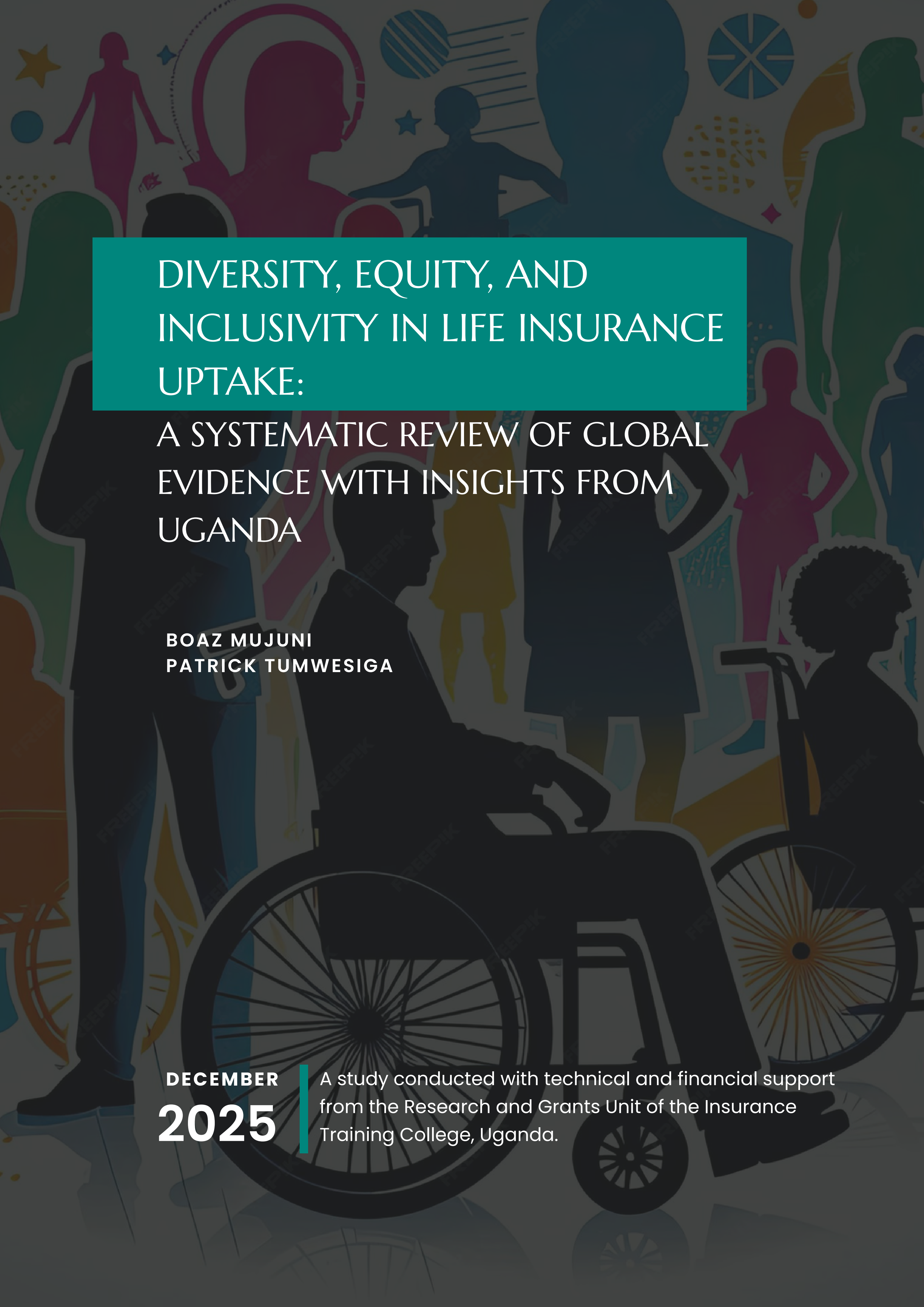

DIVERSITY, EQUITY, AND INCLUSIVITY IN LIFE INSURANCE UPTAKE:

A SYSTEMATIC REVIEW OF GLOBAL EVIDENCE WITH INSIGHTS FROM UGANDA

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A study conducted with technical and financial support from the Research and Grants Unit of the Insurance Training College, Uganda.

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Declaration

The authors of this work affirm that the information presented in the work is original and has not been submitted to any other institution. All the information that is not original development of the authors were all well cited and referenced.

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Abstract

Introduction: Life insurance plays a vital role in enhancing financial protection and household resilience, yet its uptake in Uganda remains persistently low despite growing awareness. Previous studies have explored determinants of participation, but few have synthesized this evidence systematically through the lens of Diversity, Equity, and Inclusivity (DEI). This study addressed this gap by reviewing empirical literature and reports of institutions such as Financial Sector Deepening Uganda on life-insurance uptake in Uganda and benchmarking it against global literature to understand how social, economic, and institutional factors shape participation.

METHODS

The study employed a systematic review design guided by PRISMA procedures. Twenty-three relevant sources including peer-reviewed journal articles, dissertations, and institutional reports published in different social science databases including ScienceDirect, SpringerLink, Taylor & Francis Online, Sage Journals, Academia.edu, and institutional repositories and searched through different search engines like Google Scholar, multidisciplinary portals like JSTOR, citation trackers like Scopus/Web of Science, and open-access aggregators like CORE/BASE, ResearchGate, J-Gate and Directory of Open Access Journals (DOAJ). Inclusion criteria targeted studies examining life-insurance uptake in Uganda and comparable international contexts, emphasizing demographic and socio-economic determinants. Data were extracted and thematically analyzed along the DEI dimensions, focusing on education, income, gender, age, geography, marital status, and policy tenure. The review was theoretically anchored in Rational Choice Theory, the Capability Approach, and Institutional Theory, which together explain the behavioral, structural, and institutional dimensions of participation.

RESULTS

The findings revealed notable diversity in life-insurance uptake across demographic and socio-economic groups; however, this diversity was skewed toward the educated, higher-income earners, salaried professionals, married individuals, and urban residents. Uptake was dominant among younger and middle-aged adults and low among low-income and rural populations. Equity in access was constrained by affordability challenges, educational disparities, and urban concentration of insurers; factors that disadvantaged low-income households, the less educated, and rural residents. Inclusivity emerged as the weakest dimension, with older adults, informal-sector workers, persons with disabilities, singles, and divorced individuals systematically excluded from meaningful participation. Comparative international evidence confirmed that these inequities reflect broader regional and global patterns observed in Kenya, India, Nigeria, and China.

CONCLUSION:

The review concludes that Uganda's life-insurance landscape exhibits diversity without representativeness, equity without fairness, and inclusivity without reach. Participation remains concentrated among privileged groups, while affordability, geography, and institutional inertia limit access for vulnerable populations. Achieving genuine DEI requires deliberate reforms that promote financial literacy, digital and rural outreach, and inclusive product design. Policymakers should embed DEI benchmarks in regulatory frameworks, insurers should develop flexible and affordable micro-insurance products, and development partners should invest in awareness and digital innovation. Future research should examine longitudinal patterns of policy retention, experiences of marginalized groups, and the impact of digital and policy innovations on expanding inclusivity.

Keywords: *Life Insurance Uptake, Diversity, Equity, Inclusivity, Uganda, Systematic Review*

CHAPTER 1
Introduction

1.1 Background of the Study

Diversity, Equity, and Inclusion (DEI) in life insurance uptake are critical factors influencing the accessibility and effectiveness of insurance services worldwide (International Association of Insurance Supervisors (IAIS), 2022). IAIS emphasizes that incorporating DEI considerations enhances the quality and accessibility of insurance services (IAIS, 2022). DEI encompasses policies and practices that promote full participation and fair treatment of all individuals, especially those historically underrepresented or subjected to discrimination (Rosa, 2025; Tenney, 2025). DEI is particularly relevant in insurance market as it increases insurance access, financial inclusion and sustainable economic development (IAIS, 2022; Rosa, 2025).

In the life insurance sector, diversity reflects the varied characteristics of policyholders, including differences in demographic attributes such as age, gender, marital status, ethnicity, religion, birthplace, family size as well as socioeconomic differences in terms of income level, education level, employment status, occupation, social class, and housing conditions (Seawright, 2023). Recognizing and addressing these diverse factors can lead to more inclusive and effective life insurance services (IAIS, 2022). Equity refers to the extent to which the needs of people of different demographic and socioeconomic characteristics are all covered by the existing life insurance services (Barney, 2024). Equity helps to remove the barriers that some people may face in accessing life insurance services and opportunities (IAIS, 2022).

Inclusion refers to a situation where all people, regardless of their differences, fully participate in buying life insurance services (Usanmaz, 2025). This includes a culture in which a mix of people, at all levels benefit from life insurance (IAIS, 2022).

A study by the IAIS (2022) revealed that the number of insurers pursuing greater internal DEI is gaining momentum but has not significantly tackled the customer side. While DEI considerations have been key in corporate governance framework, board composition and human resources management, DEI principles in life insurance uptake are still lacking (KPMG, 2025).

Globally, the life insurance industry has experienced growth, with total premiums reaching €5 trillion in 2019, marking a 4.9% increase from the previous year (Rudden, 2024b). The biggest life insurance market globally is the United States of America (USA) with a total value of life direct premiums written exceeding $600 billion followed by China and the United Kingdom.

Generally, developed countries lead the life insurance industry growth with a 6% rise, followed by the Asia–Pacific region at 5%, and Europe, the Middle East, and Africa (EMEA) at 3% (Rudden, 2024a). Despite this overall growth, disparities in life insurance adoption persist across different regions, demographic and socioeconomic groups (Fadlallah et al., 2018; Kaziro & Irumba, 2025; Keinerugaba, 2024; Van Hees et al., 2019).

The African life insurance industry and the market have evolved and witnessed several changes over the last decade. Global trends have shown that life insurance penetration is bigger than non-life Insurance; however, in Africa, the trend indicates that non-life insurance penetration is bigger than life insurance (International Insurance Society, 2024). The life insurance penetration rate in Africa is still low currently at an average of 3 percent of the continent's GDP compared to the global average of 7 percent (International Insurance Society, 2024).

According to the African Insurance Organization Annual report issued in 2023, the global life Insurance premium was $2.8 trillion in 2022, whilst Africa as a continent contributed $46.9 billion, which was barely 2 percent of the global life insurance premium for the year 2022 (International Insurance Society, 2024).

In Uganda, the insurance industry has shown robust growth, with gross written premiums increasing by 11.29% in 2023, from UGX 1.44 trillion in 2022 to UGX 1.6 trillion. The life insurance segment also demonstrated significant momentum, producing UGX 357.8 billion, up 22.9% from UGX 291 billion in year 2022 (IRA, 2024). This sharp increase in life insurance uptake reflects growing public awareness of the importance of securing the future for individuals and their families (Maurice et al., 2022).

Despite this growth, overall insurance penetration in Uganda remains low, at approximately 0.84%. This implies that only 1% of Ugandan adults aged 16 years and above have any form of insurance coverage (IRA, 2024). The uptake of life insurance is not uniform across different demographic and socioeconomic groups, leading to potential disparities in coverage (Fadlallah et al., 2018; Kaziro & Irumba, 2025; Keinerugaba, 2024; Van Hees et al., 2019). The 1% uptake of life insurance indicates that certain groups of people may face barriers to life insurance access.

Understanding these differences in life insurance uptake can help insurers develop inclusive policies and tailored products to ensure fair access to life insurance.

Existing studies on life insurance in Uganda focuses largely on general uptake trends without critically examining how life insurance is being undertaken among diverse policyholders' demographic and socioeconomic characteristics Malambo, 2023; Mugisha, 2019; Nkengmenche, 2020; Odemba, 2013. There is a need for data-driven evidence to assess whether life insurance providers are reaching a diverse pool of policyholders.

Assessing the diversity in uptake of life insurance can therefore help insurance companies, policymakers, and regulators create strategies that enhance insurance uptake among the underserved population. This might ultimately contribute to higher life insurance penetration, financial inclusion, and industry growth.

It is against this background that the study sought to systematically synthesize global and Ugandan literature on the diversity, equity and inclusivity in life insurance uptake, with Uganda as the contextual focus of analysis.

1.2 Problem Statement

The insurance industry plays a critical role in mitigating risks and ensuring financial stability (Agrawal & Agrawal, 2017; Majka, 2024). Despite the critical role of life insurance in providing financial security, Uganda's life insurance penetration remains alarmingly low, with formal life insurance uptake at merely 1% of the adult population (FSD Uganda, 2019). It is however not clear whether the low penetration implies low diversity. A comprehensive examination of demographic and socioeconomic variables such as age, gender, marital status, ethnicity, religion, birthplace, family size, income level, education level, employment status, occupation, social class, and housing conditions is essential to identify which particular group(s) of people are included or excluded in the insurance market. Prior studies have identified public mistrust, low awareness and a limited range of insurance products as significant barriers to insurance adoption (Malambo, 2023; Mugisha, 2019; Nkengmenche, 2020; Odemba, 2013). However, there is a paucity of research addressing the demographic and socioeconomic differences in uptake of life insurance in Uganda. Addressing this knowledge gap is crucial for developing targeted strategies to enhance life insurance penetration across various underserved population segments (Fayyad & Al-Sinnawi, 2024; Schneider et al., 2024).

1.3 Study Objectives

1.3.1 General Objective

To evaluate the level of diversity, equity and inclusivity in the uptake of life insurance services, with Uganda as the focal context for analysis within global evidence

1.3.2 Specific Objectives

In order to address the research problem and provide empirical insights into the diversity, equity and inclusivity of life insurance uptake in Uganda, the following specific objectives were formulated to guide the review;

1. To synthesize evidence on the diversity of life insurance uptake across demographic and socio-economic groups in Uganda in comparison with international studies.
2. To review and analyze evidence on equity in access to life insurance services in Uganda in comparison with international studies.
3. To assess the extent to which existing studies address inclusivity in life insurance uptake, particularly for underserved and excluded groups in Uganda in comparison with international studies.

1.4 Research Questions

In line with the study objectives, the following research questions were formulated to guide the systematic review and provide answers to the identified problem;

1. What does the existing literature reveal about the diversity of life insurance uptake in Uganda in comparison with international studies?
2. To what extent does the literature highlight equity or inequities in access to life insurance services in Uganda in comparison with international studies?
3. How do existing studies capture inclusivity in the life insurance market, especially for vulnerable and excluded groups in Uganda in comparison with international studies?

1.5 Scope of the study

1.5.1 Geographical Scope

Although this study is a systematic review drawing on both local and international literature, the geographical scope of analysis was confined to Uganda. In the results, only studies and reports directly related to Uganda were analyzed in detail, as the aim was to generate evidence for the Ugandan insurance sector. However, during the discussion, international literature was used as a point of comparison to highlight similarities, differences, and lessons that could be adapted to the Ugandan context. This approach ensures that the findings are both context-specific and situated within broader global debates on diversity, equity, and inclusivity in insurance uptake.

