

Healthcare Disparities among Young Adults in ASEAN: Income and Insurance Status the Most Substantial Barriers to Utilization

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Abstract

Healthcare disparities among young adults in the ASEAN region are a growing concern, with significant barriers to utilization rooted in socioeconomic factors. This abstract argues that income and insurance status are the most substantial of these barriers, disproportionately impacting young people and hindering their access to essential care. While some ASEAN nations have made strides toward universal health coverage, these systems often remain fragmented or insufficient for young adults, especially those in the informal economy or with precarious employment. The high cost of out-of-pocket (OOP) expenses—which can constitute a large share of total healthcare costs—forces low-income young adults to postpone or neglect preventive care, leading to a higher reliance on expensive emergency services for conditions that have worsened over time. A lack of comprehensive health insurance further exacerbates this issue. Many young adults are uninsured or underinsured, making them vulnerable to catastrophic health expenditures that can lead to medical impoverishment. This financial insecurity, coupled with other non-financial barriers like health illiteracy and geographic inequality, creates a cycle of poor health outcomes. Addressing these disparities requires multi-faceted policy interventions, including expanding affordable and youth-friendly insurance schemes and strengthening financial protection mechanisms to reduce the burden of out-of-pocket costs.

Keywords: Healthcare Disparities, ASEAN, Young Adults, Health Insurance, Out-of-Pocket Expenditure, Income, Universal Health Coverage.

Introduction

Healthcare disparities across the globe remain a significant challenge to achieving Universal Health Coverage (UHC), a cornerstone of the Sustainable Development Goals (SDGs). The Association of Southeast Asian Nations (ASEAN), a dynamic region marked by stark economic heterogeneity, faces immense hurdles in ensuring equitable access to healthcare for all

citizens (Phung et al., 2024; Si et al., 2025). Within this context of pervasive systemic inequality, young adults (typically defined as those aged 15–35 years) represent a critical, yet vulnerable, demographic. This group is essential to the region's economic and social future, but their health-seeking behaviors and access to care are often jeopardized by their transitional socioeconomic status, including high rates of employment in the precarious informal sector (Kaiser et al., 2023; Oladosu et al., 2023).

While the literature generally confirms that income status and health insurance coverage are the most substantial financial barriers to healthcare utilization for the overall population in ASEAN—driving high out-of-pocket (OOP) payments and medical impoverishment (Lim et al., 2023; Van Minh et al., 2014)—the specific impact on young adults warrants closer examination. Young adults are disproportionately affected by the burdens of mental disorders and are highly susceptible to socioeconomic stressors like poverty and lack of infrastructure for care (Liu and Kuai, 2025; Szücs et al., 2025). Furthermore, their exclusion from formal social protection schemes means that the lack of health insurance is a direct and powerful determinant of their ability to afford necessary care (Agustina et al., 2022; Oladosu et al., 2023). Despite these compelling indicators, there remains a critical research gap: the absence of comprehensive, age-disaggregated data is needed to definitively compare and quantify the magnitude of these financial and insurance-related barriers against other determinants of access for the full spectrum of young adults' healthcare needs across the diverse ASEAN nations. This study, therefore, reviews the existing evidence to evaluate the extent to which income status and health insurance coverage constitute the most significant barriers to healthcare utilization for young adults in the ASEAN region.

Age and Sex Distribution: The Young Demographic

The youth demographic is recognized as a vital human resource and a main driving force for the economic, social, environmental, and cultural development of the Association of Southeast Asian Nations (ASEAN). The youth population comprises approximately a third of Southeast Asia's population. Specifically, in 2020, the ASEAN region was home to 224.2 million youths aged 15–35 years old. This age range (15–35 years) is used as the standard reference for the ASEAN Youth Development Index (YDI) report. Within this large cohort, 53% are categorized as Gen Z (15–25 years old), and 47% are categorized as Millennials (26–35 years old). This substantial population segment is projected to continue growing, with the proportion of youth expected to peak in 2038. Given the scale of this demographic, ASEAN Member States (AMS) have sustained deliberate efforts to establish evidence-based youth development policies and programs to realize the full potential of this population. Health and Well-being is identified as one of the seven core domains monitored by the YDI, emphasizing the crucial role that physical and mental health play in youth development. However, vulnerable youth, including girls, people with disabilities, and ethnic minorities, are disproportionately affected during crises, highlighting underlying issues of Equity and Inclusion in services and support (ASEAN YOUTH DEVELOPMENT INDEX, 2022).

