

CrossRef DOI of original article:

# 1 Perception towards Cervical Cancer Insurance Policy: A Study 2 on Women in Barishal City

3 Rabeya Sultana Lata

4 *Received: 1 January 1970 Accepted: 1 January 1970 Published: 1 January 1970*

---

## 6 Abstract

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

---

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

## 19 1 I. Introduction

20 cervical cancer developed in a woman's cervix is the fourth most common cancer in women. In 2018, an estimated  
21 5,70,000 women were diagnosed with cervical cancer worldwide and about 3,11,000 women died from the disease  
22 (WHO, 2018). Each year, many countries from developed world publishes reports on early cancer detection; which  
23 is absolutely absent in most developing countries like Bangladesh. Very limited evidence is found on the role  
24 and acceptance of Pap test among the women of Bangladesh in determining cervical cancer. More research and  
25 updates are needed relating Pap test in early detection of cervical cancer ??Mustari, S. 2017).

26 In the coming decades, cancer is foreseen to be a more significant cause of mortality in Bangladesh. The  
27 projected frequency of new cancer cases will be 21.4 million by 2030 (Hussain and Sullivan, 2013). However,  
28 women, their partners and families are often not aware of the disease and its consequences. (Ahmed T 2008)  
29 They come for diagnosis and treatment usually when it is too late. This is the reason why approximately 18,000  
30 of Bangladeshi women reported new cases of cervical cancer on annual basis and out of which amounting to  
31 over 10,000 women die from it. "According to hospital records in Bangladesh, it constitutes about 22-29% of all  
32 female cancers". "Two-third (69.2%) of the women referred for cervical cancer screening aware of cervical cancer  
33 and half of the women (47.4%) know about prevention of the disease" (Nessa et al., 2013).

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

43 The paper aims to find out the perceptions of women towards their knowledge and sincerity of screening  
44 particularly cervical cancer along with willingness to purchase an insurance policy as a precaution against it

45 hereafter. It has been organized as follows. Firstly, there is an introduction; second section consists of literature  
46 review, followed by a rationale of the study as section three; section four consists of methodology; section five  
47 includes result and analysis; the last section concludes the paper with some recommendations.

## 48 2 II. Literature Review

49 Cervical cancer ranks as the most prevailing cancer among Bangladeshi females (Ahmed and Rahman, 2008).  
50 Despite advances in screening and treatment during the past several decades, cervical cancer remains a major  
51 health problem for Bangladeshi women. The reason is, many women have never undergone a Pap test procedure,  
52 or are not tested regularly. Like other less developed countries, low socioeconomic status, poverty and lack  
53 of knowledge are considered as the reasons for the low test rates on Bangladeshi women (Austin et al., 2002).  
54 Slattery (1989) puts the customer in the focus of insurance marketing. Integrity and trust are highly important  
55 to win over a customer's decision to buy a life insurance product. The perceived risk of the customer in buying  
56 a life insurance product is dependent on the service of the insurer and its personal equation with the customer.  
57 Gronroos (1984) pointed that insurance gets influenced by the external aspects such as brand image while judging  
58 the service. The various causes outlined by Wells & Stafford (1995) and supported by Cooper & Frank (2001) are  
59 low quality of service, unawareness of specific needs of customers, inferior service design and very poor insurance  
60 service delivery process. Customer's expectation of the agent's service is the standard to be used by the insurers  
61 while evaluating their services (Walker & Baker, 2000).

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

80 There is a large and persistent association between education and health and we suggest that increasing levels  
81 of education lead to different thinking and decision-making patterns. David and Adriana (2008) Wealth status,  
82 age, religion, birth parity, marriage and ecological zone were found to have significantly predicted health insurance  
83 subscription among women in reproductive age in Ghana. Hubbard (1995) Demand effects are dominated by  
84 the marginal impacts from existing purchasers of insurance. Although income and number of earners are both  
85 positively related to the demand for insurance, the marginal effect from an increase in income is greater for single-  
86 earner households than for multi-earner households. Also, as either family size or age increases, the marginal  
87 increase in insurance expenditure diminishes. Showers & Shotick (1994) Anjali (2018) surveyed 50 respondents in  
88 Kerala, India. And she tried to know the perception of customers towards health insurance. The study finds out  
89 the awareness level of people regarding health insurance, sources of awareness, and the factors which influence  
90 people to select the health insurance company.