1.5.2 Content Scope

The content scope of this study was confined to published and institutional literature that addresses diversity, equity, and inclusivity in the uptake of life insurance in Uganda in comparison with international studies. The review particularly focused on three thematic dimensions in line with the study objectives. First, it synthesized evidence on the diversity of uptake, examining how participation in life insurance varies across demographic and socio-economic characteristics such as gender, age, education, income, occupation, and place of residence. Second, it assessed studies that explored equity in access, with specific attention to how affordability, awareness, regulatory frameworks, and distribution channels shape fair or unequal access to life insurance services. Third, it evaluated literature on inclusivity of uptake, analyzing the extent to which underserved groups including rural populations, women, informal sector workers, older adults, and persons with disabilities are represented or excluded in insurance coverage. Although international studies were consulted for comparative purposes, the analysis remained firmly anchored in the Ugandan context to ensure national relevance.

Importantly, the scope reflects the range of studies reviewed rather than new primary data collection, making the contribution of this study one of consolidating and synthesizing fragmented evidence into a coherent body of knowledge to inform both policy and practice.

1.5.3 Time Scope

The study analyzed the existing literature for the past 10 years from 2016-2025 to analyze the status of uptake of life insurance among people of different demographic and socioeconomic characteristics. This period allowed for the observation of past trends and analyzing changes in life insurance uptake overtime.

1.6 Significance of the Study

This study is significant in several respects. From an academic perspective, it contributes to the body of knowledge by systematically consolidating and synthesizing fragmented evidence on life insurance uptake in Uganda through the lens of diversity, equity, and inclusivity (DEI). While numerous studies exist, most remain scattered, descriptive, or focused on isolated determinants. By applying a systematic review approach, this study integrates such evidence into a coherent framework that highlights patterns, contradictions, and gaps, thereby offering a more holistic understanding of life insurance uptake.

From a practical standpoint, the findings are valuable to Uganda's insurance industry. By synthesizing existing studies, the review provides insights into recurring barriers and opportunities that insurers can use to refine product design, distribution strategies, and client engagement. This is particularly important for addressing underserved groups, such as rural households, women, and informal sector workers, who remain marginalized in insurance markets.

In terms of policy, the study offers an evidence base for regulators such as the Insurance Regulatory Authority (IRA), the Ministry of Finance, and development partners like FSD Uganda and FinScope. By distilling findings across multiple sources, the review highlights structural inequities that policy reforms and financial inclusion programs must address. These insights are also relevant to Uganda's commitment to the Sustainable Development Goals (SDGs), particularly Goal 1 (No Poverty), Goal 5 (Gender Equality), and Goal 10 (Reduced Inequalities).

Finally, the study is significant for development partners and financial inclusion advocates. By making explicit the extent to which diversity, equity, and inclusivity are addressed or neglected in the literature, it provides a roadmap for targeted interventions and future research that can broaden insurance coverage and enhance financial resilience in Uganda.

1.7 Justification of the study

The justification for this study lies in both academic and practical gaps in the existing literature on life insurance in Uganda. Although several reports and studies have been conducted, much of the evidence remains fragmented, descriptive, or narrowly focused on single determinants such as income, education, or gender. Very few attempts have been made to systematically review this body of work through a structured framework that highlights patterns and gaps in diversity, equity, and inclusivity (DEI). By consolidating scattered evidence, this study responds to the need for a comprehensive synthesis that can inform both scholarship and practice.

In the Ugandan context, life insurance remains critically underutilized despite multiple reforms and awareness campaigns. National reports such as the 2019 FSD Uganda survey provide valuable snapshots, but these are often not integrated with other institutional and academic findings. A systematic review is therefore justified as it brings together insights from different sources, producing a more complete picture of the barriers and opportunities that shape insurance uptake. This approach also allows for comparison with international literature, providing benchmarks and lessons for Uganda’s insurance industry and policymakers.

The study is further justified by its potential contribution to ongoing debates about financial inclusion. By situating insurance within the DEI framework, the review not only identifies who participates in the market but also interrogates fairness in access and the inclusivity of insurance products. This is particularly important for vulnerable groups such as women, informal sector workers, rural populations, and persons with disabilities, who are often overlooked in mainstream research and practice.

Ultimately, the study is justified as a timely and necessary step in transforming scattered knowledge into actionable evidence. It fills a critical gap by providing a structured synthesis that can guide insurers, regulators, policymakers, and development partners in designing more inclusive and equitable insurance systems in Uganda.

CHAPTER 2

Literature Review

2.0 Introduction

This section presents the theoretical and empirical literature on levels of diversity, equity and inclusivity in the uptake of life insurance. The literature was obtained from published journal articles, dissertations, working papers, reports, conference proceedings and other grey literature. This was accessed through a deep review on journal indexing databases, institutional websites and research repositories.

2.1 Theoretical Review

The Rational Choice Theory (RCT) serves as a pivotal framework for analyzing decision-making processes, particularly in understanding the diversity, equity and inclusivity in life insurance uptake in Uganda. RCT has its roots in classical economics, with early contributions of philosopher Adam Smith (Smith, 1789) and later formalized by economists Gary Becker (Becker, 1995).

Becker's work extended the application of RCT to various social behaviors, emphasizing that individuals make decisions by rationally weighing costs and benefits to maximize utility (Becker, 1995).

At its core, RCT is predicated on several key assumptions that individuals are rational actors who aim to maximize their personal utility; that decisions are guided by self-interest, with individuals seeking outcomes that provide the greatest personal benefit; that before making decisions, individuals conduct thorough analyses of potential costs and benefits associated with each option and that among available alternatives, individuals choose the option that offers the highest net benefit (Becker, 1995; Ogu, 2013; Smith, 1789).

Applying RCT to the study of life insurance uptake in Uganda involves examining the demographic and socioeconomic factors influencing individuals' evaluations of the costs and benefits associated with purchasing life insurance policies. For instance, individuals with higher income levels may perceive the cost of premiums as more affordable, thereby increasing the likelihood of purchasing life insurance. Similarly, those with higher educational attainment might better understand the benefits and necessity of life insurance, leading to more informed decision-making. Conversely, individuals from lower socioeconomic backgrounds may view life insurance premiums as a significant financial burden, potentially deterring them from obtaining coverage.

However, while RCT provides a structured framework for understanding decision-making, it has notable limitations. Critics argue that RCT oversimplifies human behavior by assuming that individuals always act rationally, neglecting the influence of emotions, social norms, and cognitive biases on decision-making (Blau, 1997; Boudon, 1998; Herfeld, 2022; Hodgson, 2012). Additionally, the theory presumes that individuals have access to complete information, which is often not the case in real-world scenarios, leading to suboptimal decisions (Blau, 1997; Boudon, 1998). Furthermore, RCT may not adequately account for cultural and social influences that affect individual choices, particularly in diverse societies like Uganda (Herfeld, 2022).

Despite the criticisms, the rational choice theory remains highly relevant in understanding the diversity of life insurance uptake in Uganda. This theory therefore underpinned the study.

2.2 Empirical Review

Empirical studies on life insurance uptake have consistently highlighted demographic and socio-economic factors that shape who access coverage and who remains excluded. From the 23 studies reviewed, evidence was drawn from both Uganda and international contexts. This section synthesizes the evidence in line with the study's three objectives; diversity, equity, and inclusivity, highlighting consistencies, contradictions, and gaps.

2.2.1 Diversity of Life Insurance Uptake

Empirical studies show that life insurance uptake varies widely across demographic and socio-economic groups, reflecting diversity in who participates. In Uganda, FSD Uganda (2019) reported uptake of 13% among tertiary-educated individuals compared to just 1% among those with only primary or secondary education. Income also shaped diversity: Kaziro & Irumba (2025) found that those earning above UGX 1,000,000 had 72% higher odds of owning life insurance compared to lower-income earners. Age and occupation patterns also contributed, Mugisha (2019) observed that civil servants and young adults (26–35 years) were more likely to hold policies than farmers, informal workers, or older adults. International evidence confirmed these patterns: Agrawal & Agrawal (2017) in India and Li & Li (2020) in China reported that higher education and income consistently broadened participation. Thus, the literature reveals significant diversity in life insurance uptake, but this diversity tends to cluster among the privileged, leaving others less represented.

2.2.2 Equity in Access to Life Insurance Services

While diversity exists, the evidence highlights persistent inequities in access. Affordability emerged as the central equity barrier, with FSD Uganda (2019) linking low coverage to financial constraints among poorer households. Bwire (2021) and Mugisha (2019) noted that most policyholders were concentrated in urban centres, while rural residents remained disadvantaged due to distance from insurers and limited awareness. Gender dynamics also showed inequities: Adejare & Aliu (2022) in Nigeria reported that women were constrained by cultural and economic factors, even where overall coverage rates seemed similar. International comparisons showed similar affordability and geographic inequities (Hagos, 2019;

Kamau & Weda, 2019), confirming that inequity is a systemic challenge across contexts. Therefore, while Uganda exhibits some diversity in coverage, equity remains lacking, with disadvantaged groups facing higher barriers.

2.2.3 Inclusivity of Life Insurance Uptake

The literature reveals critical gaps in the inclusivity of life insurance markets, particularly for vulnerable or marginalized groups. In Uganda, there is limited evidence on persons with disabilities and ethnic minorities, with FSD Uganda (2019) only making passing reference to these populations without disaggregated data. Older adults were another excluded group, with FSD Uganda (2019) reporting they were "generally excluded" due to high premiums and actuarial risk pricing. Internationally, Adejare & Aliu (2022) in Nigeria found that persons with disabilities were excluded due to product inaccessibility, while Kimani (2021) in South Africa highlighted the neglect of minority populations in rural provinces. Collectively, this shows that inclusivity in life insurance uptake remains minimal. Vulnerable groups are largely invisible in both research and practice, pointing to a significant policy and research gap.

2.2.4 Synthesis and Research Gap

Across the reviewed 23 studies, diversity in uptake was evident along education, income, age, gender, and location. However, equity gaps were persistent, with rural dwellers, women, informal workers, the less educated, and the poor facing structural barriers to access. Inclusivity was the weakest dimension, with older adults, persons with disabilities, and minority groups rarely represented in either insurance markets or research. Previous studies often addressed these dimensions in isolation, without an integrated DEI lens. These gaps are not unique to Uganda; they resonate with findings from other developing and emerging economies, highlighting the global relevance of situating Uganda's case within broader DEI debates.

CHAPTER 3

Methodology

3.0 Introduction

This chapter presented the methodological procedures that guided the systematic review of literature on diversity, equity and inclusivity in the uptake of life insurance among policyholders in Uganda. While findings are reported primarily for Uganda, international studies are referenced to situate the Ugandan evidence within global debates. The methodology explained the research design, search strategy, inclusion and exclusion criteria, data extraction and synthesis, as well as the steps taken to ensure rigor, reliability and transparency in the review process.

3.1 Research Design

This study employed a systematic literature review (SLR) to consolidate, appraise, and synthesize evidence on the diversity, equity, and inclusivity (DEI) of life-insurance uptake. The review incorporated both Ugandan and international studies, enabling global comparison while keeping Uganda as the primary focus. Systematic reviews are widely recommended in management and policy research for producing transparent, reproducible, and policy-relevant syntheses of fragmented evidence (Tranfield et al., 2003). To enhance methodological rigor and reporting quality, the review was guided by Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) standards which provide structured guidance on identification, screening, eligibility, and inclusion, thereby reducing selection and reporting bias (Page et al., 2021).

Given heterogeneity in study designs (surveys, dissertations, institutional reports) and measures (different demographic and socio-economic indicators), we adopted a narrative/ thematic synthesis approach appropriate for mixed-method evidence bases (Popay et al., 2006; Thomas & Harden, 2008). Concretely, after eligibility screening, findings were coded and synthesized under our three DEI objectives: (i) diversity of life-insurance uptake, (ii) equity in access, and (iii) inclusivity of uptake. This approach preserved contextual nuance while enabling cross-study comparison and triangulation.

This design is appropriate because relevant Ugandan and comparator evidence exists across peer-reviewed and grey sources rather than a single harmonized dataset, and the fact that a PRISMA-guided SLR increases transparency and replicability for policy and industry audiences; and (c) thematic synthesis allows us to integrate varied evidence into an actionable DEI framework.

3.2 Data Sources and Search Strategy

The review relied on published studies, dissertations, journal articles, and institutional reports. Sources were searched using a mix of academic databases and institutional repositories to maximize coverage of both peer-reviewed and grey literature. Specifically, Google Scholar and ResearchGate were used to capture dissertations, working papers, and other grey sources, while Scopus, JSTOR, ScienceDirect, SpringerLink, Taylor & Francis Online, and Sage Journals were prioritized for rigorously peer-reviewed scholarship. These databases were selected because they are widely indexed and have strong coverage of finance, insurance, and socio-economic research. In addition, institutional repositories such as the Financial Sector Deepening (FSD) Uganda, Insurance Regulatory Authority and FinScope Uganda were indispensable for accessing Uganda-specific studies and reports not captured in international databases.

Among these sources, the 2019 FSD Uganda survey on insurance Uptake was emphasized because it remains the most comprehensive, nationally representative dataset providing disaggregated statistics on insurance uptake across demographic and socio-economic groups. Search terms combined a range of keywords such as *“life insurance uptake in Uganda,” “financial inclusion and insurance,” “insurance penetration and socio-demographics,” “equity and inclusivity in life insurance,” and “insurance demand in Africa.”* During the iterative search process, alternative terms were also incorporated, including *“life assurance,” “insurance coverage,” “insurance penetration,”* and broader terms like *“financial inclusion”* and *“social protection”* which were often used in studies with insurance-related components. Boolean operators (AND/OR) and database filters (year of publication, English language) were applied to refine results and ensure both sensitivity and specificity in capturing relevant studies ensuring a balance between global and Ugandan evidence.

3.3 Inclusion and Exclusion Criteria

To ensure rigor and relevance, the review applied clear inclusion and exclusion criteria when selecting studies. These criteria defined the timeframe, type of insurance, scope of analysis, type of evidence, language, and empirical quality of the literature included. In short, the review only included empirical studies on life insurance published in English between 2016 and 2025 that examined demographic, socio-economic, or contextual determinants of uptake. Both peer-reviewed and institutional grey literature were considered to capture a wide evidence base. Studies were excluded if they were theoretical, unrelated to uptake drivers, focused exclusively on non-life insurance, or duplicated existing evidence. This careful screening ensured that the final evidence base was both relevant and methodologically robust. The table below summarizes the criteria alongside the rationale for their adoption.