According to ASEAN Secretariat data (Table 1 and Figure 1), the total ASEAN population in 2022 was approximately 670.1 million (670,117 thousand). The young population (ages 0-24) accounts for 271.3 million people (271,270 thousand). The distribution of the young population is relatively even across the 5-year age cohorts, with the 5-9 age group being the largest. The slightly larger cohorts in the 5-14 range suggest a sustained, but

potentially slightly slowing, fertility rate in the decade preceding 2022. The gradual decline in population size from the 5-9 group down to the 20-24 group is a common feature in populations that are undergoing a demographic transition. For all young age groups, there is a consistent pattern of more males than females (a sex ratio greater than 100) (ASIANstats, 2023).

Table 1
ASEAN Population by Age Group. 2022

Age Group	Sex	
	Male	Female
0-4	27,945	26,370
5-9	28,670	27,067
10-14	27,956	26,329
15-19	27,671	26,107
20-24	27,280	25,875
25-29	27,412	26,369
30-34	26,914	26,215
35-39	25,424	25,113
40-44	23,396	23,370
45-49	21,402	21,637
50-54	19,224	19,777
55-59	16,701	17,637
60-64	13,357	14,614
65-69	9,659	10,800
70-74	5,828	7,281
75+	6,559	10,159
Total	335,397	334,720

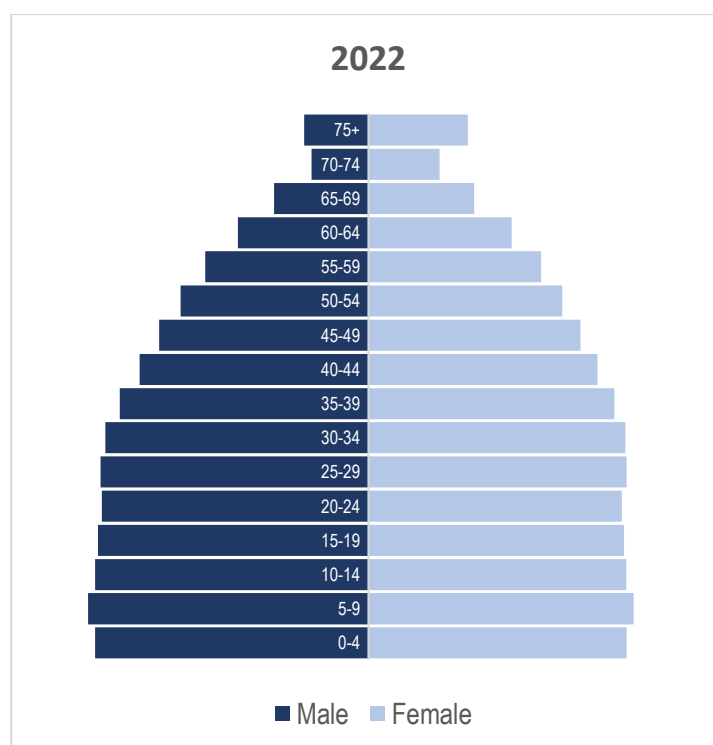


Figure 1. ASEAN Population Pyramid, 2022 (Source: ASEAN Secretariat)

Literature Review

A synthesis of systematic reviews confirms that income status and health insurance coverage constitute the most substantial financial barriers to healthcare utilization across the general population in the ASEAN region (Lim et al., 2023; Minh et al., 2014). This disparity is fundamentally driven by high out-of-pocket (OOP) payments, which often exceed 30% of total health spending, leading to high rates of catastrophic medical expenditures and impoverishment—a burden disproportionately affecting lower-income households (Van Minh et al., 2014 ; WHO, 2025). Low government health budgets and the unsustainability of revenue-raising methods further exacerbate this issue, shifting costs directly onto patients and making essential treatments inaccessible for the poor (Lim et al., 2023). Concurrently, fragmented health insurance schemes and low national coverage rates in countries like Lao PDR (15%) obstruct access, specifically by excluding vulnerable groups such as the large informal worker sector due to technical difficulties in premium collection, income instability, and unaffordable rates (Lim et al., 2023; Van Minh et al., 2014). While these financial and insurance barriers are established as major drivers of widespread healthcare disparity, neither source provides disaggregated data or specific analysis detailing the unique challenges faced by the young adult demographic within this context (Lim et al., 2023; Van Minh et al., 2014).