91 Bawa and Ruchita (2011) studied 563 people and found that a low level of awareness and willingness to  
92 purchase a health insurance policy among people. And also found seven key factors which create a barrier to  
93 have a health insurance policy. Besides these, they have found significant existing relationships among age, gender,  
94 education, employment, income of respondents with their preparedness to pay for health insurance.

## 95 3 Perception towards Cervical Cancer Insurance Policy: A 96 Study on Women in Barishal City

## 97 4 Global Journal of Management and Business Research ( C ) 98 XXIII Issue IV Version I Year 2023

## 99 5 © 2023 Global Journals

100 Health, medical consumption, and on socioeconomic characteristics like age, income, education and family size  
101 has been considered as a key factors can influence the purchasing decision health insurance policy. Health,  
102 medical consumption and income are found to have a significant influence on the decision with respect to the

103 type of insurance. The result gives an indication of the degree of adverse selection that may take place if health  
 104 insurance policies are offered with the option to take a deductible in exchange of a premium reduction. (Bernard  
 105 and Van 1983) Advertising is positively correlated with the purchase decisions of unsought product while personal  
 106 selling is statistically significant and positively correlated with the purchase decision of life insurance product.  
 107 (Abdullah et al 2015).

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

## 115 6 III. Rationale of the Study

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

## 127 7 IV. Methodology

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

$$137 \quad 8 \quad \text{WILLINGNESS} = ? \quad +?1\text{MINPREMIUM} \quad +?2\text{SUS-} \\
 138 \quad \text{PECTION} \quad +?3\text{PENCOUNTER} \quad +?4\text{EDU} +?5\text{TABILITY} \\
 139 \quad +?6\text{FINCOME} +?7\text{INSUPOLICY} +?8\text{MOTIVATION} +?9\text{COST} +?it$$

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

## 144 9 V. Result and Analysis a) Frequency Distribution of the 145 Questionnaire

146 From the above figure we can see that in total 127 response had been collected during the sampling study period  
 147 among which more than 75% are from ages between 18 years to 25 years old. Exactly 25% respondents are from  
 148 ages in between 26-45 and a very few senior female responded the questionnaire regarding the research. Figure 2  
 149 shows that highest number of respondents are graduate that is almost 50% of the total sample whereas around  
 150 25% of them are from post graduate level of education. On an average 10% respondents have their education  
 151 level up to higher secondary and a very insignificant portion are totally out of education. The first pie chart  
 152 above represents that 67.7% of the respondents are unmarried whereas 32.3% are married. The second diagram  
 153 above shows the family income of the respondents within various categories. Highest proportion of female have  
 154 their family income within 20,000 taka. On the other hand 25.4% have their family income level per month equal  
 155 or more than 41,000 taka. However, the remaining two ranges have almost same number of respondents. From  
 156 figure ?? it can be clear that 56% of the respondents of the survey are employed but get no medical support  
 157 from their employer whereas 44% of them are fortunate to have medical facilities from their employer. However,  
 158 almost 24% of the correspondents arrange their medical expenses from their own savings while relatives and

159 husband are the basis for the expense for around 17% of the respondents (figure 7). The above graph show that  
160 around 32% of the respondents out of 140 have their medical expense up to 500 taka while approximately 25% of  
161 the sample have to spend 1000 -2000taka per month for their treatment purpose. On an average the remaining  
162 two groups have almost same number of samples in each (Figure ??).

## 163 10 Perception towards Cervical Cancer Insurance Policy: A 164 Study on Women in Barishal City

## 165 11 Global Journal of Management and Business Research ( C ) 166 XXIII Issue IV Version

167 Only a very few female from our sample have health insurance policy and their precaution against fatal diseases  
168 covering 7% of the total alternatively 93% of the respondents don't have any health insurance policy.

169 Although a significant number participants of our survey are educated they are not even still conscious  
170 regarding health insurance policy. Figure ?? indicates that approximately 23% respondents from the surveyed  
171 sample have a history to be encountered with cervical problems like ovarian cyst, uterus infection etc. From the  
172 categorical review of the sample it has been found that married women have greater possibility of being affected  
173 by these above mentioned complexities. However, only 7% of the total sample went through cancer screening  
174 test that means in spite of being affected by cervical problem they are not even serious of that issue.