Criterion	Included	Excluded	Expanded Justification
Publication period	Studies published between 2016–2025	Studies published before 2016 or after 2025 cut-off	This period was chosen because it coincides with a decade of major regulatory and market reforms in Uganda's insurance industry, including intensified IRA financial literacy campaigns, the roll-out of mobile-enabled insurance products, and national surveys such as FinScope and the 2019 FSD Uganda report. Restricting to this timeframe ensured that findings reflected the most recent and policy-relevant dynamics shaping uptake.
Type of insurance	Studies focusing on life insurance	Studies focusing solely on general, health, or other non-life insurance products	Life insurance was selected because it plays a unique role in financial protection, long-term savings, and intergenerational wealth transfer. General or health insurance studies were excluded as they operate under different risk structures, regulatory frameworks, and determinants of uptake, which would dilute the focus of the review.
Focus of study	Studies examining demographic, socio-economic, or contextual factors influencing life insurance uptake	Studies unrelated to other uptake drivers without reference to socio-demographics	The review specifically aimed to assess diversity, equity, and inclusivity (DEI) in life insurance uptake. Including only studies that examined demographic and socio-economic determinants ensured direct relevance to the research objectives. Excluding studies without this focus safeguarded thematic alignment and analytical depth.
Type of evidence	Empirical studies: peer-reviewed journal articles, dissertations, institutional reports, policy briefs	Purely theoretical, conceptual, or opinion-based papers without empirical data	Empirical studies were necessary to provide measurable evidence of patterns and disparities in uptake. Grey literature was included because in Uganda, much relevant work is published by institutions like FSD Uganda and IRA rather than journals. Excluding non-empirical work maintained the robustness of findings and avoided speculative conclusions.

Criterion	Included	Excluded	Expanded Justification
Language	Studies published in English	Studies published in other languages	Since the review team works in English, restricting to English-language sources ensured accurate interpretation and avoided misrepresentation of findings due to translation errors. While this may limit global coverage, it safeguards the validity of synthesis.
Duplicates	One representative version of duplicate or overlapping studies	Duplicate publications or overlapping reports derived from the same dataset	Duplicate or overlapping reports were excluded to prevent double-counting of findings, which would bias results. Only the most comprehensive or recent version of a study was retained for inclusion.

3.4 Screening and Selection Process

The review adhered to the PRISMA 2020 guidelines (Page et al., 2021), which enhance transparency in systematic reviews. As illustrated in Appendix 2 (PRISMA Flow Diagram), a total of 159 records were identified (135 through database searching and 24 from institutional repositories). After removing 15 records (10 duplicates and 5 corrupted), 144 records remained for title and abstract screening.

At the screening stage, 68 records were excluded because they did not address life insurance uptake. This left 76 reports for full-text eligibility assessment. Of these, 53 were excluded for the following reasons: focus on non-life insurance (15), exclusive focus on micro-insurance (12), non-English language (5), paywalled without accessible full text (10), or published before 2016 (11).

Ultimately, 23 studies met all inclusion criteria and were retained for synthesis. These studies directly examined independent variables (education, income, gender, age, geography, special groups) in relation to the dependent variable (life insurance uptake), either in Uganda or in comparable international contexts.

Stage	Number of Records	Action Taken	Expanded Explanation / Outcome
Identification	159 total records identified (135 through database searches; 24 from institutional repositories such as FSD Uganda, FinScope, IRA, and Ministry of Finance)	Initial retrieval of potentially relevant records	A broad search strategy was applied across both academic databases (Google Scholar, Scopus, JSTOR, ResearchGate, ScienceDirect, SpringerLink, Taylor & Francis Online, Sage Journals) and institutional repositories to maximize coverage of peer-reviewed and grey literature. This ensured inclusion of both international and Ugandan evidence.
Deduplication & quality check	15 records removed (10 duplicates; 5 corrupted/virus-marked)	Records removed before screening	Duplicates retrieved from multiple databases were eliminated to avoid double-counting, while corrupted files were excluded to maintain data integrity. The resulting dataset of 144 records was clean and ready for systematic screening.
Screening (titles & abstracts)	144 records screened; 68 excluded; 76 retained	Screening of titles and abstracts against inclusion/exclusion criteria	Titles and abstracts were reviewed to exclude studies clearly irrelevant to life insurance uptake. Most excluded studies at this stage focused on unrelated financial services (e.g., banking, pensions, SACCOs) or lacked an explicit insurance component. Only those with a clear focus on insurance uptake determinants progressed to full-text review.
Eligibility (full-text review)	76 full-text studies assessed; 53 excluded; 23 retained	In-depth full-text evaluation applying all inclusion/exclusion criteria	Exclusions at this stage included: non-life insurance focus (15), micro-insurance only (12), non-English language (5), inaccessible/paywalled without full text (10), and studies published before 2016 (11). This stage ensured that only methodologically sound, context-relevant, and accessible studies remained.
Final inclusion	23 studies included in the qualitative synthesis	Studies synthesized thematically under the three DEI objectives	The final set of 23 studies explicitly examined independent variables (demographic, socio-economic, and contextual characteristics such as education, income, gender, age, rural–urban location, and special groups) in relation to the dependent variable (life insurance uptake). These formed the evidence base for the review's analysis of diversity, equity, and inclusivity.

The screening and selection process, summarized above are also illustrated in the PRISMA Flow Diagram (figure 1), which demonstrates the rigorous and transparent approach taken to ensure only the most relevant and high-quality evidence was included. Beginning with 159 identified records, the multi-stage process progressively removed duplicates, irrelevant studies, and non-qualifying reports until a final set of 23 studies was established. This evidence base was both methodologically robust and thematically aligned with the review's focus on diversity, equity, and inclusivity in life insurance uptake in Uganda.

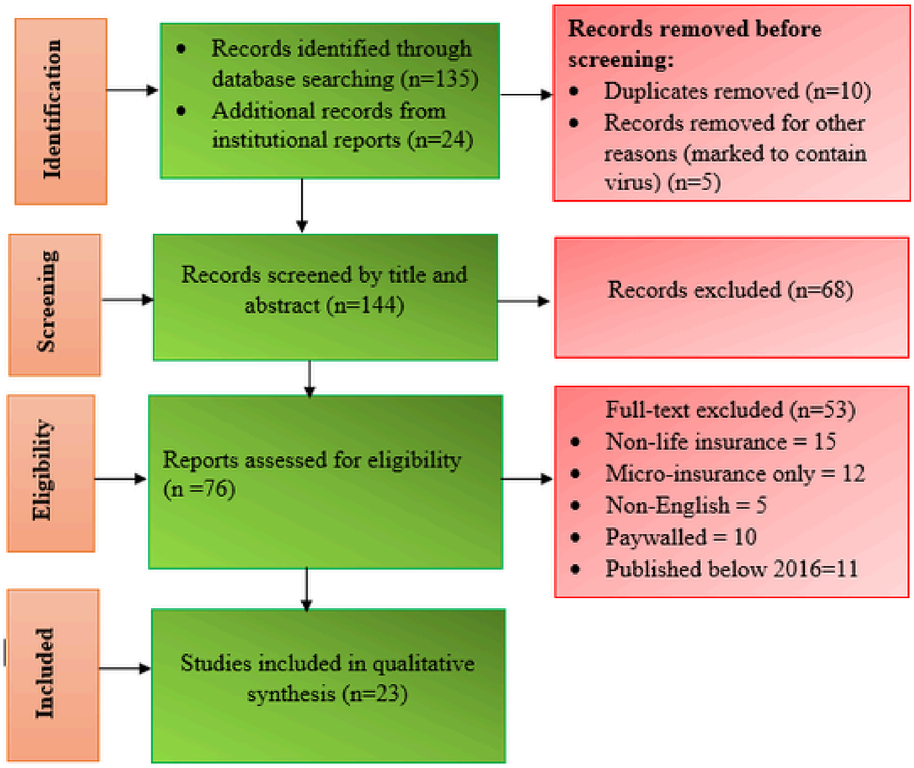


Figure 1: Systematic Review Flowchart (PRISMA Flow Diagram)

3.5 Data Extraction and Analysis

Following the identification of the final 23 eligible studies, a structured data extraction process was undertaken to ensure consistency and comparability across sources. A standardized template was developed to capture bibliographic details, study design, population characteristics, variables examined, and the main findings. This approach minimized bias and allowed for systematic comparison between studies originating from peer-reviewed journals, dissertations, and institutional reports.

Given the heterogeneity of the included studies ranging from large-scale surveys to case-based analyses, an integrative synthesis approach was required. The review therefore adopted a narrative/thematic synthesis model, as recommended by Popay et al. (2006) and Thomas and Harden (2008), which is widely used for systematic reviews that combine quantitative and qualitative evidence.

The process followed three structured steps: (i) extraction and tabulation of study characteristics and findings, (ii) coding and clustering of results into recurring patterns, and (iii) thematic synthesis aligned with the study objectives.

To guide this process, the findings were organized around the three DEI objectives: diversity of life insurance uptake, equity in access to life insurance services, and inclusivity of life insurance uptake. In practice, studies that highlighted variation in uptake across education, income, gender, age, or geography were coded under diversity; studies focusing on barriers such as affordability, geographic disparities, or gendered disadvantages were categorized under equity; and studies that addressed or neglected the participation of vulnerable groups such as elderly populations, persons with disabilities and rural minorities were assessed under inclusivity.

This approach enabled the integration of evidence from diverse methodological traditions into a coherent synthesis, while preserving the contextual nuances of each study. It also ensured that the analysis was both systematic and aligned to the review's broader objective of assessing life insurance uptake in Uganda through a DEI lens.

Data Item Extracted	**Description**	**Purpose / Rationale**
Bibliographic details	Author(s), year of publication, country/region, and type of source (journal, dissertation, institutional report)	Ensured traceability of each included study and facilitated cross-referencing between academic and institutional evidence.
Study design & methodology	Survey, cross-sectional, longitudinal, qualitative interviews, mixed-methods, etc.	Helped assess methodological diversity and weight of evidence, as well as potential limitations in generalizability.
Study population & sample size	Target group (households, policyholders, SMEs, urban vs. rural populations), number of respondents	Allowed identification of which populations were most studied, and highlighted gaps (e.g., limited focus on vulnerable groups).
Independent variables (IVs)	Demographic and socio-economic factors examined (education, income, gender, age, rural/urban location, special groups)	Provided the basis for mapping determinants of uptake to the DEI framework.
Dependent variable (DV)	Measures of life insurance uptake (ownership, coverage rate, penetration, participation)	Ensured comparability across studies and clear alignment with the study's focus.

Data Item Extracted	Description	Purpose / Rationale
Main findings	Summary of results related to relationships between IVs and DV	Enabled identification of recurring patterns, contradictions, and unique insights.
DEI Relevance	Findings categorized under diversity, equity, or inclusivity	Provided a structured lens for thematic synthesis aligned to study objectives.
Study Limitations	Constraints acknowledged by the authors such as sample bias, small size and regional focus	Informed critical appraisal and highlighted opportunities for further research.

3.6 Critical Appraisal of Included Studies

In addition to data extraction, a critical appraisal of the 23 included studies was conducted to assess their methodological soundness and relevance. Systematic reviews benefit not only from synthesizing findings but also from evaluating the quality of the underlying evidence. To achieve this, the appraisal drew upon established frameworks such as the Critical Appraisal Skills Programme (CASP) for observational studies and the Joanna Briggs Institute (JBI) checklist for cross-sectional and descriptive research.

The appraisal process was tailored to the mixed nature of the evidence base, which comprised peer-reviewed journal articles, dissertations, and institutional reports. Each study was evaluated on key dimensions including: clarity of research objectives, appropriateness of study design, adequacy and representativeness of the sample, transparency of methods, validity and reliability of findings, and explicit or implicit relevance to DEI in life insurance uptake.

This step was essential to distinguish between studies offering robust, generalizable insights and those with more localized or methodological limitations. It also highlighted areas where the evidence base was weakest, particularly with respect to vulnerable populations. By combining systematic data extraction with critical appraisal, the review ensured that the synthesis was not only comprehensive but also grounded in an evaluation of evidence quality. This is summarized in table 4 below.

Table 4: Critical Appraisal Framework Applied to Included Studies

Appraisal Criterion	High Quality Evidence	Moderate Quality Evidence	Low Quality Evidence
Clarity of objectives	Objectives explicitly stated and aligned to methods	Objectives partially clear, some mismatch with methods	Vague or missing objectives
Study design suitability	Design appropriate for research question (e.g., national survey, representative sampling)	Design acceptable but with minor limitations (e.g., convenience sample)	Design poorly matched to objectives
Sample adequacy	Large/representative sample (national or multi-region)	Moderate sample (limited regions or small groups)	Very small/non-representative sample
Transparency of methods	Detailed description of data collection, analysis, and limitations	Partial description, some unclear steps	Insufficient detail; methodology opaque
Validity and reliability	Findings supported by consistent evidence or triangulation	Some inconsistencies noted	Findings weakly supported or anecdotal
Relevance to DEI	Directly engages with diversity, equity, or inclusivity	Indirectly touches on DEI issues	Little or no relevance to DEI framework

3.7 Ethical Considerations

Since the study relied exclusively on secondary data and publicly available literature, ethical risks were minimal. No primary data involving human participants were collected. Nonetheless, ethical rigor was ensured by accurately citing all sources, acknowledging original authors, and avoiding plagiarism. The review adhered to principles of transparency and replicability by documenting the search process, inclusion and exclusion criteria, and data synthesis procedures.

3.8 Limitations

The review acknowledged that reliance on published studies and institutional reports may have introduced publication bias, as studies with significant findings are more likely to be published than null results. Additionally, some potentially relevant articles were inaccessible due to paywall restrictions. The exclusion of studies published before 2016 may have limited historical perspectives on insurance uptake. However, these limitations were mitigated by using multiple databases, clear inclusion criteria, and focusing on recent literature most relevant to contemporary policy and practice.

CHAPTER 4

Results

4.0 Introduction

This chapter presents the findings of the systematic review on life insurance uptake in Uganda, organized around the study's three guiding dimensions: diversity, equity, and inclusivity. The evidence synthesized here is drawn from 23 eligible studies, including national surveys, institutional reports, and peer-reviewed research. Unlike empirical studies that generate new data, the findings reported in this chapter reflect patterns, disparities, and gaps as documented by previous researchers and institutional assessments.

The analysis begins with a national snapshot of life insurance uptake as reported in large-scale surveys and institutional publications. It then examines findings from

studies conducted by specific insurance providers and city-level analyses, followed by evidence from model-based research. Each subsection highlights the demographic and socio-economic factors that shape participation in life insurance, while also drawing attention to inequities and exclusions that undermine fairness and inclusivity in access. Finally, the chapter synthesizes the findings across the reviewed literature, identifying recurring patterns and gaps in diversity, equity, and inclusivity. This synthesis provides the foundation for the discussion in Chapter Five, where the implications of these findings are analyzed in relation to theory, policy, and practice.