The overall progress toward health-related Sustainable Development Goals (SDGs) in ASEAN is undermined by pervasive income status and varied insurance scheme inequities across the general population, the specific impact on young adults remains underexplored (Si et al., 2025). The region's high out-of-pocket (OOP) health expenditure, the highest among all WHO regions, reflects a capacity gap rooted in stark economic heterogeneity, which severely restricts access for lower-income populations (Si et al., 2025). Concurrently, while countries have adopted social health insurance (SHI) systems, persistent inequities and supply-side constraints (e.g., inadequate infrastructure) impede the effectiveness of insurance coverage (Si et al., 2025). However, when examining health disparities among the young adult demographic, specifically university students facing a major burden from Non-Communicable Diseases (NCDs), the focus shifts primarily to internal (behavioral) and external (environmental) factors like poor dietary habits, lack of knowledge, and mental well-being (Nursiswati et al., 2025, Wattanapisit & Rahman, 2022). Although the NCD burden necessitates strategies to alleviate healthcare costs in countries with limited resources, the analysis of NCD risk factors does not explicitly or extensively link the income or insurance status of young adults as the most substantial barriers to their utilization of general healthcare services (Nursiswati et al., 2025).

While the measurement of health equity in the ASEAN region generally confirms that income status and insurance coverage are fundamental drivers of healthcare disparities, the data available to support this claim for the young adult demographic is inconsistent and often nonexistent (Barcellona et al., 2023). System-level data reveals strong information on Health Financing inputs (100% data availability), but a significant lack of data on the resulting Financial Impact (38% availability) and actual Healthcare Access and Utilization (27.50% availability), severely limiting the assessment of how well insurance schemes translate into equitable access for the general population (Barcellona et al., 2023). Supporting the role of income, a national survey in Malaysia specifically identified income status as a substantial barrier to oral healthcare utilization, with the richest 20% being 1.43 times more likely to seek

care than the poorest 20% (Tan et al., 2021). Although younger adults (18–34 years old) in Malaysia showed higher utilization for oral care than the elderly, the overall socioeconomic disparity persists (Tan et al., 2021). Conversely, research focusing on Filipino older adults' experiences with virtual-coach-driven physical activity provides no relevant data on income or insurance status as systemic barriers to general healthcare utilization for any age group, thereby having no direct relevance to young adult disparities (Dino et al., 2025).

Though the high-cost nature of rare disease management in ASEAN highlights severe systemic barriers where income status and the limitations of insurance schemes lead to reliance on out-of-pocket (OOP) payments and the exclusion of orphan drugs from public reimbursement (Ng et al., 2024; Shafie et al., 2016), the most compelling and specific evidence regarding young adults focuses on those in the informal sector. The systematic review by Oladosu et al. (2023) directly confirms that income status (affordability) and the lack of insurance are substantial barriers to healthcare utilization for young adults (15–35 years old). Affordability is deemed the most significant barrier, resulting from the low wages and need for high OOP payments due to being largely excluded from social protection schemes (Oladosu et al., 2023). Conversely, the study found that enrollment in a health insurance scheme acts as a powerful facilitator for this vulnerable demographic, demonstrating that both the presence and absence of insurance critically determine access (Oladosu et al., 2023). These financial challenges for young informal workers are further compounded by systemic issues such as the unavailability of resources and unacceptable service attitudes from healthcare providers (Oladosu et al., 2023).

