Perception towards Cervical Cancer Insurance Policy: A Study on Women in Barishal City

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Abstract
The purpose of this research paper is to assess the perception of urban women towards having an insurance policy as a precaution against cervical cancer. Data required for the research have been collected from primary data source taking into consideration total 170 female as respondents who have been living in Barishal city with at least 18 years old. Frequency distribution has been used to explain the response of 27 questions comprising demographic and financial aspect of the respondents. Reliability of the survey has been tested by Cronbach’s Alpha with satisfied value of more than 0.705. Moreover, a regression analysis has been used for finding out the most significant factors influencing the willingness of purchasing cervical cancer insurance policy in near future covering 7 relevant variables. Overall, it has been found that approximately 23

Index terms — cervical cancer insurance policy, screening, social awareness, motivation.

1 I. Introduction
cervical cancer developed in a woman’s cervix is the fourth most common cancer in women. In 2018, an estimated 5,70,000 women were diagnosed with cervical cancer worldwide and about 3,11,000 women died from the disease (WHO, 2018). Each year, many countries from developed world publishes reports on early cancer detection; which is absolutely absent in most developing countries like Bangladesh. Very limited evidence is found on the role and acceptance of Pap test among the women of Bangladesh in determining cervical cancer. More research and updates are needed relating Pap test in early detection of cervical cancer (Mustari, S. 2017).

In the coming decades, cancer is foreseen to be a more significant cause of mortality in Bangladesh. The projected frequency of new cancer cases will be 21.4 million by 2030 (Hussain and Sullivan, 2013). However, women, their partners and families are often not aware of the disease and its consequences. (Ahmed, T 2008)

They come for diagnosis and treatment usually when it is too late. This is the reason why approximately 18,000 of Bangladeshi women reported new cases of cervical cancer on annual basis and out of which amounting to over 10,000 women die from it. "According to hospital records in Bangladesh, it constitutes about 22-29% of all female cancers". "Two-third (69.2%) of the women referred for cervical cancer screening are aware of cervical cancer and half of the women (47.4%) know about prevention of the disease" (Nessa et al., 2013).

In the absence of health insurance, treatment of critical illnesses like cancer poses a formidable financial challenge to affected individuals, their immediate and extended family, and the society at large. Patients often fail to complete the course of treatment due to unaffordable costs and yet face the prospect of bankruptcy. Against this backdrop, we propose a twotiered novel insurance scheme for cancer care, involving all the major stakeholders. (Hussain MZ 2016). Due to high premium, poor coverage, relatively few choices, lack of promotional activities and most importantly reluctance to screening cervical cancer demotivate women to adopt any health insurance products. However, weather plenty of social awareness programs and very convenient featured cervical cancer insurance policy can motivate the women to invest for this deadly diseases or not is the main concern of this project.

The paper aims to find out the perceptions of women towards their knowledge and sincerity of screening particularly cervical cancer along with willingness to purchase an insurance policy as a precaution against it.
hereafter. It has been organized as follows. Firstly, there is an introduction; second section consists of literature review, followed by a rational of the study as section three; section four consists of methodology; section five includes result and analysis; the last section concludes the paper with some recommendations.

2 II. Literature Review

Cervical cancer ranks as the most prevailing cancer among Bangladeshi females (Ahmed and Rahman, 2008). Despite advances in screening and treatment during the past several decades, cervical cancer remains a major health problem for Bangladeshi women. The reason is, many women have never undergone a Pap test procedure, or are not tested regularly. Like other less developed countries, low socioeconomic status, poverty and lack of knowledge are considered as the reasons for the low test rates on Bangladeshi women (Austin et al., 2002).

Slattery (1989) puts the customer in the focus of insurance marketing. Integrity and trust are highly important to win over a customer’s decision to buy a life insurance product. The perceived risk of the customer in buying a life insurance product is dependent on the service of the insurer and its personal equation with the customer. Gronroos (1984) pointed that insurance get influenced by the external aspects such as brand image while judging the service. The various causes outlined by Wells & Stafford (1995) and supported by Cooper & Frank (2001) are low quality of service, unawareness of specific needs of customers, inferior service design and very poor insurance service delivery process. Customer’s expectation of the agent’s service is the standard to be used by the insurers while evaluating their services??Walker & Baker, 2000).