4.1 National Snapshot of Formal Life-Insurance Uptake

The consolidated findings presented in Table 4.1 reveal that life insurance uptake in Uganda is patterned by a range of demographic and socio-economic characteristics, with clear implications for diversity, equity, and inclusivity. Education emerged as one of the most consistent determinants across studies. The FSD Uganda (2019) survey showed that uptake stood at 13 percent among tertiary-educated adults compared to just 1 percent among those with only primary or secondary schooling. Mugisha (2019) similarly found that A-Level leavers represented 32.3 percent of policyholders, while Bwire (2021) reported that degree holders dominated policyholding in Kampala Central Business District. These findings point to a strong education gradient in uptake, suggesting that while diversity exists across educational categories, equity is undermined by the systematic exclusion of less-educated groups.

Income and occupation also shaped uptake patterns in significant ways. According to FSD Uganda (2019), low-income households were the least likely to hold life insurance, with affordability cited as a major barrier. Kaziro and Irumba (2025) further demonstrated that individuals earning above UGX 1,000,000 per month had 72 percent higher odds of purchasing life insurance than those earning less. In terms of occupations, Mugisha (2019) reported that civil servants were more likely to purchase policies, while Bwire (2021) observed that salaried professionals dominated ownership, with informal workers underrepresented. Nambafu (2019) also noted that salaried and private sector employees made up the bulk of policyholders. Collectively, this evidence shows that uptake is skewed towards middle- and high-income earners in formal employment, raising critical equity concerns for informal sector workers and low-income households.

Gender-related findings were more mixed and context-specific. FSD Uganda (2019) reported no significant gender differences at the national level, with uptake equally low for both men and women at about 1 percent. However, Mugisha (2019) observed higher uptake among women (25.8 percent compared to 16.7 percent for men), whereas Bwire (2021) reported male dominance at 63 percent in Kampala. These contrasting findings highlight that diversity in gender participation exists but is inconsistent, with equity outcomes depending on contextual and structural factors such as occupation, cultural norms, and economic dependency.

Age was another important determinant across the studies. The FSD Uganda (2019) survey indicated that uptake was highest among adults aged 26 to 35 years, reflecting their active working status, while older adults aged 56 years and above were generally excluded due to higher premiums and reduced income after retirement. Mugisha (2019) similarly found that younger adults dominated policy holding, while Nambafu (2019) noted concentration among those aged 30 to 45. These results suggest that while diversity exists across age groups, inclusivity is severely limited for elderly populations, who are effectively priced out of life insurance markets despite their heightened vulnerability.

Geographic disparities were also consistently reported. According to FSD Uganda (2019), urban residents were three times more likely to hold life insurance than rural residents (3 percent versus 1 percent). Bwire (2021) confirmed that policyholders were concentrated in Kampala's central districts, and Nambafu (2019) found a similar pattern of urban dominance. These results point to inequitable access shaped by location, with rural populations disadvantaged by weak distribution channels, low awareness, and concentration of insurers in cities.

Other social factors also influenced uptake. Mugisha (2019) reported that married individuals had 71 percent higher odds of holding life insurance policies, a finding echoed by Nambafu (2019), who noted that married policyholders were more likely to participate than singles or divorced individuals. This pattern indicates that marital status fosters diversity in uptake but simultaneously highlights gaps in inclusivity, as single and divorced individuals remain underrepresented.

Finally, Bwire (2021) demonstrated that tenure as a customer influenced retention, with long-term clients more likely to maintain coverage compared to new or short-term customers, who were prone to lapses. This points to an inclusivity gap in sustaining participation, as new entrants face greater challenges in maintaining coverage.

Overall, these findings show that while life insurance uptake in Uganda exhibits diversity across education, income, gender, age, geography, marital status, and tenure, equity remains compromised by affordability, education, and geographic barriers, while inclusivity is undermined by the systematic exclusion of older adults, informal workers, rural residents, singles, and new customers. This is summarized in table 5 below;

Table 5: National Snapshot of Life Insurance Uptake in Uganda

Factor	Finding(s)	Source(s)	Possible Drivers / Explanatory Insights	DEI Implication
Education	Uptake stood at 13 % among tertiary-educated vs 1 % among primary/secondary (FSD Uganda). A-Level leavers made up 32.3 % of policyholders (Mugisha 2019). Degree holders dominated policyholding in Kampala CBD (Bwire 2021).	FSD Uganda (2019); Mugisha (2019); Bwire (2021)	Higher education improves financial literacy, product comprehension, and trust in insurers, while lower-educated groups perceive contracts as complex. Comparable education-driven uptake patterns are reported in India (Agrawal & Agrawal, 2017) and Kenya (Kamau & Weda, 2019).	Strong education gradient; diversity exists but equity is undermined as less-educated groups remain excluded.
Income / Occupation	Low-income households excluded due to affordability (FSD Uganda). Civil servants and salaried professionals dominate uptake (Mugisha 2019; Bwire 2021; Nambafu 2019).	FSD Uganda (2019); Mugisha (2019); Bwire (2021); Nambafu (2019); Kaziro & Irumba (2025)	Regular income and payroll deductions facilitate premium payments; informal-sector workers' irregular earnings deter participation. Similar income-linked inequities occur in Ethiopia (Hagos, 2019) and Nigeria (Adejare & Aliu, 2022), where micro-insurance remains weak.	Uptake skewed toward middle/ high-income earners; affordability constraints exclude low-income and informal workers.

Factor	Finding(s)	Source(s)	Possible Drivers / Explanatory Insights	DEI Implication
Gender	Nationally ≈ 1 % for both men and women (FSD Uganda). Women higher uptake (25.8 %) in Mugisha (2019); men 63 % in Bwire (2021).	FSD Uganda (2019); Mugisha (2019); Bwire (2021)	Gendered labour roles and income disparities persist. Women often motivated by family-security needs but constrained by lower earnings; men benefit from formal-sector access. Comparable gendered contrasts reported in South Africa (Kimani, 2021) and Nigeria (Adejare & Aliu, 2022).	Gender dynamics are diverse but inconsistent across studies; inequities persist depending on context and sample.
Age	Uptake highest among 26–35 years; older adults (56 +) excluded due to high premiums and reduced income (FSD Uganda; Mugisha; Nambafu).	FSD Uganda (2019); Mugisha (2019); Nambafu (2019)	Younger adults have active incomes and longer planning horizons; insurers price out elderly clients based on actuarial risk. Similar findings occur in China (Li, 2020) and India (Agrawal & Agrawal, 2017).	Younger adults dominate; older adults remain systematically excluded due to actuarial pricing and income decline.
Geography (Location)	Uptake higher among urban residents (3 %) vs rural (1 %) (FSD Uganda 2019). Policyholders concentrated in Kampala CBD (Bwire 2021); little rural reach (Nambafu 2019).	FSD Uganda (2019); Bwire (2021); Nambafu (2019)	Urban areas enjoy insurer presence, digital connectivity, and higher awareness; rural areas lack distribution networks and trust. Kenya's mobile-based insurance (Kamau & Weda, 2019) demonstrates how digital platforms can bridge this gap.	Clear rural–urban inequity; insurers concentrated in cities, leaving rural populations underserved.

Factor	Finding(s)	Source(s)	Possible Drivers / Explanatory Insights	DEI Implication
Marital Status	Married individuals had 71 % higher odds of uptake (Mugisha 2019); more likely than singles/ divorced (Nambafu 2019).	Mugisha (2019); Nambafu (2019)	Marriage fosters joint financial planning and dependants' protection motives; singles/divorced perceive lower necessity. Similar family-responsibility effects observed in India (Agrawal & Agrawal, 2017) and Ethiopia (Hagos, 2019).	Marriage increases uptake, but singles/divorced groups remain underserved and excluded.
Tenure (Customer Duration)	Long-tenured clients maintain coverage; new customers prone to lapse (Bwire 2021).	Bwire (2021)	Experienced clients develop trust and financial discipline; new entrants face affordability pressures and complex claim procedures. Comparable retention challenges documented in Zambia (Malambo, 2023) and India (Li, 2020).	Inclusivity gap in retention; new/short-term customers face barriers to continuing coverage.

Source: FSD Uganda (2019); Mugisha (2019); Bwire (2021); Nambafu (2019); Kaziro & Irumba (2025); Adejare & Aliu (2022); Agrawal & Agrawal (2017); Kamau & Weda (2019); Li (2020); Hagos (2019); Kimani (2021); Malambo (2023).

4.1.1 Diversity of Life Insurance Uptake

The consolidated evidence demonstrates substantial diversity in life-insurance uptake across demographic and socio-economic characteristics. This diversity reveals that participation in Uganda's life-insurance market is not uniform but patterned along education, income, gender, age, geographic location, marital status, and tenure. However, these patterns are largely shaped by underlying socio-economic and institutional structures that either enable or constrain participation.

Education-related diversity is the most consistent across studies. The FSD Uganda (2019) survey indicated that uptake stood at 13 percent among tertiary-educated adults, compared to 1 percent among those with only primary or secondary education. Mugisha (2019) and Bwire (2021) similarly found that A-Level leavers and degree holders dominated policy holding.

This pattern reflects how educational attainment enhances financial literacy, risk awareness, and comprehension of complex insurance contracts, enabling the educated to make informed decisions about coverage. Comparable education gradients appear globally: in India, Agrawal and Agrawal (2017) found that higher education correlated positively with insurance participation, while Kamau and Weda (2019) reported that financial-literacy initiatives in Kenya substantially increased uptake among educated consumers. Hence, education operates as both a diversity marker and a structural barrier—widening participation for the literate but excluding less-educated groups.

Income and occupation also generate pronounced diversity. According to FSD Uganda (2019), low-income households were least likely to hold life-insurance policies because of affordability constraints, while Mugisha (2019), Bwire (2021), and Nambafu (2019) observed that salaried professionals and civil servants were over-represented among policyholders. This trend is rooted in income stability and payroll deduction mechanisms that make premium payment easier for formal-sector employees. In contrast, informal-sector workers face irregular cash flows and limited access to employer-linked schemes. Similar income-linked disparities have been observed in Ethiopia (Hagos, 2019) and Nigeria (Adejare & Aliu, 2022), where micro-insurance markets remain under-developed and premiums are unaffordable for low-income groups. Thus, while Uganda's life-insurance market demonstrates income-based diversity, it simultaneously exposes equity gaps anchored in structural employment inequalities.

Gender diversity presents a more complex and context-dependent picture. National statistics show negligible gender differences in overall uptake (FSD Uganda, 2019), yet sub-national studies reveal contrasting patterns. Mugisha (2019) reported higher female uptake (25.8 percent) than male (16.7 percent), whereas Bwire (2021) found male dominance (63 percent) in Kampala Central Business District. These discrepancies likely arise from gendered occupational segregation and cultural norms influencing financial decision-making. Women, often motivated by family-security concerns, may show higher interest in coverage but face barriers of lower income and limited property ownership. Men, conversely, benefit from greater formal-sector participation and access to employer-facilitated policies. Comparable gendered dynamics appear in South Africa (Kimani, 2021) and Nigeria (Adejare & Aliu, 2022), confirming that gender-related diversity is shaped less by awareness and more by economic positioning and social roles.

Age-related diversity is another defining feature of Uganda's insurance landscape. Uptake peaks among adults aged 26 to 35 years, the economically active population while older adults above 56 years are largely excluded (FSD Uganda, 2019; Mugisha, 2019; Nambafu, 2019). Younger people possess higher earning potential and longer planning horizons, whereas insurers classify older clients as high-risk, charging prohibitively high premiums.

Comparable age patterns are documented in China (Li, 2020) and India (Agrawal & Agrawal, 2017), where actuarial pricing discourages elderly enrolment despite their vulnerability. This demonstrates that although diversity across age exists, it is heavily skewed toward younger, economically productive groups, raising questions about inclusivity in old-age protection.

Geographical diversity equally characterizes the Ugandan insurance market. Urban residents show uptake rates three times higher than rural dwellers—3 percent versus 1 percent (FSD Uganda, 2019). Studies by Bwire (2021) and Nambafu (2019) confirm that most policyholders are concentrated in Kampala and other urban centres.

Urban advantage stems from proximity to insurer branches, digital channels, and exposure to financial-literacy campaigns, while rural residents experience limited distribution infrastructure, poor connectivity, and lower trust in formal institutions. Kenya's experience with mobile-based insurance demonstrates that digital platforms can bridge this spatial gap (Kamau & Weda, 2019). Thus, geographical diversity reflects systemic infrastructural and informational inequalities.

Marital status further differentiates insurance uptake. Married individuals are substantially more likely to hold policies than singles or divorced persons (Mugisha, 2019; Nambafu, 2019), as marriage enhances joint financial planning and the desire to secure dependants. Comparable findings in India (Agrawal & Agrawal, 2017) and Ethiopia (Hagos, 2019) illustrate that family responsibility is a strong motivator of insurance demand. Therefore, marital status contributes to diversity but also underscores social-role-based disparities in perceived need and capacity for coverage.

Lastly, customer tenure introduces temporal diversity in participation. Bwire (2021) found that long-tenured clients were more likely to maintain active policies, while new entrants frequently lapsed due to affordability and procedural challenges. This pattern suggests that experience fosters trust and resilience, whereas first-time policyholders often disengage early. Comparable retention difficulties have been noted in Zambia (Malambo, 2023) and India (Li, 2020), implying that sustainability of participation is as critical as initial enrolment.

In sum, Uganda's life-insurance uptake exhibits considerable diversity across socio-economic and demographic groups, yet this diversity largely reflects structural privilege rather than equitable opportunity. Patterns observed in Uganda parallel those in other emerging markets, confirming that education, income, and urban residence universally drive participation, while affordability, awareness, and institutional reach determine who remains outside the insurance net. These findings collectively show that diversity exists, but it is unevenly distributed and often reinforces existing socio-economic hierarchies.

4.1.2 Equity in Access to Life Insurance

The reviewed literature revealed that despite the observed diversity in life-insurance uptake, substantial inequities persist in who accesses and benefits from insurance services in Uganda. Equity, in this context, relates to fairness in the distribution of opportunities to acquire life insurance regardless of one's education, income, gender, age, or geographic location. The findings consistently show that access remains disproportionately tilted toward socio-economically advantaged and urban-based groups.

Education-related inequities remain pronounced. Life-insurance products in Uganda are often marketed using technical language and complex terms that less-educated individuals find difficult to interpret. The FSD Uganda (2019) survey and studies by Bwire (2021) and Mugisha (2019) indicate that tertiary-educated individuals are significantly more likely to understand insurance concepts, evaluate product options, and maintain policies. By contrast, low-literacy populations remain excluded due to poor comprehension, limited awareness of benefits, and mistrust of insurers. Similar education-linked inequities have been observed in India, where Agrawal and Agrawal (2017) found that policy uptake increased sharply with schooling level, and in Kenya, where Kamau and Weda (2019) demonstrated that targeted financial-literacy interventions reduced access gaps. Therefore, education acts as a gatekeeper for equitable access—its absence systematically constrains informed participation.