Although the First ASEAN Youth Development Index (YDI), which defines youth as individuals aged 15 to 35 years, provides a positive high-level view of overall Health and Wellbeing outcomes, it does not explicitly identify income status or insurance status as direct barriers to general healthcare utilization (ASEAN, 2017). The YDI only indirectly addresses income through indicators like youth working poverty and poverty line percentage, and critically omits any discussion of health insurance coverage or financing mechanisms (ASEAN, 2017). However, within the specific domain of mental healthcare, the Global Burden of Disease (GBD) 2021 study provides compelling evidence that income status and insurance coverage are substantial barriers for young adults (aged 15–35) (Szűcs et al., 2025). The high burden of mental disorders, which is fundamentally driven by socioeconomic stressors like poverty and hunger, is exacerbated by the lack of mental health infrastructure in lower-income nations and insufficient insurance coverage for mental health services, even in affluent countries like Singapore (Ridley et al., 2020; Szűcs et al., 2025).

The Institute for Health Metrics and Evaluation (IHME) report on the ASEAN region details a significant disease and injury burden for young people (ages 10–24), with the leading causes of disability-adjusted life years (DALYs) consistently including road injuries, headache disorders, and anxiety and depressive disorders across most countries (IHME, 2025). This establishes a clear health disparity in terms of disease prevalence for the young adult demographic, with issues like interpersonal violence, self-harm, and tuberculosis also contributing significantly in specific national contexts (IHME, 2025). However, the report is strictly epidemiological, focusing only on what causes the highest burden (DALYs) and does not provide any data or discussion that links income status or health insurance status to the utilization of healthcare services for this age group (IHME, 2025). Therefore, while the high

health burden is evident, this source cannot confirm whether financial or insurance-related factors are the most substantial barriers to accessing care for young adults in ASEAN (IHME, 2025).

The most critical research gap identified in the literature is the absence of consistent, comprehensive, and disaggregated data specifically linking income status and health insurance coverage to *general* healthcare utilization for young adults (typically 15–35 years old) across the diverse ASEAN region. While systematic reviews firmly establish that affordability and fragmented insurance schemes are the most substantial financial barriers for the general population (Lim et al., 2023; Minh et al., 2014; Si et al., 2025), the literature fails to provide the necessary evidence to conclusively assert that this is true for young adults, outside of narrow, specific contexts. The available age-specific evidence is either thematically limited to mental healthcare or the informal sector, where financial barriers are explicitly high (Liu and Zhang, 2025; Oladosu et al., 2023; Szücs et al., 2025), or it is focused on behavioral factors rather than financial access (Nursiswati et al., 2025). High-level equity frameworks further highlight this gap, showing strong data on health financing inputs but a severe lack of data on the resultant Financial Impact and actual Healthcare Access and Utilization segmented by age (Barcellona et al., 2023). Therefore, the primary next step for research must be to quantify and compare the magnitude of these financial and insurance barriers against other access determinants for young adults' full spectrum of healthcare needs.

Methodology

This paper was conducted as a critical review of existing academic literature and key policy reports focusing on healthcare disparities in the ASEAN region. The critical review methodology was chosen to systematically analyze, synthesize, and evaluate the breadth and depth of evidence concerning the research question, particularly given the limitations of the available age-disaggregated data in the region (Barcellona et al., 2023).

The review process involved synthesizing findings from high-quality sources, including systematic reviews (Lim et al., 2023; Oladosu et al., 2023; Si et al., 2025), national surveys (Tan et al., 2021), and institutional reports (ASEAN, 2017; IHME, 2025). Literature selection was driven by direct or indirect relevance to two core variables: **income status** and **health insurance coverage**, and the target demographic: **young adults** (defined as 15–35 years old). The critical review process centered on evaluating the directness of evidence, contrasting broad population findings on financial barriers (Minh et al., 2014) with specific, age-disaggregated data, such as that concerning young adults in the informal sector or those seeking mental healthcare (Oladosu et al., 2023; Szücs et al., 2025). The final synthesis aimed to establish the general consensus on financial barriers while meticulously highlighting the research gap concerning the specific, quantified impact of income and insurance status on the overall healthcare utilization of young adults in ASEAN. This evidence was then structured and analyzed through **thematic analysis**, resulting in the identification of four major themes that define the nature and extent of the disparities.