There is a positive influence of certain sociodemographic characteristics on the decision to enroll and renew health insurance policy. Negative perceptions about the NHIS and the quality of care decreased the likelihood of enrolling in the scheme. It can be concluded that, improvement in the technical processes in the scheme management and the quality of care will stimulate voluntary enrollment and renewal rate of the health insurance policy. A health insurance policy is influenced by scheme factors (convenience, price and benefits), individual factors (gender, religion, marital status, perceived health status) and provider factors (quality of care, staff provider attitude) Daniel and Dadson (2013). Ansensoet (1997) people are willing to pay higher premiums for health insurance. The reasons for the low enrolment are problems in ability to pay the premium, poor quality of health care, the rigid design in terms of enrolment requirements and problems of trust are other important reasons for people not to join. Logistic and OLS regressions are used by Liu and Chen (2002) to examine the factors influencing the probability and amount of private health insurance purchased. Higher income and education levels Married females, the employed and household heads working in state-run enterprises are more likely to purchase private insurance than their counterparts. The likelihood of private insurance purchase also tends to rise with advancing age and larger family sizes. The environment rating, residence, income, education, age, smoking and marital status variables were all found to have a statistically significant (at 95% confidence level) positive relationship with ownership of health insurance schemes. Contrastingly, the other covariates, namely: health rating, age squared, household size, occupation, employment, alcohol use and contraceptive use had a significantly negative relationship with health insurance ownership. Joses et el (2010).

There is a large and persistent association between education and health and we suggest that increasing levels of education lead to different thinking and decision-making patterns. David and Adriana (2008) Wealth status, age, religion, birth parity, marriage and ecological zone were found to have significantly predicted health insurance subscription among women in reproductive age in Ghana. Hubbard (1995) Demand effects are dominated by the marginal impacts from existing purchasers of insurance. Although income and number of earners are both positively related to the demand for insurance, the marginal effect from an increase in income is greater for single-earner households than for multi-earner households. Also, as either family size or age increases, the marginal increase in insurance expenditure diminishes. Showers & Shotick (1994) Anjali (2018) surveyed 50 respondents in Kerala, India. And she tried to know the perception of customers towards health insurance. The study finds out the awareness level of people regarding health insurance, sources of awareness, and the factors which influence people to select the health insurance company. Bawa and Ruchita (2011) studied 563 people and found that a low level of awareness and willingness to purchase a health insurance policy among people. And also found seven key factors which create a barrier to have a health insurance policy. Besides these, they have found significant existed relationships among age, gender, education, employment, income of respondents with their preparedness to pay for health insurance.

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Health, medical consumption, and on socioeconomic characteristics like age, income, education and family size has been considered as a key factors can influence the purchasing decision health insurance policy. Health, medical consumption and income are found to have a significant influence on the decision with respect to the
type of insurance. The result gives an indication of the degree of adverse selection that may take place if health insurance policies are offered with the option to take a deductible in exchange of a premium reduction. (Bernard and Van 1983) Advertising is positively correlated with the purchase decisions of unsought product while personal selling is statistically significant and positively correlated with the purchase decision of life insurance product. (Abdullah et el 2015).

Panchal N (2013) found three factors that’s why people have not any health insurance policy. These are low consciousness level among people, lack of efficient financial tools, and the high premium charged by the company. Nezamuddin, Shahirul and Ferdush (2017) they researched to know the perception of people regarding life insurance. They found a large number of people are aware of life insurance, It emphasized mass communication to raise awareness among people. Joshi and Shah (2015) try to know the perception of the customers to Health Insurance of different service providers and to find out customers purpose and numerous factors for buying Health Insurance policy.

6 III. Rationale of the Study

Cervical cancer is predicted to be an increasingly important cause of morbidity and mortality in Bangladesh in next few decades. Moreover, health insurance policy is not yet an effective measure to health and financial coverage for the people here. Most of the people are not concerned regarding the effectiveness of this cooperative service due to some personal, financial and social factors. As frequency and possibility of women being affected by the fatal diseases like cervical cancer, ovarian cancer and breast cancer is very high in South Asian region in recent years, it’s very crucial to find out the attitude of women in our country to have cancer insurance policy as a precautions to face this types of unexpected situation in future. The paper would help to motivate further research to pick up the scenario from all over the country that would grow sincerity to the general women, the service provider and government as well to make cancer insurance policy as a common defensive tools for fighting against unanticipated future. Government could insist the insurance company to launch special policy for woman with convenient features.

7 IV. Methodology

The research is basically quantitative in nature and primary data has been used to prepare the project report. The study was conducted in Barisal city where the data collection started in March 2023 and continued till mid of April 2023. A questionnaire with both structured and unstructured questions has been used to collect the data where 5-points Likert scale was also used to assess the opinions of the respondents regarding cancer insurance policy. In total, 170 women were surveyed ages between 18-60 years as sample from which finally 142 respondents were evaluated for the study. The analysis is based on data from cross sectional household sample. Frequency distribution of the collected sample have been prepared while Linear Regression, Chi Square test and Cronbach’s Alpha has been run with the software SPSS to analyze the collected data. No experimental research has been conducted in the proceedings of this project. The model used for the analysis is given below.