175 :

176 Firstly, figure 11 reveals the major causes of their reluctance on screening issue and found that almost 63%  
177 of the respondents don't know about screening. Secondly, screening facilities are not available in their city is  
178 claimed by 30% of the sample.

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

185 Around 37% respondents are disagreed regarding the health consciousness of the surrounding woman of them  
186 whereas about 20% have positive opinion regarding them. 27% of the surveyed woman were reluctant to take  
187 any positive or negative sides but 8.5% of the sample showed their strong negative opinion to the awareness and  
188 motivation issues of their surrounding woman. (Figure 12).

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

200 From figure 17a mixed combination of responses has been originated from the question of social awareness  
201 program and advertisement concerning cervical cancer screening and insurance policy as a precaution against the  
202 treatment. Nearly about 37% of the participants previously noticed advertisement or social awareness program  
203 alternatively a little more than 28% of the total sample responses against it. Of course very insignificant  
204 proportion expressed their opinion strongly. Features with a very low premium can motivate a large number  
205 of women in Barishal city to purchase a cancer insurance policy is an opinion that is supported by almost 16 %  
206 of the participants. In addition, around 16% of sample has strongly supported the opinion. A very insignificant  
207 proportion gave opposite reaction in this respect (Figure 18). Again, from figure 18, their ability along with  
208 willingness to pay premium within the range 1000-2000 has been tried to be anticipated and almost same number  
209 of respondents answered both positively and negatively in answering the question 33% and 29% respectively. In  
210 addition, almost 32% of the total sample are reluctant to give a straight opinion. The answer may be varied due  
211 to variation of the income level of the respondents. Premium less than the mentioned range may attract more  
212 positive response.

213 Although most of the respondents have no health insurance policy having a brief previously regarding the  
214 severe effect of this deadly disease influenced them a lot in their purchasing decision of

---

## 215 12 b) Test of Reliability and Regression Analysis

216 Cronbach's alpha is the most common measure of internal consistency of data. It is frequently used when we have  
217 multiple Likert questions in a surveyor questionnaire that form a scale and we wish to determine if the scale is  
218 reliable. To measure the reliability of surveyed questionnaire in this research project Cronbach alpha was run by  
219 the software SPSS and the perceived values is 0.705 which indicate acceptable internal consistency. (Appendix:  
220 Table ??o1).

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

## 227 13 Perception towards Cervical Cancer Insurance Policy: A 228 Study on Women in Barishal City

## 229 14 Global Journal of Management and Business Research ( C ) 230 XXIII Issue IV Version I Year 2023

## 231 15 11

232 © 2023 Global Journals cancer insurance policy that is resembled in figure 19. Almost 57% of the total sample  
233 expressed their interest to purchase a cancer insurance policy within lowest level of premium in near future  
234 whereas 9.9% women from sample strongly supported the statement. However, 24% of the participants are still  
235 in a gray area in setting their decision in this respect. If a standard cancer insurance policy with affordable  
236 features are offered to them, a revolution may be arised.