Thematic Analyses

The critical review established a foundational understanding of healthcare disparities in the ASEAN region, highlighting the systemic inequities that impede the goal of Universal Health Coverage (UHC). While the literature confirms that income status and health insurance

coverage are the primary financial constraints driving disparities across the general population, a closer thematic analysis is essential to organize and evaluate the specific evidence. The following analysis synthesizes the complex interplay between financial drivers, insurance fragmentation, and their compounded effects on vulnerable demographics. It systematically categorizes the findings to substantiate the roles of income and insurance as substantial barriers, simultaneously defining the crucial demographic and thematic gaps that exist in the evidence pertaining to the target group of young adults.

A critical review of the literature reveals a clear consensus on the structural drivers of healthcare disparity in the ASEAN region, categorizing the findings into four intertwined themes. The analysis substantiates the premise that income status and health insurance coverage function as substantial barriers, while simultaneously exposing the key demographic data gap that restricts a definitive conclusion specific to the young adult population.

Summary of the Thematic Analysis Matrix (Table 1)

Theme	Key Findings and Indicators	Source
1. Income Status as a Dominant Structural Barrier	High Out-of-Pocket (OOP) Payments: Most substantial barrier for general population, leading to catastrophic health expenditure (CHE) and impoverishment.	(Aregbeshola & Khan, 2018; Lim et al., 2023; Van Minh et al., 2014; Si et al., 2025)
	Systemic Underfunding: Low government health budgets exacerbate cost-shifting to patients; income directly impacts access to high-cost care (e.g., rare diseases, specific oral care).	(Ng et al., 2024; Shafie et al., 2016; Tan et al., 2021)
2. Fragmentation and Exclusion: Health Insurance as an Inequitable Barrier	Uneven and Low Coverage: Low national coverage in many countries (e.g., Cambodia, Lao PDR), leaving large portions of the population unprotected.	(Van Minh et al., 2014)
	Exclusion of Key Groups: Informal sector workers face significant exclusion due to unstable income, unaffordable premiums, and poor enrollment mechanisms.	(Lim et al., 2023; Muttaqien et al., 2021; Oladosu et al., 2023)
	Benefit Gaps: Insurance does not cover all essential services (e.g., high-cost mental health or rare disease treatments), creating de facto barriers even when a policy is held.	(Shafie et al., 2016; Szücs et al., 2025)
3. Young Adults: Specific Evidence and the Critical Data Gap	Confirmation in Niche Demographics: Income and lack of insurance are confirmed as the most substantial barriers for young adults in the informal sector and those seeking mental healthcare.	(Oladosu et al., 2023; Szücs et al., 2025)
	Overarching Data Gap: General healthcare equity frameworks (Health System Outputs, Access/Utilization) severely lack age-disaggregated data, preventing a definitive claim for the overall young adult demographic.	(Barcellona et al., 2023; ASEAN, 2017)
4. Intertwined Non-Financial and Systemic Barriers	Supply Constraints: Inadequate infrastructure, insufficient health workers, and poor rural distribution undermine the effectiveness of insurance and access for all, including young adults.	(Coombs & McGinnis, 2022; Si et al., 2025)
	Acceptability and Stigma: Negative attitudes from providers and sociocultural stigma (especially for mental health) deter young people, compounding financial barriers.	(Oladosu et al., 2023; Sheikhan et al., 2023; Szücs et al., 2025)

Income Status as a Dominant Structural Barrier: High OOP and Financial Impoverishment

The literature overwhelmingly identifies low income status as a profound and pervasive barrier to healthcare access across ASEAN, primarily by forcing citizens into excessive Out-of-Pocket (OOP) payments (Lim et al., 2023; Van Minh et al., 2014).

- **Financial Catastrophe:** OOP payments are alarmingly high, often exceeding 30% of total health spending, leading directly to catastrophic medical expenditures and impoverishment, a burden disproportionately shouldered by lower-income households (Van Minh et al., 2014). This is rooted in low government health spending and structural issues like "reversed subsidies" that can favor the wealthy (Lim et al., 2023).
- **Affordability for Specific Services:** Income barriers make essential treatments inaccessible. This is seen in the prohibitively high costs of rare disease management and orphan drugs, which are frequently excluded from public reimbursement and thus require reliance on OOP payments (Shafie et al., 2016). Even for services like oral healthcare in Malaysia, income directly correlates with utilization, establishing affordability as a "crucial enabling factor" (Tan et al., 2021).