Income and affordability inequities form the central barrier to life-insurance equity. According to FSD Uganda (2019), low-income households often perceive insurance premiums as an unaffordable luxury, while high-income earners and salaried professionals dominate the policyholder base (Mugisha, 2019; Bwire, 2021; Nambafu, 2019). These inequities are reinforced by market practices that emphasize fixed premiums and urban-based formal-sector clientele. Informal workers—who constitute over 80 percent of Uganda's labor force—lack predictable earnings and find premium payments difficult to sustain. Comparable patterns emerge in Ethiopia, where Hagos (2019) noted affordability as the major constraint to participation, and in Nigeria, where Adejare and Aliu (2022) identified income inequality as a leading determinant of exclusion. Such findings underscore that insurance markets in developing economies remain structurally regressive, privileging financial stability over vulnerability.

Geographic inequities are equally striking. Urban dwellers have markedly higher access to insurance services than rural residents. The FSD Uganda (2019) survey reported that urban residents are three times more likely to own a policy than rural counterparts, while Bwire (2021) confirmed Kampala's dominance as Uganda's insurance hub. Geographic inequity is driven by concentration of insurer headquarters and agents in cities, limited rural distribution channels, and lower levels of financial awareness outside metropolitan areas. These disparities are not unique to Uganda.

Kamau and Weda (2019) found similar urban concentration in Kenya prior to the introduction of mobile-based insurance platforms such as M-TIBA and M-BIMA, which later expanded rural reach. China's rural insurance subsidies (Li, 2020) and India's state-backed micro-insurance initiatives (Agrawal & Agrawal, 2017) demonstrate that targeted inclusion mechanisms can mitigate such inequities. However, Uganda's market still lacks comparable policy frameworks, leaving geographic access inequitable.

Gender inequities in access remain subtle yet consequential. Although national data show similar overall participation rates for men and women (FSD Uganda, 2019), disaggregated studies reveal deeper gender disparities in financial capacity and decision-making authority. Mugisha (2019) reported that women in salaried employment exhibit higher participation, while Bwire (2021) observed male dominance in Kampala's formal sectors. Underlying these patterns are socio-cultural and economic norms that limit women's control over household income and asset ownership. Similar challenges were highlighted in Nigeria (Adejare & Aliu, 2022) and South Africa (Kimani, 2021), where gendered financial dependency restricted women's access despite comparable awareness levels. Hence, even where numerical parity appears, structural gender inequity persists in who can act on the decision to purchase life insurance.

Age-related inequities reflect another layer of structural imbalance. Older adults particularly those above 55 years are systematically excluded due to actuarial pricing practices that associate old age with high risk and mortality (FSD Uganda, 2019; Mugisha, 2019). As a result, premiums become unaffordable just when insurance protection is most needed. Similar exclusionary pricing mechanisms exist in China (Li, 2020) and India (Agrawal & Agrawal, 2017), where only state-subsidized schemes have managed to extend coverage to elderly citizens. Uganda lacks such subsidized or age-adjusted products, perpetuating inequity across generations.

Finally, institutional inequities, rooted in product design and market structure— compound these demographic barriers. The dominance of conventional insurance firms with standardized products disadvantages groups whose needs fall outside the typical urban formal-sector profile. FSD Uganda (2019) noted that few insurers tailor products for informal workers, women entrepreneurs, or rural farmers. Comparatively, Kenya's innovative use of mobile-insurance platforms and micro-premium structures has significantly reduced such institutional inequities (Kamau & Weda, 2019), while China's government-backed programs (Li, 2020) illustrate the potential of regulatory incentives such as reduced compliance costs to promote fairness in access. In Uganda, however, equity in life-insurance access remains hindered by limited innovation, low financial inclusion, and absence of policy-driven redistribution mechanisms.

Overall, the literature demonstrates that life-insurance access in Uganda is inequitable across education, income, gender, age, and geography. These inequities mirror global trends but are amplified by Uganda's socio-economic realities; widespread informality, income inequality, and limited digital infrastructure. Whereas other emerging economies have leveraged technology, subsidies, and financial-literacy programs to narrow access gaps, Uganda's life-insurance sector remains structurally biased toward the educated, urban, and economically secure. Consequently, the pursuit of equitable access requires both institutional reforms and product innovation to extend coverage beyond privileged groups.

4.1.3 Inclusivity of Life Insurance Uptake

Inclusivity refers to the extent to which all groups particularly those historically underserved or marginalized, are represented and adequately served in life-insurance coverage. The reviewed studies reveal that inclusivity remains the weakest dimension of Uganda's insurance ecosystem. Despite modest progress in overall awareness, certain demographic and occupational segments such as informal workers, older adults, persons with disabilities, and rural populations continue to be systematically excluded. This limited inclusion undermines both the developmental and risk-protection roles that insurance is intended to fulfill.

Inclusion of informal workers remains a critical challenge. The FSD Uganda (2019) report and subsequent analyses by Mugisha (2019) and Bwire (2021) highlight that most life-insurance products target salaried workers through payroll deductions or bank-linked channels, effectively excluding self-employed and informal-sector participants. These groups, who form over 80 percent of Uganda's workforce, lack steady income streams and access to financial intermediaries. As a result, they remain uninsured or rely on informal community-based risk-sharing arrangements. Comparative evidence from Kenya shows that mobile-enabled micro-insurance platforms such as M-TIBA and Linda Jamii significantly enhanced coverage for informal traders and small farmers (Kamau & Weda, 2019). In India, the government-supported Janashree Bima Yojana program specifically targets low-income and informal-sector groups (Agrawal & Agrawal, 2017). Uganda's absence of equivalent mechanisms underscores a persistent inclusivity gap within its life-insurance landscape.

Older adults and retirees also face exclusion. Most insurance providers impose upper age limits for new policies, typically between 55 and 60 years, or charge prohibitively high premiums for senior applicants (FSD Uganda, 2019; Nambafu, 2019). This practice denies elderly populations the financial security benefits they most need. Globally, similar age-based exclusion is well-documented. In China, Li (2020) observed that actuarial pricing sharply limits participation among older citizens, but policy-driven subsidization schemes have partly offset this constraint. India's Senior Citizen Savings Scheme and Varishtha Pension Bima Yojana programs illustrate deliberate inclusion measures (Agrawal & Agrawal, 2017). By contrast, Uganda lacks targeted old-age insurance programs, rendering inclusivity across age the most fragile among all DEI dimensions.

Persons with disabilities (PWDs) remain nearly invisible in Uganda's life-insurance literature and practice. No reviewed study, whether institutional or academic explicitly addressed the participation of PWDs in life-insurance markets. This omission suggests both data invisibility and practical exclusion. Accessibility barriers, inadequate product adaptation, and limited awareness campaigns targeting PWDs further aggravate their marginalization. Comparable trends have been observed in Nigeria and South Africa, where disability inclusion in insurance remains under-researched (Adejare & Aliu, 2022; Kimani, 2021). In contrast, some emerging economies such as Malaysia and India have introduced mandatory disability-inclusive insurance frameworks for formal workers. Uganda's failure to adopt similar mechanisms highlights the absence of inclusive policy orientation within its insurance sector.

Geographic and rural inclusivity remains another significant concern. The FSD Uganda (2019) data indicate that rural coverage levels are less than one-third of urban rates. Insurance agencies and brokers are heavily concentrated in Kampala and other major towns, leaving rural populations reliant on informal mutual-help associations. Similar rural exclusion has been documented in Ethiopia (Hagos, 2019) and Nigeria (Adejare & Aliu, 2022). Kenya's experience with mobile-insurance delivery again stands out as a regional benchmark, where digital distribution models have widened inclusion among rural farmers and micro-entrepreneurs (Kamau & Weda, 2019). Uganda's slower adoption of digital-financial technologies and weak last-mile distribution continue to restrict geographic inclusivity.

Product design and innovation inclusivity also remain limited. Existing insurance products largely cater to middle- and upper-income consumers, with few flexible or low-premium packages suited to the realities of the informal or rural poor. Bwire (2021) observed that most insurers prioritize profit-maximizing clients rather than socially inclusive outreach. Conversely, Kenya's and India's insurance markets demonstrate that innovation such as group-based policies, mobile micro-premiums, and index-based insurance can dramatically expand participation among underserved groups (Kamau & Weda, 2019; Agrawal & Agrawal, 2017).

Uganda's underdeveloped innovation ecosystem and lack of incentivized regulation constrain inclusivity despite growing awareness.

Cultural and trust-related barriers further diminish inclusivity. Many Ugandans associate insurance with misfortune, death, or superstition, which discourages voluntary enrolment. FSD Uganda (2019) found that even among aware individuals, mistrust in insurers' claim settlement practices remained high. Similar cultural apprehensions have been reported in Nigeria and Ethiopia (Hagos, 2019; Adejare & Aliu, 2022). In contrast, China and India have addressed cultural barriers through sustained public sensitization and government-endorsed awareness campaigns (Li, 2020; Agrawal & Agrawal, 2017). The persistence of such perceptions in Uganda suggests that inclusion cannot rely solely on product reform; it also requires rebuilding social trust and redefining the cultural meaning of insurance.

Overall, inclusivity in life-insurance uptake in Uganda remains constrained by structural, institutional, and cultural barriers. The groups most in need of protection; informal workers, elderly citizens, persons with disabilities, and rural populations remain largely outside the formal insurance safety net. While global evidence demonstrates that inclusive policy design, digital innovation, and social mobilization can improve participation, Uganda's insurance market has yet to adopt such proactive strategies. As such, inclusivity stands as the weakest pillar of the DEI framework within Uganda's life-insurance sector, demanding deliberate reform to ensure that coverage becomes not just diverse, but genuinely universal.

4.1.4 Cross-Cutting Patterns and Synthesis

The synthesis of findings across the three DEI dimensions; diversity, equity, and inclusivity, reveals a common pattern: life-insurance uptake in Uganda remains highly stratified, reflecting broader socio-economic inequalities. While diversity is evident in the composition of policyholders, equity and inclusivity remain weak, showing that participation is neither fairly distributed nor broadly representative.

First, all three dimensions converge on the dominance of structural privilege. Education, income, and urban residence repeatedly emerge as enabling factors, giving rise to a narrow base of insured individuals concentrated in urban, educated, and economically stable segments. This pattern mirrors findings in other emerging economies such as Kenya, India, and Nigeria, where socio-economic privilege remains the primary determinant of financial-service participation (Agrawal & Agrawal, 2017; Kamau & Weda, 2019; Adejare & Aliu, 2022). Consequently, diversity within the insured population exists, but it is largely elitist, offering limited social mobility for excluded groups.

Second, limited institutional innovation cuts across equity and inclusivity outcomes. Uganda's insurance providers continue to rely on conventional distribution channels; bank-linked products, broker networks, and payroll deductions thereby reinforcing access for formal-sector workers while marginalizing informal earners. Comparative evidence from Kenya and India illustrates that digitalization, mobile-based micro-insurance, and community partnerships are the strongest equalizers of access (Kamau & Weda, 2019; Agrawal & Agrawal, 2017). The absence of similar mechanisms in Uganda underscores the supply-side rigidity that perpetuates inequitable and exclusionary access.

Third, geographic and gender disparities intersect to deepen exclusion. Rural residents, especially women, experience dual disadvantages; limited outreach infrastructure and lower control over household income. Although awareness levels have improved, actual enrolment remains constrained by affordability, trust deficits, and socio-cultural norms that frame insurance as unnecessary or inauspicious. Comparable patterns are evident in Ethiopia and South Africa, where gendered cultural beliefs and weak rural distribution networks have slowed insurance expansion (Hagos, 2019; Kimani, 2021). Hence, the interplay between place, gender, and culture produces a layered inequity that limits inclusivity even among aware populations.

Fourth, affordability and trust emerge as persistent cross-cutting barriers. The FSD Uganda (2019) findings, echoed by Bwire (2021) and Mugisha (2019), show that cost perceptions and skepticism toward claim settlement deter participation across all demographic categories. These findings align with global evidence that equitable insurance systems depend not only on income growth but also on institutional credibility and consumer protection (Li, 2020). Where insurers fail to demonstrate transparency and prompt claims processing, even educated and middle-income groups hesitate to renew policies, weakening both equity and retention.

Finally, the three DEI dimensions interact rather than operate independently. Diversity without equity leads to concentration of benefits among a privileged few, and equity without inclusivity yields formal equality without practical reach. Uganda's current insurance environment exhibits both tendencies: diverse participation restricted to elite groups and minimal inclusivity for vulnerable populations. This intersectional analysis underscores that achieving a just and sustainable life-insurance system requires integrated reforms—addressing educational empowerment, digital inclusion, income redistribution, and trust restoration simultaneously.

In summary, Uganda's life-insurance market demonstrates patterns consistent with global developing-country contexts but with sharper exclusions. The system remains characterized by structural privilege, limited innovation, and weak outreach, producing uneven diversity, persistent inequity, and poor inclusivity. These cross-cutting patterns collectively affirm that without deliberate DEI-oriented reforms, the promise of life insurance as a universal financial-security instrument will remain unfulfilled.

CHAPTER 5

Discussion, Conclusion and Recommendations

5.0 Introduction

This chapter discusses the results presented in Chapter Four within the framework of Diversity, Equity, and Inclusivity (DEI) in life-insurance uptake. The aim is to interpret the observed patterns in light of existing theories, international evidence, and Uganda's contextual realities. While Chapter Four presented empirical synthesis on who participates in life insurance, this chapter explains why such patterns persist and what they imply for policy, practice, and theory.

5.0 Introduction

The discussion is structured according to the three specific objectives and subthemes that guided the review; diversity in life-insurance uptake, equity in access to life-insurance services, and inclusivity of participation among marginalized groups. Each section integrates the key findings with theoretical explanations, comparative international evidence, and practical implications. The chapter therefore moves beyond describing who participates in life insurance to analyzing why such differences persist, what they imply for policy and practice, and how they align with or diverge from global experiences.

5.1 Discussions

The discussion is structured according to the three specific objectives and subthemes that guided the review; diversity in life-insurance uptake, equity in access to life-insurance services, and inclusivity of participation among marginalized groups. Each section integrates the key findings with theoretical explanations, comparative international evidence, and practical implications. The chapter therefore moves beyond describing who participates in life insurance to analyzing why such differences persist, what they imply for policy and practice, and how they align with or diverge from global experiences.