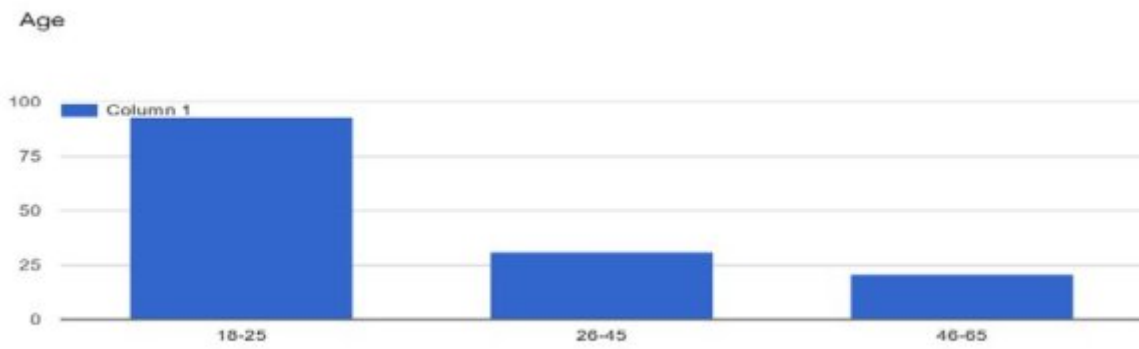
237 Although around 20% of the respondents accused religious values as an excuse against insurance policy, most  
238 of them denied the negative relationship between the two. Again, 25% of the participants have no exact opinion.  
239 However, religious values influence the women in terms of screening and having insurance policy although the  
240 proportion is not so high. (Figure 21) independent variables has been explained by the model. Adjusted R Square  
241 is not in a satisfactory level and depicts that more relevant variable can bring a standard score of adjusted R square  
242 to explain the relationship between dependent and independent variables. However, Education level, Financial  
243 income per month, Motivation from the surroundings, Suspect to future occurrence, cost of the treatment and  
244 Minimum /Lower amount of Premium are positively related to the willingness of purchasing decision of cancer  
245 insurance policy in near future. Among them Minimum amount of Premium has the highest score of coefficient  
246 0.381 which is statistically significant while future suspect holds the lowest score of coefficients. Alternatively,  
247 previous encounter history, having insurance policy and treatment ability have negative coefficients designate the  
248 adverse relationship with dependent variable.