Where ? represents constant. 71, 72,??79 indicates the regression coefficient for the independent variables, namely x 1 = Minimum amount of Premium, x 2 = Suspection, x 3 = Previous occurrence history, x 4 = Education level, x 5 = Treatment ability , x 6 = Financial income per month, x 7 = Availability of insurance policy x 8 = Motivation to have insurance policy from the surroundings and x 9 = cost of the treatment.

9 V. Result and Analysis a) Frequency Distribution of the Questionnaire

From the above figure we can see that in total 127 response had been collected during the sampling study period among which more than75% are from ages between 18 years to 25 years old. Exactly 25% respondents are from ages in between 26-45 and a very few senior female responded the questionnaire regarding the research. Figure 2 shows that highest number of respondents are graduate that is almost 50% of the total sample whereas around 25% of them are from post graduate level of education. On an average 10% respondents have their education level up to higher secondary and a very insignificant portion are totally out of education. The first pie chart above represents that 67.7% of the respondents are unmarried whereas 32.3% are married. The second diagram above shows the family income of the respondents within various categories. Highest proportion of female have their family income within 20,000 taka. On the other hand 25.4% have their family income level per month equal or more than 41,000 taka. However, the remaining two ranges have almost same number of respondents. From figure ?? it can be clear that 56% of the respondents of the survey are employed but get no medical support from their employer whereas 41% of them are fortunate to have medical facilities from their employer. However, almost 24% of the correspondents arrange their medical expenses from their own savings while relatives and
hundred to variation of the income level of the respondents. Premium less than the mentioned range may attract more
addition, almost 32% of the total sample are reluctant to give a straight opinion. The answer may be varied due
of respondents answered both positively and negatively in answering the question 33% and 29% respectively. In
willingness to pay premium within the range 1000-2000 has been tried to be anticipated and almost same number
proportion gave opposite reaction in this respect (Figure
of the participants. In addition, around 16% of sample has strongly supported the opinion. A very insignificant
features with a very low premium can motivate a large number
alternatively a little more than 28% of the total sample responses against it. Of course very insignificant
proportion expressed their opinion strongly. Features with a very low premium can motivate a large number
of women in Barishal city to purchase a cancer insurance policy is an opinion that is supported by almost 16 %
proportion expressed their opinion strongly. F eatures with a very low premium can motivate a large number
of respondents don’t have any health insurance policy. In the conceptual review of the sample it has been found that married women have greater possibility of being affected
by these above mentioned complexities. However, only 7% of the total sample went through cancer screening
test that means in spite of being affected by cervical problem they are not even serious of that issue.

Just above of 19% participants are confused regarding this issue and only 8% of them believe in their capacity
of their respondents don’t know about screening. Secondly, screening facilities are not available in their city is
claimed by 30% of the sample.

Thirdly, 26% of the respondents accused high cost as their reason of not participating in cervical screening
test. In addition, around 5% of the respondents don’t feel it important to test. Diagram 13 depicts that on
an average 64% of the surveyed women are known about the widespread features of cervical cancer comprising
response from the options agree and strongly agree. Around 30% respondents have no idea about the severity of
cervical cancer among women. A significant number, about 18% are in neutral position without any positive or
negative opinion in this respect.

Around 37% respondents are disagreed regarding the health consciousness of the surrounding woman of them
whereas about 30% have positive opinion regarding them. 27% of the surveyed woman were reluctant to take
any positive or negative sides but 8.5% of the sample showed their strong negative opinion to the awareness and
motivation issues of their surrounding woman. (Figure 12).

An alarming scenario has been found from figure 14 that 34% of the sample use to go for regular ovarian
checkup as they are suspected to be affected by cervical problem according to their physician. In addition, 12.5%
strongly support their opinion. 23% of the respondents are out of suspense to be affected by any cervical issues
in future. Around 28% of the sample have no straightforward response in this issue. It has been found from
the survey (Figure 15) that almost 50% of the respondents don’t have any idea regarding cost of screening and
treatment of cervical cancer and 12% of the total respondents strongly supported the opinion. Only 16 % of the
sample have knowledge in this respect whereas just above 20% of them are reluctant to express their concrete
views in this respect. When an approximate treatment cost was revealed to the surveyed women in total 74%
of them expressed their inability to carry the cost (Figure 16) of which 36% strongly opined their incapability.
Just above of 19% participants are confused regarding this issue and only 8% of them believe in their capacity
to arrange the required cost of cervical cancer treatment.

From figure 17a mixed combination of responses has been originated from the question of social awareness
program and advertisement concerning cervical cancer screening and insurance policy as a precaution against the
treatment. Nearly about 37% of the participants previously noticed advertisement or social awareness program
alternatively a little more than 28% of the total sample responses against it. Of course very insignificant
proportion expressed their opinion strongly. Features with a very low premium can motivate a large number
of respondents answered both positively and negatively in answering the question 33% and 29% respectively. In
addition, almost 32% of the total sample are reluctant to give a straight opinion. The answer may be varied due
to variation of the income level of the respondents. Premium less than the mentioned range may attract more
positive response.