5.1.1 Diversity in Life Insurance Uptake

The reviewed literature demonstrates that diversity in life-insurance uptake manifests across multiple socio-demographic and economic dimensions, including education, income, gender, age, location, marital status, and tenure. However, the pattern of diversity reflected in the literature is not an indicator of inclusion but rather a mirror of underlying socio-economic stratification. The synthesis of existing studies shows that participation in life insurance in Uganda and comparable contexts is primarily influenced by educational attainment, income stability, and urban residence, with marginalized groups remaining underrepresented.

Evidence from the reviewed studies (FSD Uganda, 2019; Mugisha, 2019; Bwire, 2021) consistently shows that life-insurance uptake increases with education level. Individuals with tertiary education exhibit greater financial literacy, enabling them to interpret insurance information, appreciate its long-term benefits, and engage confidently with formal institutions. Comparable evidence from India and Kenya reinforces the education effect, where literacy and financial education programs have significantly boosted participation (Agrawal & Agrawal, 2017; Kamau & Weda, 2019). This convergence of findings aligns with the Capability Approach, which emphasizes that education enhances individuals' ability to make informed financial decisions. The literature therefore suggests that diversity by education in Uganda is a reflection of unequal informational capability rather than equitable participation.

Several studies (FSD Uganda, 2019; Mugisha, 2019; Nambafu, 2019; Kaziro & Irumba, 2025) show that income remains the strongest predictor of life-insurance uptake. The reviewed evidence indicates that salaried and high-income earners dominate participation, while low-income and informal-sector workers remain largely excluded due to affordability constraints. These findings echo broader patterns in Ethiopia and Nigeria, where insurance markets are segmented along income lines (Hagos, 2019; Adejare & Aliu, 2022). According to Rational Choice Theory (RCT), individuals make insurance decisions based on cost–benefit calculations; however, for low-income earners, premiums often outweigh perceived benefits. The literature collectively portrays income-related diversity as a symptom of market bias where commercial insurers design products for financially stable clients rather than a deliberate effort to extend protection to vulnerable groups.

Studies reviewed provide mixed evidence on gender patterns. Mugisha (2019) reported higher uptake among women, while Bwire (2021) found male dominance in Kampala. The literature attributes these inconsistencies to gendered social roles and income disparities. Women are more likely to view life insurance as a means of family protection, yet their economic dependency constrains participation. Men, who dominate formal employment, have greater access through payroll deductions and employer-linked schemes. Similar findings from South Africa and Nigeria (Kimani, 2021; Adejare & Aliu, 2022) reveal that gender-based diversity in insurance uptake reflects broader structural inequalities rather than gender-neutral opportunity. From the perspective of Gendered Institutionalism, such patterns highlight how social norms and labor-market segmentation shape access to financial products.

The literature indicates that uptake peaks among adults aged 26–35 years but declines sharply among older age groups (FSD Uganda, 2019; Mugisha, 2019; Nambafu, 2019). Younger individuals are economically active and more inclined to engage in long-term financial planning, while older adults are deterred by high premiums resulting from actuarial risk-based pricing.

This finding is consistent with international literature: Li (2020) notes that in China, commercial insurers impose steep premiums on elderly applicants, and similar trends are observed in India (Agrawal & Agrawal, 2017). From an institutional perspective, this practice is rational for insurers but socially inequitable, as it excludes those most in need of protection. Thus, age-related diversity, as discussed in the literature, reflects market-driven risk rationalization rather than inclusive risk sharing.

The reviewed evidence reveals that urban residents are significantly more likely to hold insurance policies than their rural counterparts (FSD Uganda, 2019; Bwire, 2021; Nambafu, 2019). This geographic skew is explained by proximity to insurance providers, higher awareness levels, and better access to digital and financial infrastructure. Literature from Kenya confirms that urban dominance is a regional trend, though recent innovations such as mobile-based micro-insurance have helped expand rural participation (Kamau & Weda, 2019). In Uganda, however, the absence of similar technological interventions sustains locational inequities. These findings align with Institutional Theory, which suggests that institutional arrangements often evolve to serve profitable markets while marginalizing peripheral regions.

Evidence across reviewed studies (Mugisha, 2019; Nambafu, 2019) suggests that married individuals are more likely to purchase life insurance than singles or divorced persons. The literature attributes this to the desire to secure dependants and meet familial obligations. Comparative studies in India and Ethiopia (Agrawal & Agrawal, 2017; Hagos, 2019) confirm similar patterns, showing that household composition and responsibility strongly influence demand. Such evidence highlights that marital-status diversity reflects differentiated social roles rather than institutional barriers, but it nonetheless illustrates how family structures shape financial decision-making in ways that reinforce gender and age disparities.

The reviewed studies identify customer tenure as a determinant of sustained participation. Long-tenured clients are more likely to renew policies, while new entrants frequently lapse due to affordability pressures and mistrust in claim processes (Bwire, 2021). This pattern mirrors findings from Zambia and India (Malambo, 2023; Li, 2020), where positive prior experience fosters retention. Literature grounded in behavioral economics suggests that repeated exposure and institutional credibility build trust, which gradually expands participation. Hence, tenure-based diversity in the literature represents an experiential learning process that strengthens client–insurer relationships but also reflects barriers faced by first-time participants.

Overall, the reviewed literature presents diversity in life-insurance uptake as an uneven and privilege-driven phenomenon. The observed variations by education, income, and geography mirror long-standing socio-economic inequalities. Theoretical interpretations from the Capability Approach, Rational Choice Theory, and Institutional Theory converge on the understanding that while diversity reflects participation from different segments, it does not imply equity or inclusion.

Evidence across countries such as Kenya, India, China, and Nigeria confirms that without deliberate policy innovation, through financial education, affordable premiums, and digital access diversity will remain selective and reinforce existing disparities rather than bridge them.

5.1.2 Equity in Access to Life Insurance Services

The reviewed literature consistently demonstrates that equity in access to life-insurance services remains limited, both globally and within Uganda. Although awareness and participation have expanded among certain groups, access continues to favor the educated, urban, and economically secure. Equity, as discussed in the literature, concerns the fairness of opportunity and benefit distribution across social categories rather than mere participation. The body of reviewed evidence portrays Uganda's insurance landscape as structurally unequal, with access determined more by socio-economic privilege than by deliberate inclusion mechanisms.

Several studies (FSD Uganda, 2019; Mugisha, 2019; Bwire, 2021) identify education as a key determinant of equitable access to life insurance. Highly educated individuals possess greater financial literacy, enabling them to understand complex policy terms and evaluate product options. Conversely, low-literacy groups often experience informational exclusion due to technical language and limited outreach. These findings are consistent with evidence from India and Kenya, where financial-education programs significantly improved participation among previously underserved populations (Agrawal & Agrawal, 2017; Kamau & Weda, 2019). The literature therefore suggests that inequity in access arises not only from income disparities but also from differences in informational capability, a phenomenon explained by the Capability Approach, which emphasizes that education enhances individuals' capacity to utilize available opportunities.

Most reviewed sources identify income as the strongest predictor of access to life-insurance services in Uganda (FSD Uganda, 2019; Nambafu, 2019; Kaziro & Irumba, 2025). The literature highlights that low-income earners view insurance as a discretionary expense, while higher-income groups perceive it as a viable investment. Similar affordability gaps are documented in Ethiopia, Nigeria, and Kenya (Hagos, 2019; Adejare & Aliu, 2022; Kamau & Weda, 2019). From the perspective of Rational Choice Theory (RCT), insurance purchase decisions are guided by cost–benefit evaluations; hence, individuals with unstable or low income may rationally opt out. The literature interprets this as structural inequity embedded in market design where insurance products remain tailored to salaried and formal-sector clients, effectively excluding the economically vulnerable. Comparative studies from India demonstrate that income-related inequities can be mitigated through state-subsidized or micro-premium schemes (Agrawal & Agrawal, 2017), yet Uganda's insurance market lacks equivalent redistributive mechanisms.

Evidence from the reviewed literature underscores that urban residents enjoy far greater access to life-insurance services than rural populations (FSD Uganda, 2019; Bwire, 2021). Urban bias is attributed to the concentration of insurance headquarters, agents, and financial infrastructure in major cities. Similar patterns are observed in Ethiopia and Nigeria, where limited rural networks hinder participation (Hagos, 2019; Adejare & Aliu, 2022). By contrast, studies from Kenya reveal that the expansion of mobile-based insurance platforms such as M-TIBA and M-BIMA has significantly reduced geographic inequities (Kamau & Weda, 2019). The literature interprets these differences through Institutional Theory, which suggests that market actors cluster around environments offering regulatory ease and profitability, leaving rural communities institutionally underserved. In Uganda's case, the absence of digital inclusion strategies sustains inequitable spatial access to financial protection.

While some literature reports near parity between men and women in overall participation (FSD Uganda, 2019), disaggregated analyses reveal deeper inequities in financial control and autonomy. Women's access is often constrained by income dependency and cultural norms that assign decision-making authority to men. This gendered inequity has been noted in South Africa and Nigeria (Kimani, 2021; Adejare & Aliu, 2022), where patriarchal financial structures restrict women's engagement with formal insurance products. Drawing on Gendered Institutionalism, the literature interprets gender inequity as a reflection of social norms embedded within economic institutions. Efforts to promote gender equality in insurance access, therefore, require not only awareness campaigns but also reforms that address structural inequalities in employment, income, and property rights.

The reviewed literature also reveals consistent exclusion of older adults due to actuarial pricing models that classify them as high-risk clients (FSD Uganda, 2019; Nambafu, 2019). Premiums for older applicants are typically higher, reducing affordability and discouraging participation. Similar age-based inequities are reported in China and India (Li, 2020; Agrawal & Agrawal, 2017), although both countries have introduced state-backed insurance programs to extend coverage to elderly populations. Uganda's lack of comparable interventions highlights institutional rigidity in addressing demographic disparities. From a social-justice perspective, such actuarial discrimination contravenes the principle of equity, which demands that benefits be distributed according to need rather than purchasing power.

The literature widely agrees that structural features of Uganda's insurance industry perpetuate inequitable access. FSD Uganda (2019) and Bwire (2021) report that most insurers operate in high-income markets, offering standardized products with fixed premiums. These business models reflect profit-oriented logic rather than social protection objectives. Comparative literature from Kenya and India demonstrates that regulatory innovation such as micro-insurance frameworks and digital policy platforms has been effective in redistributing access (Kamau & Weda, 2019; Agrawal & Agrawal, 2017). In contrast, Uganda's regulatory framework lacks explicit DEI benchmarks to promote equitable product development. The literature thus interprets institutional inequity as a product of policy inertia and limited innovation rather than consumer apathy.

Collectively, the reviewed studies portray equity in life-insurance access as more aspirational than realized. Across different countries, structural inequities persist wherever market forces outweigh social policy interventions. Theoretical perspectives from the Capability Approach, Rational Choice Theory, and Institutional Theory converge on the understanding that inequity in access emerges from the intersection of individual capacity, economic structure, and institutional design. Comparative evidence shows that countries that have narrowed equity gaps such as Kenya, India, and China did so through deliberate state participation, digital expansion, and subsidized product models. The literature therefore suggests that achieving equity in Uganda's life-insurance market will require proactive institutional reform, enhanced financial literacy, and targeted mechanisms that prioritize fairness alongside profitability.

5.1.3 Inclusivity of Life Insurance Uptake

The reviewed literature consistently demonstrates that inclusivity is the weakest of the three DEI dimensions in life-insurance uptake, both globally and within Uganda. Evidence across studies points to persistent exclusion of informal workers, rural residents, older adults, women in low-income brackets, and persons with disabilities. The following discussion interprets these findings as reflections of structural and institutional characteristics revealed through secondary literature rather than primary empirical observation.

Most studies reviewed including those by FSD Uganda (2019), Mugisha (2019), and Bwire (2021) report that life-insurance products in Uganda are primarily designed for salaried employees with predictable incomes and access to financial institutions. This pattern mirrors findings from other low- and middle-income countries, where market design and distribution models are closely tied to formal employment (Agrawal & Agrawal, 2017; Hagos, 2019). Literature from Kenya provides contrasting evidence, showing that the introduction of mobile-based micro-insurance schemes such as M-TIBA and Linda Jamii substantially improved participation among informal traders (Kamau & Weda, 2019).

In contrast, Uganda's insurance market remains heavily reliant on conventional, agent-driven channels, excluding informal workers who constitute the majority of the labor force. This reflects what institutional theorists describe as path dependence, where market norms established for elite clientele persist, limiting the system's adaptive capacity.

Several reviewed studies, including FSD Uganda (2019) and Nambafu (2019), indicate that older adults particularly those above fifty-five, face high entry barriers due to actuarial pricing policies that treat age as a direct proxy for risk. Similar trends are documented in China and India, where commercial insurers price older populations out of the market (Li, 2020; Agrawal & Agrawal, 2017). However, literature from those countries also shows that state-sponsored insurance programs and pension-linked life products have mitigated this exclusion by subsidizing premiums for senior citizens. The absence of such compensatory mechanisms in Uganda demonstrates that inclusivity challenges are not merely demographic but institutional—reflecting limited regulatory innovation and weak state participation in social insurance provisioning.

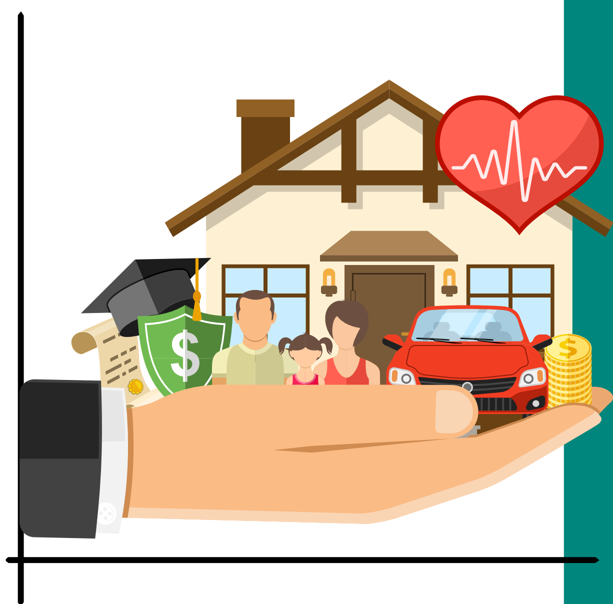
Evidence from the systematic review revealed an almost complete absence of studies addressing life-insurance participation by persons with disabilities (PWDs). This silence in the literature suggests both empirical neglect and policy invisibility. The Insurance Regulatory Authority (IRA, 2024) reports no specific disability-inclusive frameworks in Uganda, a finding consistent with broader African evidence showing that insurance markets rarely disaggregate data by disability status (Adejare & Aliu, 2022; Kimani, 2021). By contrast, recent literature from Asia highlights the rise of inclusive-insurance policies in India and Malaysia, which mandate coverage adjustments for PWDs within formal employment schemes (Li, 2020). The lack of equivalent provisions in Uganda underscores what scholars call exclusion by design, where systemic inattention perpetuates marginalization even in the absence of overt discrimination.