## 249 16 VI. Conclusion

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

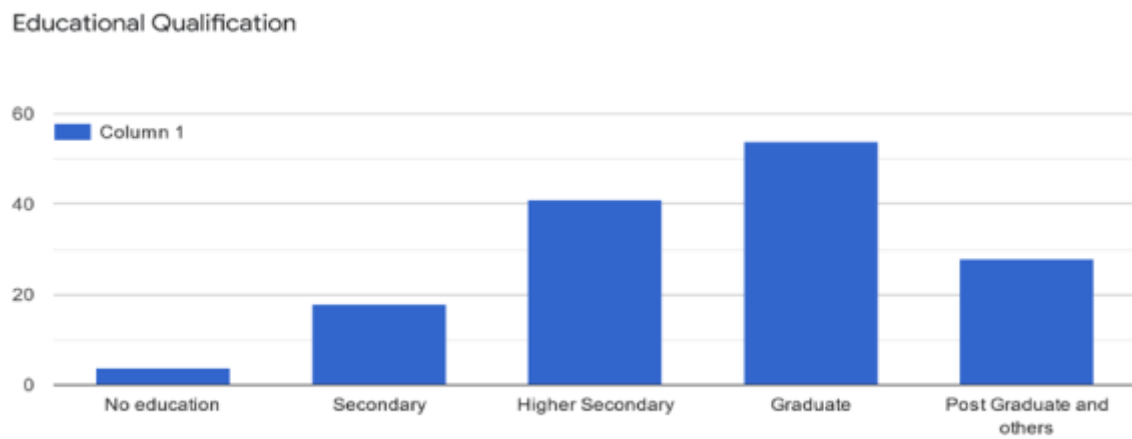
---

<sup>1</sup> © 2023 Global Journals



1

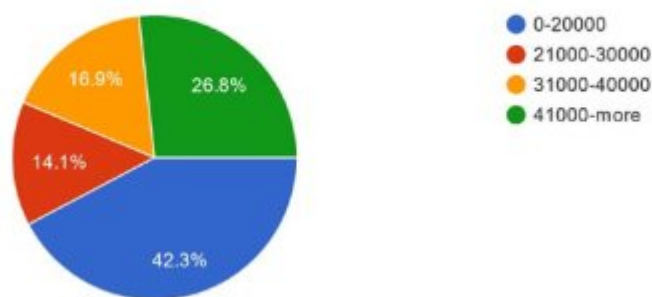
Figure 1: C 1 ©



3

Figure 2: I Year 2023 3 ©

Family income per month  
142 responses

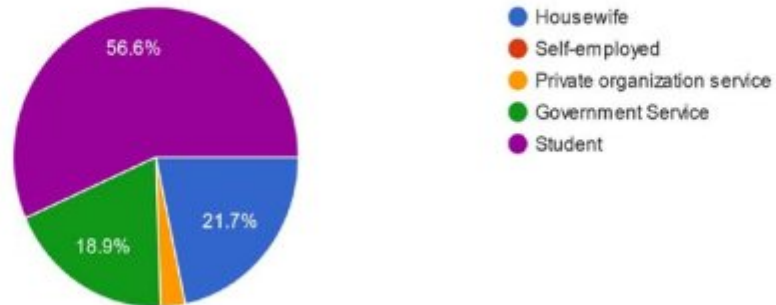


34

Figure 3: Figure No. 3 : 4 ©

Employment Status

143 responses

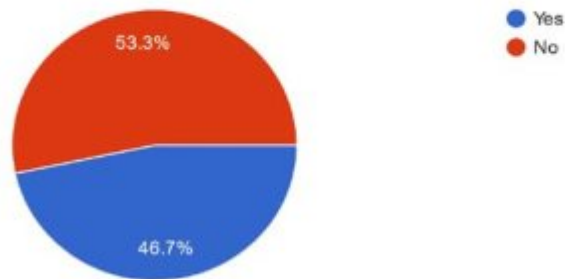


2

Figure 4: Figure No. 2 :

If you are employed then does your employer cover any of your medical expenses?

90 responses

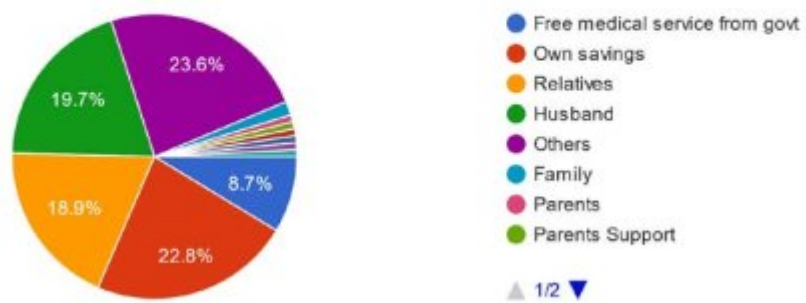


45

Figure 5: Figure No. 4 : 5 ©

If you are not employed then what are the source of your medical expenses?

127 responses

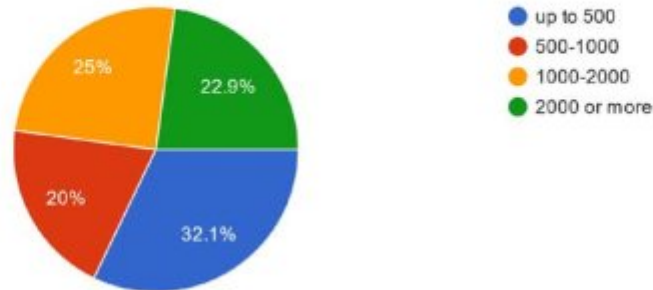


86

Figure 6: Figure No. 8 : 6 ©

What is your average monthly medical expense ?

140 responses

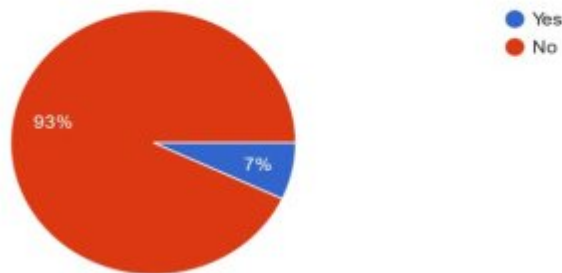


7

Figure 7: Figure No. 7 :

Do you have any health insurance/ life insurance policy?

143 responses

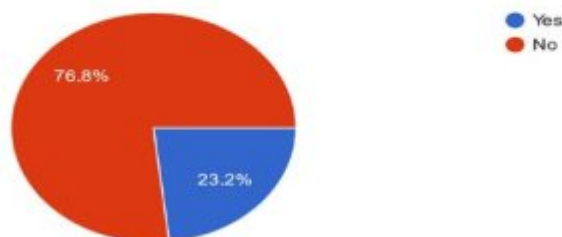


107

Figure 8: Figure No. 10 : 7 ©

Have you encountered with any type of cervical problems (ovarian cyst/ uterus infection) in the past?