Fragmentation and Exclusion: Health Insurance as an Inequitable Barrier

Health insurance coverage is characterized by fragmentation, uneven expansion, and inefficiency across the region, directly translating into a significant barrier to equitable utilization (Lim et al., 2023).

- **Low and Uneven Coverage:** Progress toward UHC is uneven, with countries like Lao PDR (15%) and Cambodia (24%) reporting significantly low health insurance coverage, leaving a large portion of the population without financial protection (Van Minh et al., 2014).
- **Exclusion of Vulnerable Groups:** Fragmented schemes systematically exclude or underserve vulnerable populations. Most notably, informal sector workers face low enrollment rates due to technical difficulties in premium collection, income instability, and unaffordable premiums (Dartanto, 2020; Lim et al., 2023).
- **Benefit Gaps and Discrimination:** The existence of insurance does not guarantee access. Inequities persist due to heterogeneous benefits across different age groups and socioeconomic statuses, and reports of insurance-based discrimination and lower quality of care for insured patients impede utilization and trust (Dartanto, 2020; Lim et al., 2023).

Young Adults: Specific Evidence and the Critical Demographic Data Gap

While income and insurance are confirmed structural barriers for the general population, the evidence for young adults (15–35 years) specifically is concentrated in thematic niches, highlighting the overarching research gap.

- **Confirmation in Niche Demographics:** The claim that income and insurance are substantial barriers is most clearly substantiated for young adults in the informal sector, where affordability and lack of insurance are explicitly identified as the most significant barriers leading to financial distress (Muttaqien et al., 2021 ; Oladosu et al., 2023). Similarly, the domain of mental healthcare confirms these as substantial barriers, driven by socioeconomic stressors and insufficient insurance for services (Szűcs et al., 2025).
- **The Overarching Data Gap:** The vast majority of general population reviews and high-level equity assessments do not contain specific data or disaggregated analysis on how income and insurance uniquely impact young adults' general healthcare utilization (Barcellona et al., 2023; Lim et al., 2023; Si et al., 2025; ASEAN, 2017). This limitation is explicitly

acknowledged by researchers, with data availability for Healthcare Access and Utilization indicators in ASEAN at a mere 27.50% (Barcellona et al., 2023).

Intertwined Non-Financial and Systemic Barriers

Financial and insurance-related challenges are exacerbated by, and often inseparable from, deep-seated systemic and cultural barriers.

- **System and Supply Constraints:** Supply-side limitations, such as inadequate health workers and uneven infrastructure distribution, particularly in lower-income and rural areas, undermine the effectiveness of insurance even when coverage exists (Eze & Olamide, 2024 ; Si et al., 2025).
- **Acceptability and Stigma:** For young informal workers, non-financial barriers like negative attitudes, neglect, and stigmatization from healthcare workers are significant deterrents to seeking care (Oladosu et al., 2023). For mental healthcare, sociocultural stigma is a major compounding factor alongside financial and insurance deficiencies (Szűcs et al., 2025, Vaishnav & Sahoo, 2023).
- **Behavioral Focus:** Studies on young adults often prioritize behavioral and environmental factors (e.g., poor diet, sedentary behavior, university environment) for Non-Communicable Disease (NCD) prevention over financial barriers to care utilization (Nursiswati et al., 2025, Rahman et al., 2022).