Rural populations remain consistently underrepresented in the reviewed studies. The FSD Uganda (2019) report indicates that most policyholders are concentrated in urban centers, particularly Kampala. Similar spatial disparities have been reported in Ethiopia (Hagos, 2019) and Nigeria (Adejare & Aliu, 2022). Conversely, literature from Kenya illustrates that digital distribution and agency banking have extended reach to rural farmers and small-scale entrepreneurs (Kamau & Weda, 2019). Uganda's slower integration of digital technologies and limited insurer investment in rural outreach indicate an enduring infrastructural bias that restricts inclusive access. The reviewed evidence therefore supports the argument that inclusivity in Uganda's life-insurance sector remains largely urban-centric, constrained by cost structures and information asymmetry.

Most of the studies reviewed agree that Uganda's insurance industry exhibits limited innovation toward flexible, low-premium, or community-based products. Bwire (2021) observed that insurers prioritize high-value clients over socially vulnerable groups, while FSD Uganda (2019) highlighted the near-absence of products designed for micro-income earners. Global evidence supports the view that inclusive product innovation is a strong determinant of participation. For instance, Kamau and Weda (2019) document how micro-insurance initiatives in Kenya increased rural inclusion, while Agrawal and Agrawal (2017) describe India's success with government-backed, low-premium life-insurance schemes for poor households. The literature therefore positions product innovation as a critical pathway to inclusivity—a domain in which Uganda remains comparatively stagnant.

Reviewed sources also emphasize that cultural beliefs and low institutional trust inhibit inclusive participation. FSD Uganda (2019) found that many Ugandans associate life insurance with death or misfortune, discouraging voluntary enrolment. Similar perceptions are cited in Nigeria and Ethiopia, where superstition and distrust of insurers undermine participation (Hagos, 2019; Adejare & Aliu, 2022). In contrast, countries such as China and India have reduced these cultural barriers through national awareness campaigns and consumer-protection reforms (Li, 2020; Agrawal & Agrawal, 2017). The persistence of cultural and trust deficits in Uganda, as reflected in the reviewed literature, indicates that inclusivity is not solely a question of affordability or access, but also of institutional legitimacy, the public's confidence that insurers will honor their obligations.

Taken together, the literature portrays inclusivity in Uganda's life-insurance sector as both conceptually recognized and practically elusive. Inclusion gaps mirror those found in many developing countries but are magnified by Uganda's structural characteristics: high informality, low digitalization, limited regulatory intervention, and enduring socio-cultural mistrust. The reviewed studies collectively emphasize that inclusivity cannot emerge organically from market dynamics; it must be engineered through policy design, innovation, and social mobilization. Global evidence illustrates that deliberate state involvement, public-private partnerships, and technology-enabled outreach are key to reversing exclusionary trends. Thus, Uganda's life-insurance sector, while aware of inclusivity as a developmental goal, remains at an early stage of translating this awareness into systematic, evidence-based practice.



5.1.4 Cross-Cutting Discussion

The reviewed literature consistently identifies education, income, and location as the core determinants of participation in life insurance. Studies by FSD Uganda (2019), Bwire (2021), and Mugisha (2019) emphasize that well-educated, salaried, and urban-based individuals dominate policy uptake. These findings mirror global evidence from Kenya, India, and Nigeria, where similar privilege-based participation patterns prevail (Kamau & Weda, 2019; Agrawal & Agrawal, 2017; Adejare & Aliu, 2022). The literature suggests that Uganda's life-insurance system operates as a selective inclusion mechanism—diversity exists, but it is shaped by structural advantages that favor those already positioned within formal and financially literate segments. This dynamic reflects what institutional scholars term path dependence, in which historical systems of privilege continue to determine present participation patterns.

A central observation across the reviewed studies is the slow institutional response to changing socio-economic realities. Uganda's insurance products remain standardized and primarily designed for formal employees, while informal-sector participants who form the majority of the workforce, remain unserved (FSD Uganda, 2019; Mugisha, 2019). Comparative literature from Kenya and India highlights that targeted innovations such as mobile-based insurance and micro-premium products have significantly broadened outreach (Kamau & Weda, 2019; Agrawal & Agrawal, 2017). Institutional theory provides a compelling explanation for this inertia, suggesting that organizational routines and regulatory frameworks prioritize profitability and compliance over social responsiveness. Consequently, achieving meaningful DEI outcomes requires not only policy change but a transformation of institutional logic within the insurance industry.

The reviewed evidence also shows that inequities intersect and reinforce one another. Individuals who are low-income, less-educated, and rural-based face cumulative disadvantages that exclude them from formal insurance markets. Such overlapping vulnerabilities create what the Capability Approach terms capability deprivation, a state where multiple constraints (knowledge, affordability, and access) jointly limit one's ability to benefit from available opportunities. Similar multi-layered exclusions are documented in Ethiopia, Nigeria, and other sub-Saharan contexts (Hagos, 2019; Adejare & Aliu, 2022). This intersectionality underscores that addressing inequity in Uganda's life-insurance sector demands integrated interventions that target not a single variable but the entire constellation of social disadvantage.

Beyond socio-economic barriers, the literature identifies mistrust and cultural perceptions as cross-cutting obstacles to DEI. FSD Uganda (2019) reports that many Ugandans associate insurance with death or misfortune, leading to hesitancy in enrolment. These findings are echoed in studies from Nigeria and Ethiopia (Hagos, 2019; Adejare & Aliu, 2022), which show that mistrust stems from negative experiences with claim settlements and opaque communication. However, literature from China and India illustrates that sustained public awareness campaigns and consumer-protection reforms can successfully transform attitudes (Li, 2020; Agrawal & Agrawal, 2017). The reviewed body of evidence therefore conceptualizes cultural barriers not merely as attitudinal but as manifestations of weak institutional legitimacy. Strengthening transparency, ethical marketing, and efficient claims handling emerges as a crucial precondition for enhancing public trust and cultural acceptance.

5.2 Theoretical Integration

The synthesis of reviewed studies supports a multidimensional theoretical explanation of DEI patterns in life-insurance uptake. Three main theoretical perspectives; Rational Choice Theory (RCT), the Capability Approach, and Institutional Theory (including Gendered Institutionalism) offer complementary insights into the mechanisms underpinning inequality in access and participation.

From the standpoint of Rational Choice Theory, individuals are assumed to make insurance decisions based on perceived costs, expected benefits, and levels of risk tolerance. The reviewed literature affirms this logic by showing that low-income earners often make rational decisions to abstain from purchasing insurance when premiums exceed their perceived capacity to pay. However, the evidence also reveals that rationality is bounded by structural limitations: affordability, information asymmetry, and trust deficits constrain decision-making. Thus, while RCT explains individual behavior, it underestimates the institutional and contextual factors that shape what options are perceived as rational.

The Capability Approach, as advanced by Amartya Sen, provides a more normative lens by emphasizing that equitable participation depends on people's real freedoms, their capabilities to act and choose. The reviewed literature demonstrates that differences in education, financial literacy, and geographic access directly influence individuals' capability to participate in life insurance. In Uganda, as in other developing countries, diversity and equity are limited not because insurance is unavailable, but because people lack the substantive opportunities to understand, afford, or trust it. Hence, the literature frames DEI deficiencies as outcomes of capability deprivation rather than mere individual preference.

Complementing these perspectives, Institutional Theory and Gendered Institutionalism explain how the rules, norms, and cultural expectations governing financial systems perpetuate inequality. The reviewed evidence indicates that Uganda's insurance sector, like many in sub-Saharan Africa, is structured around formal-sector norms that inherently exclude informal workers, women, and rural populations. Gendered institutional analysis adds that social expectations such as male financial dominance and female income dependency further limit equitable participation. Institutions therefore serve as both enablers and gatekeepers, embedding systemic bias within market operations. The literature collectively affirms that achieving DEI in life insurance requires transforming not just individual behavior but the institutional frameworks that organize access to financial protection.

In sum, the convergence of theoretical and empirical literature suggests that the challenges of diversity, equity, and inclusivity in Uganda's life-insurance sector are not discrete phenomena but interconnected reflections of systemic inequality. Rational-choice behavior is conditioned by constrained capabilities, and both are embedded within institutional structures that reproduce privilege. Comparative evidence from Kenya, India, and China demonstrates that deliberate reform through innovation, regulation, and education can realign market incentives such as PPP schemes, awards, digital innovation support with social protection objectives. The implication for Uganda is clear: sustainable growth in the insurance sector requires a shift from profit-centered expansion to equity-centered transformation, where institutional credibility, technological inclusion, and policy commitment work together to ensure that life insurance fulfills its fundamental promise of security for all.

5.3 Implications for Policy and Practice

The collective evidence from the reviewed literature provides clear implications for Uganda's policymakers, regulators, and insurance practitioners. A recurring conclusion across global and local studies is that DEI in life insurance does not evolve organically from market forces; it must be intentionally engineered through regulatory reform, innovation, and public education.

From a policy perspective, the literature suggests that governments play a decisive role in equalizing opportunity within insurance markets. Comparative experiences from Kenya, India, and China illustrate that inclusive participation flourishes when states establish micro-insurance frameworks, subsidize premiums for vulnerable populations, and embed DEI principles into national insurance policy (Kamau & Weda, 2019; Agrawal & Agrawal, 2017; Li, 2020). In Uganda, the Insurance Regulatory Authority (IRA) and Ministry of Finance could adopt similar strategies by incentivizing insurers to design affordable products, integrating insurance into broader social-protection programs, and promoting rural outreach through digital channels. These incentives may include regulatory incentives (reduced compliance costs), fiscal incentives (tax deductions, premium subsidies), and market incentives (PPP schemes, awards, digital innovation support). Expanded in recommendations. Furthermore, policies that encourage gender-responsive and disability-inclusive insurance products would align Uganda with emerging global DEI benchmarks in financial inclusion.

From a practice standpoint, the reviewed literature highlights the need for adaptive industry reform. Insurers should prioritize simplification of policy documentation and communication to reduce comprehension barriers, especially for low-literacy populations. Product innovation is equally critical: flexible, low-premium, and mobile-based models have proven effective in expanding access elsewhere. Additionally, industry transparency in claims processing, fair pricing, and consumer education campaigns are essential to rebuilding public trust. Partnerships with local cooperatives, SACCOs, and community-based organizations can also serve as alternative distribution channels, enabling insurers to reach remote and informal populations cost-effectively. These strategies, when combined, can transform insurance from an elitist financial product into an inclusive social safety mechanism.

Finally, the reviewed literature points to research and capacity-building implications. There is limited empirical evidence on participation of persons with disabilities, gendered experiences of insurance use, and the long-term impact of digital-insurance innovations. Addressing these gaps through interdisciplinary and policy-oriented research will strengthen the evidence base for DEI-centered insurance development. The sector also requires capacity building in inclusive product design, digital outreach, and behavioral insights to ensure that policy translation leads to measurable social impact.

5.4 Conclusions

The synthesis of reviewed literature on Diversity, Equity, and Inclusivity (DEI) in life-insurance uptake provides important insights into the state of access, participation, and fairness within Uganda's insurance landscape. This section concludes the systematic review by drawing together the main findings and theoretical interpretations across the three objectives. The conclusions are structured according to the specific focus areas: diversity in uptake, equity in access, and inclusivity of participation, and are grounded in evidence synthesized from both global and Ugandan studies.

5.4.1 Conclusions on Diversity in Life-Insurance Uptake

The reviewed literature indicates that diversity in life-insurance uptake has increased numerically but remains socially skewed. Participation is largely concentrated among the highly educated, formally employed, and urban-based populations (FSD Uganda, 2019; Bwire, 2021; Mugisha, 2019). This pattern suggests that diversity in Uganda's life-insurance market is more a reflection of socio-economic stratification than of genuine inclusivity.

Education emerges as the most consistent determinant of diversity, enhancing individuals' ability to understand and evaluate insurance options. The Capability Approach explains that access to knowledge and financial literacy expands one's capability to act rationally within financial markets. However, for less-educated populations, informational asymmetry and technical jargon act as barriers, limiting participation.

Income and occupation also influence diversity, with salaried and professional groups dominating participation while informal workers remain excluded due to affordability challenges. This is consistent with Rational Choice Theory, which posits that individuals make economic decisions based on cost–benefit evaluations. Yet, the literature reveals that such rationality operates within structurally unequal markets where insurance products are priced and distributed to serve formal-sector elites.

Geographic and gender diversity patterns follow similar trajectories. Urban residents, with better access to insurers and infrastructure, are overrepresented, while rural populations remain marginalized. Gender differences are shaped by socio-cultural norms that limit women's financial autonomy despite comparable awareness levels. Comparative evidence from Kenya, India, and Nigeria shows similar trends, underscoring that diversity alone does not equate to equity.

In conclusion, the literature establishes that diversity in life-insurance uptake in Uganda represents selective inclusion driven by privilege. True diversity one that encompasses marginalized and low-income groups requires dismantling informational, spatial, and socio-cultural barriers through education, technology, and inclusive product design.

5.4.2 Conclusions on Equity in Access to Life-Insurance Services

The reviewed literature consistently demonstrates that access to life-insurance services in Uganda remains inequitable. Equity, as conceptualized in the literature, is not simply about participation but about fairness in opportunity and benefit distribution. Evidence from FSD Uganda (2019), Mugisha (2019), and Nambafu (2019) shows that affordability, geography, and institutional bias determine who benefits most from insurance.

Educational inequities persist because financial products remain cognitively demanding, favoring those with higher literacy. Income inequities are more pronounced, as premiums remain unaffordable for low-income earners, and products are designed primarily for salaried clients. Geographically, insurers cluster in urban centers, leaving rural areas underserved—an institutional design feature also observed in Ethiopia and Nigeria (Hagos, 2019; Adejare & Aliu, 2022).

The literature further shows that gender and age inequities intersect with these factors. Women's participation is limited by socio-cultural and economic dependency, while older adults face exclusion through actuarial pricing that treats age as a high-risk factor. Such practices, while economically rational, are socially inequitable. The Institutional Theory provides a useful lens here, explaining that financial systems reproduce societal hierarchies through norms and structures that privilege stability and profitability over fairness.

Globally, countries like Kenya, India, and China have mitigated inequities by integrating micro-insurance frameworks, premium subsidies, and digital distribution mechanisms (Kamau & Weda, 2019; Agrawal & Agrawal, 2017; Li, 2020). The reviewed Ugandan literature highlights the absence of such redistributive mechanisms, resulting in limited fairness in coverage.

In conclusion, the literature positions Uganda's insurance market as one where equity is recognized in principle but poorly institutionalized in practice. Realizing equity requires addressing affordability through flexible premium structures, decentralizing insurance services to rural areas, and enforcing DEI benchmarks within the regulatory framework.