Although most of the respondents have no health insurance policy having a brief previously regarding the
severe effect of this deadly disease influenced them a lot in their purchasing decision of
12 b) Test of Reliability and Regression Analysis

 Cronbach’s alpha is the most common measure of internal consistency of data. It is frequently used when we have multiple Likert questions in a surveyor questionnaire that form a scale and we wish to determine if the scale is reliable. To measure the reliability of surveyed questionnaire in this research project Cronbach alpha was run by the software SPSS and the perceived values is 0.705 which indicate acceptable internal consistency. (Appendix: Table ??

 A regression has been run with the software SPSS to determine the factors significantly influencing the inclination of the women towards having an insurance policy particularly for cervical cancer. To run the model willingness to purchase has been considered as a target variable whereas 9 independent variables were used to find out the degree of relationship between the two categories. The coefficient of correlation R is 0.690 which indicates a moderately good relationship among the variables while the coefficient of determination R Square value is almost 50% (0.482) that

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© 2023 Global Journals cancer insurance policy that is resembled in figure 19. Almost 57% of the total sample expressed their interest to purchase a cancer insurance policy within lowest level of premium in near future whereas 9.9% women from sample strongly supported the statement. However, 24% of the participants are still in a gray area in setting their decision in this respect. If a standard cancer insurance policy with affordable features are offered to them, a revolution may be arised.

Although around 20% of the respondents accused religious values as an excuse against insurance policy, most of them denied the negative relationship between the two. Again, 25% of the participants have no exact opinion. However, religious values influence the women in terms of screening and having insurance policy although the proportion is not so high. (Figure 21) independent variables has been explained by the model. Adjusted R Square is not in a satisfactory level and depicts that more relevant variable can bring a standard score of adjusted R square to explain the relationship between dependent and independent variables. However, Education level, Financial income per month, Motivation from the surroundings, Suspect to future occurrence, cost of the treatment and Minimum /Lower amount of Premium are positively related to the willingness of purchasing decision of cancer insurance policy in near future. Among them Minimum amount of Premium has the highest score of coefficient 0.381 which is statistically significant while future suspect holds the lowest score of coefficients. Alternatively, previous encounter history, having insurance policy and treatment ability have negative coefficients designate the adverse relationship with dependent variable.

16 VI. Conclusion

Cervical cancer is one of the neglected diseases in Bangladesh. Promotions, campaigns, screenings and financial security of women are overlooked in this country due to the lack of consciousness about this disease. Public awareness is much needed to reduce the number of deaths from cervical cancer. Both government and non-government organizations should work together to make Bangladeshi females more aware and well-informed about screening and having a cancer insurance policy as a financial backup. If a well-balanced and convenient insurance policy for various categories of woman are issued by all insurance companies mandatorily, Bangladesh will be benefitted economically and socially. This is an academic research to know the attitudes of Bangladeshi women about cancer insurance policy and strongly advocates in policies’ development to introduce cancer insurance policy as early as possible. Education level, cost of treatment, minimum amount of premium and social motivation are the key factors should be considered in this respect.
VI. CONCLUSION

Figure 1: C 1 ©

Figure 2: I Year 2023 3 ©

Figure 3: Figure No. 3 : 4 ©
Figure 4: Figure No. 2:

Figure 5: Figure No. 4: 5 ©

Figure 6: Figure No. 8: 6 ©
VI. CONCLUSION

Figure 7: What is your average monthly medical expense?
140 responses

Figure 8: Do you have any health insurance/ life insurance policy?
143 responses

Figure 9: Have you encountered with any type of cervical problems (ovarian cyst/ uterus infection) in the past?
142 responses
Have you ever participated in cancer screening test of your uterus/ovary?
141 responses

- Yes: 92.0%
- No: 8.0%

If not then what are the reasons? You can mark more than 1 option
133 responses

- Screening facilities are not available in my city: 40 (30.1%)
- Don't take it seriously: 0 (0%)
- Screening cost is too high: 26 (19.5%)
- Don't know about screening: 83 (62.4%)
- Screening is not important: 7 (5.3%)

Women in your surrounding/city are health conscious and motivate you to get ovarian screening as they practice.
141 responses

- Strongly Disagree: 27%
- Disagree: 20.6%
- Neutral: 8.5%
- Agree: 33.9%
- Strongly Agree: 11.4%
VI. CONCLUSION

Cervical cancer is the 4th most common cancer among women. You are known and aware of it.

143 responses

Figure 13:

Practice Regular checkup of your ovarian/uterus condition as your physician/doctor suspect you to be affected.

136 responses

Figure 14:
.1 Appendix


[Dependent Variable: Willingness(perception to cancer insurance policy)] Dependent Variable: Willingness(perception to cancer insurance policy).