Discussions

The preceding thematic analysis substantiates the core argument that income status and health insurance coverage function as powerful, interwoven financial barriers to healthcare access across the ASEAN region. The consensus among multiple systematic reviews is that the high reliance on Out-of-Pocket (OOP) payments, which results in catastrophic spending and impoverishment, is a direct consequence of low government health spending and fragmented financing mechanisms (Van Minh et al., 2014; Si et al., 2025). The thematic analysis confirms that the issue is not merely the *existence* of insurance, but the fragmentation and exclusion embedded within these schemes, which systematically leave vulnerable groups, particularly the vast number of informal sector workers, without protection (Lim et al., 2023). Crucially, the evidence strongly supports the claim that these financial factors are the most substantial barriers for the target demographic in specific, high-risk contexts—namely, for young adults in the informal sector and those requiring mental healthcare (Oladosu et al., 2023; Szűcs et al., 2025). This focused evidence provides the necessary thematic link to justify the paper's central thesis. However, a significant limitation remains the absence of comprehensive, age-disaggregated data across *all* general healthcare utilization indicators (Barcellona et al., 2023). This highlights that while the structural drivers are confirmed to be financial, the full quantitative extent of their impact compared to other intertwined barriers—such as sociocultural stigma or supply-side constraints—for the entire young adult population requires further dedicated research. Therefore, the findings here serve as a robust, thematic justification for the thesis, establishing income and insurance as the *leading* financial barriers that policy must urgently address.

Conclusion

This critical review confirms that income status and health insurance coverage function as the leading financial and systemic barriers to equitable healthcare utilization across the ASEAN region, severely impeding the goal of Universal Health Coverage. The analysis established that

the reliance on high Out-of-Pocket (OOP) payments, a direct outcome of low national health spending and fragmented financing, creates pervasive financial hardship and results in catastrophic medical expenditures for the general population. Crucially, while this financial architecture affects all demographics, the evidence is strongest for young adults in specific, vulnerable contexts: the informal sector, where they are often entirely excluded from protective insurance schemes (Oladosu et al., 2023), and the growing crisis of mental healthcare, where poverty and insufficient coverage compound the burden (Szücs et al., 2025). Therefore, the thesis is strongly supported by thematic evidence, yet it must be qualified by the recognition that the absence of comprehensive, age-disaggregated data prevents a definitive, quantified comparison of these financial barriers against all other access determinants across the full spectrum of young adults' general healthcare needs (Barcellona et al., 2023).

To address the profound healthcare disparities faced by young adults in ASEAN, policy interventions must be multifaceted, targeting both the structural financial barriers and the lack of specific data. First, comprehensive policy reforms are urgently needed to secure health insurance for the informal sector. Since the majority of young adults facing the most substantial financial distress work in unstable, low-wage jobs, governments must move beyond traditional models and establish subsidized, flexible health insurance schemes that accommodate income volatility and are detached from formal employment structures (Oladosu et al., 2023). This necessitates implementing either community-based pooling mechanisms or leveraging government subsidies to drastically lower premium costs, coupled with robust health insurance literacy programs to drive enrollment and utilization. Second, national health systems must achieve full parity and comprehensive investment in mental healthcare. Given the confirmed high mental disorder burden and the compounded effect of poverty and poor coverage in this area (Szücs et al., 2025), national insurance schemes must explicitly include and adequately fund a full spectrum of mental health services. This investment must extend to decentralized and accessible mental health infrastructure and professionals to combat both geographic barriers and pervasive sociocultural stigma. Finally, a strategic shift in data collection is paramount. Regional and national health ministries must mandate the collection and public reporting of age-disaggregated data—specifically for the 15–35 age cohort—across all indicators of healthcare access, utilization, and financial protection (Barcellona et al., 2023). This focused data strategy will enable policymakers to move beyond general population statistics, accurately quantify the true impact of income and insurance on young adults, and ensure evidence-based resource allocation to effectively achieve equitable UHC for the region's youth.

Theoretical contribution of this study re-defines the focus from individual behavioral characteristics to structural monetary limitations (income and insurance) as the primary barriers to utilization of health care among young adults, claiming that the transitional socioeconomic position, especially in the informal economy, puts them disproportionately at risk to systemic monetary failures. Contextually, the findings thus provide ASEAN policymakers with a significant mandate to develop flexible, subsidized health insurance programs for young adults in the informal economy precisely to address these concerns of affordability. Second, the study highlights an acute data gap—the lack of age-disaggregated data for financial impact and utilization—and calls for a strategic refocusing of data collection toward the 15-35 year age group to frame Universal Health Coverage policy to be evidence-

based going forward. Ultimately, the study delivers a robust thematic proof favoring encouraging finance- and insurance-related factors to address healthcare inequalities for this population.

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