5.4.3 Conclusions on Inclusivity in Life-Insurance Uptake

The third body of literature reviewed which focused on inclusivity, reveals that this dimension remains the least developed in Uganda's insurance ecosystem. While diversity captures who participates and equity assesses fairness, inclusivity examines who remains excluded and why. Evidence from FSD Uganda (2019), Bwire (2021), and Mugisha (2019) shows that informal workers, rural populations, elderly citizens, and persons with disabilities remain largely outside formal insurance protection.

The literature attributes this persistent exclusion to structural and cultural barriers rather than a lack of demand. Product designs remain rigid, with fixed premiums unsuitable for informal and low-income workers. Rural residents lack distribution channels and awareness, while the elderly and disabled face pricing discrimination or complete omission from coverage frameworks. Studies from Kenya, India, and China demonstrate that inclusivity can improve through digital innovation, state-subsidized schemes, and community-based partnerships (Kamau & Weda, 2019; Agrawal & Agrawal, 2017; Li, 2020). Uganda's failure to adopt similar interventions reflects institutional inertia rather than policy ignorance.

Cultural beliefs and mistrust in insurers compound exclusion, as insurance is often viewed as a product of misfortune. The literature interprets this as an outcome of weak institutional legitimacy rather than consumer resistance. Inclusivity, therefore, demands both structural adaptation and social reorientation through trust-building, transparent claims management, and inclusive product communication.

Overall, the reviewed literature concludes that Uganda's life-insurance sector exhibits awareness without accessibility and recognition without representation. Genuine inclusivity will only emerge when policy frameworks deliberately target marginalized groups through innovation, partnerships, and affirmative regulation.

5.4.4 Overall Conclusion

Across all objectives, the reviewed literature leads to a unifying conclusion: Uganda's life-insurance market has evolved toward broader participation but not toward genuine inclusion. Diversity remains elite-driven, equity remains structurally constrained, and inclusivity remains largely aspirational. The three dimensions intersect, reinforcing each other's deficiencies—diversity without equity deepens stratification, equity without inclusivity reinforces exclusion, and inclusivity without institutional reform remains unsustainable.

The synthesis of theoretical insights particularly from Rational Choice Theory, the Capability Approach, and Institutional Theory demonstrates that the observed inequalities are not merely behavioral but systemic. Rational choice explains why individuals may rationally abstain from insurance under constrained income; capability theory clarifies how education and opportunity expand access; and institutional theory reveals how entrenched norms and market logics perpetuate exclusion.

Comparative evidence from Kenya, India, China, and Nigeria confirms that transformation is possible where state policy, regulatory innovation, and digital inclusion converge. Uganda's path forward lies in adopting a hybrid reform model that balances market efficiency with social equity, anchoring insurance not merely as a commercial enterprise but as a developmental and protective instrument.

In sum, the literature concludes that achieving DEI in Uganda's life-insurance sector requires coordinated reform, educational empowerment to expand diversity, regulatory innovation to promote equity, and institutional trust-building to ensure inclusivity. Only through such integrated transformation can life insurance evolve from a privilege of the few into a social right accessible to all.

5.5 Recommendations

Overall, the reviewed literature demonstrates that promoting diversity, equity, and inclusivity in life-insurance uptake is both a social and economic imperative. Policy must create enabling structures; practice must translate inclusivity into design and delivery; and research must continually generate evidence to refine interventions. A coherent alignment among these three spheres, policy, practice, and scholarship, offers the most sustainable pathway for transforming life insurance in Uganda from a privilege of the few into a universal pillar of financial protection and social resilience.

5.5.1 Policy Recommendations

The reviewed literature underscores that the achievement of DEI in life insurance cannot rely solely on market dynamics but requires a proactive and coordinated policy response.

First, the Government of Uganda, through the Insurance Regulatory Authority (IRA) and the Ministry of Finance, Planning and Economic Development, should integrate DEI principles into the national insurance policy framework. This could be achieved by establishing clear regulatory benchmarks that require insurers to demonstrate diversity and equity targets within their annual operational plans.

Second, the literature from Kenya, India, and China shows that micro-insurance and premium-subsidy schemes can effectively bridge income-related inequities (Kamau & Weda, 2019; Agrawal & Agrawal, 2017; Li, 2020). Uganda should therefore adopt similar models such as state-backed micro-insurance programs to make life insurance affordable to low-income and informal-sector workers.

Third, the government should decentralize insurance services through digital and mobile channels. Evidence from Kenya's mobile-insurance revolution indicates that such platforms expand access to rural and low-literacy populations while reducing distribution costs. Integrating insurance within broader digital-finance ecosystems like mobile money and SACCO networks would extend geographic reach and strengthen equity.

Lastly, policy reform should address vulnerable groups explicitly. This includes developing gender-responsive and disability-inclusive policies that ensure fair treatment in underwriting, claims processing, and product design. Lessons from Malaysia and India illustrate that such targeted frameworks not only enhance social justice but also expand market participation by previously excluded groups.

5.5.2 Practice Recommendations

At the institutional level, insurers, brokers, and industry associations must operationalize DEI principles within organizational strategies and business models. The literature reviewed emphasizes that inclusive growth in life insurance depends on aligning profitability with social protection objectives.

Insurers should begin by simplifying policy language and adopting culturally sensitive communication approaches to make products more comprehensible for low-literacy populations. Studies such as FSD Uganda (2019) and Mugisha (2019) reveal that technical jargon remains one of the most persistent barriers to access.

Further, product innovation should focus on flexibility and affordability. Literature from Kenya and India demonstrates that mobile-based and community insurance models where premiums are paid in micro-installments, significantly improve participation among informal workers (Kamau & Weda, 2019; Agrawal & Agrawal, 2017). Ugandan insurers should replicate these models, leveraging digital technology and partnerships with SACCOs and savings groups to reach unserved communities.

The reviewed evidence also highlights trust and reputation as key determinants of participation (FSD Uganda, 2019; Adejare & Aliu, 2022). To address this, insurers should enhance transparency in claim management, publish performance data, and engage in continuous community sensitization to rebuild institutional credibility.

Finally, the insurance industry should institutionalize DEI reporting, whereby firms periodically evaluate and disclose how their products, pricing, and outreach contribute to diversity, equity, and inclusivity. This would align Uganda's industry practices with emerging international standards in socially responsible insurance.

5.5.3 Research Recommendations

The review also exposes several knowledge gaps that merit systematic investigation.

First, there is a noticeable lack of empirical studies focusing on persons with disabilities (PWDs) in the life-insurance sector. Future research should explore the barriers faced by PWDs in accessing and benefiting from insurance products, both in urban and rural settings.

Second, gendered experiences in insurance access remain insufficiently understood. Longitudinal and mixed-method studies examining how cultural norms, income disparities, and household dynamics affect women's engagement with life insurance would deepen insight into gender equity.

Third, there is a need for comparative and impact-based research examining the effectiveness of digital-insurance innovations and micro-insurance schemes across sub-Saharan Africa. Such studies would provide evidence-based models adaptable to Uganda's context.

Lastly, future research should adopt interdisciplinary approaches, integrating insights from behavioral economics, sociology, and development studies to better explain how institutional trust, cultural values, and technological innovation interact in shaping DEI outcomes in financial services.

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Appendices

Appendix 1: Source Database Classification

No.	Author(s), Year	Title (shortened)	Database/Publisher
1	Adejare & Aliu (2022)	Effect of demographic features on insurance uptake in Nigeria	Fountain University Journal – Institutional repository/ Academia
2	Agrawal & Agrawal (2017)	Demographic factors influencing purchase decision (India)	SSRN (Social Science Research Network)
3	Bwire (2021)	Competitive strategies & life insurance uptake in Uganda	Institutional Repository (Uganda, dissertation)
4	Ćurak et al. (2013)	Social & demographic determinants (Croatia)	International Journal of Business & Social Sciences (Academia.edu/ Google Scholar)
5	Fadlallah et al. (2018)	Barriers & facilitators of community-based health insurance	BioMed Central – Springer Nature
6	Fayyad & Al-Sinnawi (2024)	Financial inclusion for persons with visual impairments	Elsevier – Heliyon (ScienceDirect)
7	FSD Uganda (2019)	Uptake of Insurance Services in Uganda	Institutional Report
8	Gubwe et al. (2024)	Life insurance uptake in Sub-Saharan Africa	Biotika Journal – Academia/ Institutional repository
9	Hagos (2019)	Demand for Life Insurance in Ethiopia	IISTE Journal – Google Scholar
10	Hodula et al. (2020)	Determinants of insurance premiums	Czech National Bank Working Paper (Institutional repository)
11	Kamau & Weda (2019)	Socio-economic factors affecting demand in Kenya	Journal of Finance & Accounting – Academia.edu
12	Kaziro & Irumba (2025)	Community-based health insurance in Uganda	Metropolitan Journal (Institutional repository)
13	Keinerugaba (2024)	Access to health insurance in Uganda	Institutional repository (RG/Academia)

No.	Author(s), Year	Title (shortened)	Database/Publisher
14	Kim et al. (2020)	Decline in life insurance ownership	Financial Services Review – Taylor & Francis
15	Li (2020)	Insurance development in China	SAGE Open
16	Low et al. (2021)	Demand for life insurance & persuasion	Economic Annals – Taylor & Francis
17	Malambo (2023)	Gender dynamics & life insurance in Ghana	International Journal (Academia.edu)
18	Malambo & Qutieshat (2024)	Uptake of life insurance in Botswana	Indonesian-based International Journal – Google Scholar
19	Mardhiah et al. (2025)	Predicting life insurance ownership	Journal of Information System & Tech Mgmt. (Institutional repository / Academia)
20	Maurice et al. (2022)	Strategy alignment & insurance uptake in Uganda	Journal of Financial Risk Management –Scientific Research Publishing (SCIRP)
21	Mugisha (2019)	Factors affecting uptake at SANLAM Uganda	Dissertation (Institutional repository)
22	Musonda & Chowa (2022)	Life insurance uptake in Zambia	Global Scientific Journals – Academia
23	Nambafu (2019)	Micro-level determinants in Uganda	Dissertation (Institutional repository)

Appendix 2: Data Extraction Table

Author(s), Year	Country / Region	Study Design / Data	Demographic & Socio-economic Variables	Key Findings	DEI Relevance
Adejare & Aliu (2022)	Nigeria	Quantitative survey, n=400	Age, education, income, occupation	Age & education significantly influenced uptake; gender & income less so	Identifies youth & less educated as underserved
Agrawal & Agrawal (2017)	India	Quantitative, consumer survey	Gender, age, education, income	Education & income strong predictors; women underrepresented	Highlights gender gap
Bwire (2021)	Uganda	Dissertation, case study	Occupation, income, education	Competitive strategies influence awareness & uptake; higher income groups dominate	Low-income earners excluded
Ćurak et al. (2013)	Croatia	Cross-sectional	Age, marital status, income, education	Married & educated individuals more likely insured	Women & low-income groups underserved
Fadlallah et al. (2018)	Lebanon	Systematic review (health insurance context)	Socioeconomic status, education	Barriers included affordability & low awareness	Shows exclusion of poor households
Fayyad & Al-Sinnawi (2024)	MENA region	Survey of visually impaired adults	Disability, income, access	Persons with disabilities face accessibility barriers	Direct DEI concern: disability inclusion
FSD Uganda (2019)	Uganda	National survey report	Age, gender, education, region, income	Uptake of insurance <2%; urban & educated more likely insured	Rural poor excluded
Gubwe et al. (2024)	SSA	Cross-country econometric	Age, education, financial access	Uptake strongly tied to financial inclusion & education	Rural women & informal sector excluded
Hagos (2019)	Ethiopia	Quantitative	Age, income, education, occupation	Wealthier, urban & educated more likely insured	Underserved: rural & poor

Author(s), Year	Country/ Region	Study Design / Data	Demographic & Socio-economic Variables	Key Findings	DEI Relevance
Hodula et al. (2020)	Czech Republic	Econometric analysis	Income, education, age	Premiums & demand shaped by economic stability & education	Equity gap for low-income groups
Kamau & Weda (2019)	Kenya	Survey	Age, education, marital status	Education & age drive uptake; women less likely insured	Gender disparity
Kaziro & Irumba (2025)	Uganda	Survey of community groups	Income, education, gender	Uptake very low; affordability key barrier	Women & rural poor excluded
Keinerugaba (2024)	Uganda	Dissertation, survey	Income, education, occupation	Uptake higher among urban elites	Rural farmers excluded
Kim et al. (2020)	USA	Cross-sectional survey	Age, income, marital status	Decline in life insurance tied to rising costs & younger generation disinterest	Youth disengaged
Li (2020)	China	Secondary data analysis	Income, region, education	Regional disparities; richer provinces had higher uptake	Rural poor excluded
Low et al. (2021)	Malaysia	Experimental persuasion study	Gender, age, education	Persuasive messages affected uptake differently across groups	Equity issue: tailoring messages
Malambo (2023)	Ghana	Survey	Gender, income, education	Gendered perceptions; men more likely to insure	Women excluded
Malambo & Qutieshat (2024)	Botswana	Survey	Gender, age, education	Uptake limited; higher education positive predictor	Gender & rural gaps
Mardhiah et al. (2025)	Indonesia	Quantitative predictive model	Age, education, income, occupation	Age & income significant predictors	Older & richer insured; poor excluded

Author(s), Year	Country/ Region	Study Design / Data	Demographic & Socio-economic Variables	Key Findings	DEI Relevance
Maurice et al. (2022)	Uganda	Mixed-methods	Education, income, occupation	Strategy alignment affects demand; awareness concentrated among urban employed	Rural excluded
Mugisha (2019)	Uganda	Dissertation, case study (Sanlam)	Age, education, income	Uptake skewed to urban, formal workers	Informal sector underserved
Musonda & Chowa (2022)	Zambia	Quantitative	Age, education, gender	Younger & less educated excluded; men more likely insured	Age & education inequality
Nambafu (2019)	Uganda	Dissertation, survey	Age, income, occupation	Determinants included affordability, financial literacy	Exclusion of low-income earners

Appendix 3: Team Composition

Name	Role in this Research	Level of Education	Current Employment	Contacts
Patrick Tumwesiga	Conceptualization, Methodology, investigation, visualization, project administration.	MBA-MUST	• Up-country coordinator at Insurance Training College (ITC) • Branch manager at Excel Insurance Company Limited	Email: ptumwesiga@yahoo.com Phone: 0776231893/0759042410
Boaz Mujuni	Conceptualization, Methodology, software use, formal analysis, investigation, writing, visualization, project administration.	BBA-MUST	• Principal research consultant, Datamine Publishing & Consulting Centre Ltd, Mbarara	Email: mujuniboaz@gmail.com Phone: 0777363481/0755665031
Insurance Training College	Funding, Supervision, Visualization, Review and Editing			

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