**Discussion**

This study aims at the factors that influence women's ownership of health insurance in Bangladesh and shows that health insurance ownership among women aged between 15–49 years and its sociodemographic factors have some significant correlations. The results demonstrate existence of greater disparities in the percentage of insurance ownership among women in Bangladesh and descriptive statistics shows women belonging from Dhaka-division, the city of capital, owns higher percentage of health insurance ownership among all which is in line with findings of (Kimani et al., 2014). In addition to that, the relationship of sociodemographic factors with health ownership is supported by Shao et al., (2022). Furthermore, it can be noted that findings revealed insignificant urban-rural disparity, however, which is inconsistent with Shao et al., (2022) where disparity in urban-rural in terms of insurance ownership found significant.

According to multivariate regression analysis, insurance ownership by women of reproductive age 15-49 is influenced by the sociodemographic differences. More specifically, women’s age, education, their husband’s age and division were found significantly associated with the ownership of insurance. These results are consistent with earlier research that demonstrated positive relationship between insurance ownership and socioeconomic factors (Amu et al., 2018; Kirigia et al., 2005)

Table-1 revealed that Individuals with higher age tend to have more investments in health insurance to get financial security and consistency found in the findings of Grossman et al., (1972). He mentioned that it is expected that aged people will make larger investments in health than the young group, as the health stock depreciation rate rises with age, Moreover, Insurance ownership is significantly affected through the level of education, such as women with no educations possess the least percentage of insurance ownership and this is significantly associated with the insurance ownership of women due to lack of awareness about their expected or potential expenditure related to their health and inability for taking health insurance policies. However, women with secondary education holds highest percentage of insurance ownership among all, which is in line with the existing evidence that uneducated women are severely at disadvantage phase in terms of insurance ownership and this finding is supported by Liu & Chen, (2002); Kimani et al., (2014). As one's household wealth index rises, likelihood of having insurance also goes up. This result is in line with earlier research that indicated wealthier households were more likely to have insurance(Kumi-Kyereme et al., 2013; Sarpong et al., 2010)

There are a number of noteworthy advantages, e.g., the datasets are nationally representative and had a sizable sample size. Consequently, the results can be applied to the whole female population. However, Limitations include that analyses cannot ensure a causal association between the outcome and explanatory factors because the study was based on cross-sectional surveys. The variables were chosen based on their availability in the datasets because the surveys are secondary. Moreover, because of lack of information on respondents' health status (such as the frequency and existence of illnesses), it was impossible to evaluate the relationship between health status and health insurance coverage. Health status is a significant predictor of health insurance coverage, according to earlier research (Dong et al., 2009). Another drawback is the inability to evaluate the relationship between the level of insurance coverage and health insurance ownership as the questionnaire did not gather information on the scope of insurance coverage, such as the services covered.