perception of their health, 51% of this segment consider themselves **unhealthy, recognizing that they are not as healthy as they previously believed.**
- **The behavior:** Despite feeling unhealthy, **74% avoid doctors and labs.**



Non-owners are not "confident", they are avoidant. They suspect they have health issues but avoid validating them, while simultaneously refusing insurance to save money. However, this leaves them financially and medically exposed.



Conclusion

Youth & Health Insurance A Generation Ready to Rise

Young India stands at an inflection point: confident, ambitious, and more health-aware than ever before. Yet their optimism about health and control over finances often masks an underlying vulnerability.

The opportunity ahead lies not in re-educating this generation, but in reframing health insurance as a tool of empowerment, a way to protect their momentum, not pause it.

With the government's move toward 0% GST on health insurance, affordability barriers are set to ease, opening the doors for millions of young Indians to enter the fold. This policy shift, combined with growing digital accessibility and transparent communication, can make health insurance not just a financial product, but a lifestyle essential.

As insurers design products and engagement strategies that mirror the aspirations and realities of young India, health insurance can evolve from a reactive safety net to a proactive enabler of confidence and progress.

And as this generation learns to invest as much in protection as they do in aspiration, India moves closer to a future where every Indian has the confidence to access the best healthcare.





Research Partner: White Canvases Consulting



○ *Zindagi ko claim kar le* ○

India's Health Protection Score and the Health Protection Score are derived from primary research conducted by Niva Bupa Health Insurance in partnership with White Canvas. Any secondary data utilized in this report is duly referenced on the respective pages. Niva Bupa Health Insurance Company Limited (IRDAI Registration No. 145). 'Bupa' and 'HEARTBEAT' logo are registered trademarks of their respective owners and are being used by Niva Bupa Health Insurance Company Limited under license. Registered Office Address: C-98, First Floor, Lajpat Nagar, Part 1, New Delhi-110024, Customer Helpline No.: 1860-500-8888. Fax: +91 11 41743397. Website: www.nivabupa.com. CIN: L66000DL2008PLC182918. For more details on risk factors, terms and conditions, please read sales brochure carefully before concluding the sale. NB/BR/CA/2026-27/017