142 responses

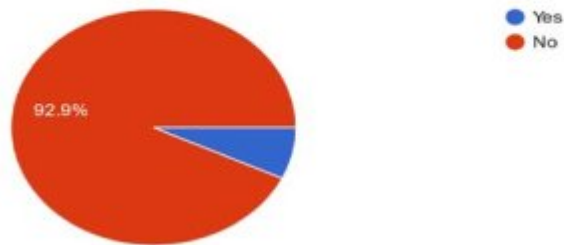


118

Figure 9: Figure No. 11 : 8 ©



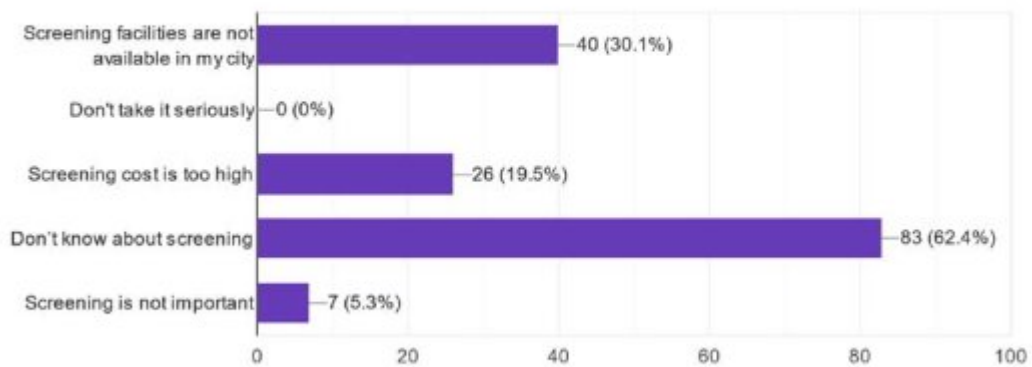
Have you ever participated in cancer screening test of your uterus/ ovary?  
141 responses



159

Figure 10: Figure No. 15 : 9 ©

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



1910

Figure 11: Figure No. 19 : 10 ©

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

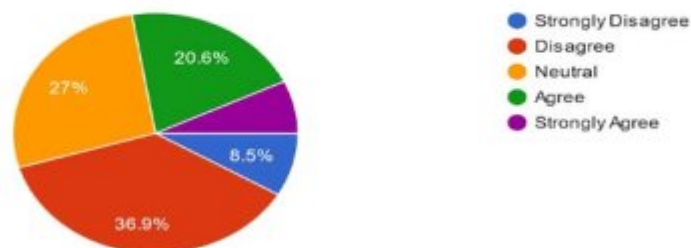


Figure 12: Figure

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

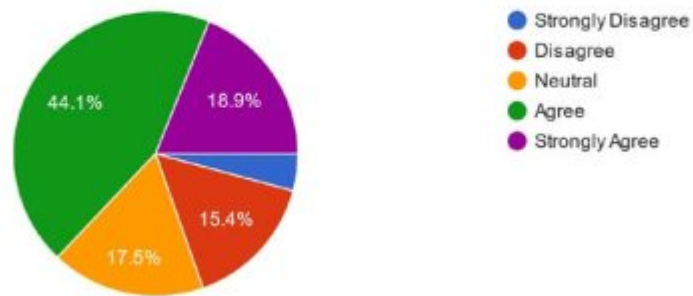


Figure 13:

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

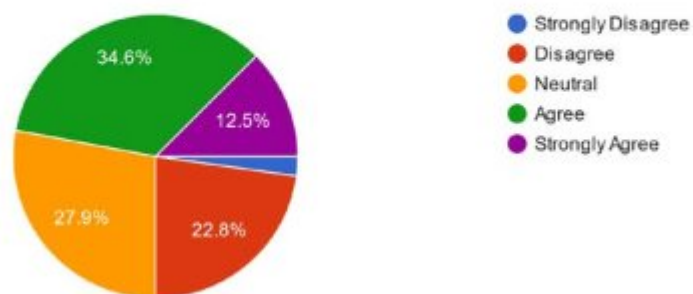


Figure 14:

## .1 Appendix

- 260 [Hossain et al. (2016)] ‘A Novel Health Insurance Scheme for Cancer Care in Bangladesh’. M Z Hossain , E R  
261 Kabir , M Z Hossain . *Review of Integrative Business and Economics Research* July 2016. 5 (3) p. .
- 263 [Gronroos ()] ‘A service-oriented approach to marketing of services’. C Gronroos . *European Journal of Marketing*  
264 1984. 12 (8) p. .
- 265 [Liu and Chen ()] ‘An analysis of private health insurance purchasing decisions with national health insurance  
266 in Taiwan’. T C Liu , C S Chen . *Social science & medicine* 2002. 55 (5) p. .
- 267 [Austin et al. ()] ‘Breast and cervical cancer screening in Hispanic women: a literature review using the health  
268 belief model’. L T Austin , F Ahmad , M J McNally , D E Stewart . *Womens Health Issues* 2002. 12 p. .
- 269 [Hussain and Sullivan ()] ‘Cancer control in Bangladesh’. S A Hussain , R Sullivan . *Japan J ClinOncol* 2013. 43  
270 p. .
- 271 [Ansink et al. (2008)] ‘Cervical cancer in Bangladesh: community perceptions of cervical cancer and cervical  
272 cancer screening’. A C Ansink , R Tolhurst , Haque , Saha , S Datta . *Trans R Soc Trop Med Hyg* 2008. 2008  
273 May. 102 (5) p. .
- 274 [Nessa et al. ()] ‘Comparison between visual inspection of cervix and cytology based screening procedures in  
275 Bangladesh’. A Nessa , K N Nahar , S A Begum . 097 .564 -.172 .864 EDU .135 .066 .140 2.042 .043  
276 FINCOME .108 .050 .151 2.158 .033 PENCOUNTER -.213 .164 -.090 -1.296 .197 INSUPOLICY -.365 .238  
277 -.110 -1.534 .127 Motivation .201 .066 .225. *Asian Pac J Cancer Prev* 2013. 14 p. .
- 278 [Mulenga et al. ()] ‘Demographic and Socio-economic determinants of maternal health insurance coverage in  
279 Zambia’. J N Mulenga , B B Bwalya , Y Gebremeskel . *Biostatistics and Public Health* 2017. 14 (1) .  
280 (Epidemiology)
- 281 [Dependent Variable: Willingness( perception to cancer insurance policy)] *Dependent Variable: Willingness(*  
282 *perception to cancer insurance policy)*,
- 283 [Kirigia et al. ()] ‘Determinants of health insurance ownership among South African women’. J M Kirigia , L G  
284 Sambo , B Nganda , G M Mwabu , R Chatora , T Mwase . *BMC health services research* 2005. 5 (1) p. 17.
- 285 [Kimani et al. ()] ‘Determinants of health insurance ownership among women in Kenya: evidence from the 2008-  
286 09 Kenya demographic and health survey’. J K Kimani , R Ettarh , C Warren , B Bellows . *International*  
287 *journal for equity in health* 2014. 13 (1) p. 27.
- 288 [Buor ()] ‘Determinants of utilisation of health services by women in rural and urban areas in Ghana’. D Buor .  
289 *Geo Journal* 2005. 61 (1) p. .
- 290 [Ahmed and Rahman ()] ‘Development of a visual inspection programme for cervical cancer prevention in  
291 Bangladesh’. T Ahmed , J Rahman . *Reprod Health Matters* 2008. 16 p. .
- 292 [Cutler and Lleras-Muney ()] *Education and health: evaluating theories and evidence*, D M Cutler , A Lleras-  
293 Muney . 2006. 12352. National bureau of economic research.
- 294 [Daniel Band Dadson ()] ‘Health insurance in Ghana: evaluation of policy holders’ perceptions and factors  
295 influencing policy renewal in the Volta region’. A Daniel Band Dadson . *International Journal for Equity*  
296 *in Health* 2013.
- 297 [Amu and Dickson ()] ‘Health insurance subscription among women in reproductive age in Ghana: do socio-  
298 demographics matter?’. H Amu , K S Dickson . *Health economics review* 2016. 6 (1) p. 24.
- 299 [Bundorf et al. ()] *Health Risk Income, and the Purchase of Private Health Insurance*, M K Bundorf , B Herring  
300 , M V Pauly . 2005. Ann Arbor. 1001 p. .
- 301 [Jehu-Appiah et al. ()] ‘Household perceptions and their implications for enrolment in the National Health  
302 Insurance Scheme in Ghana’. C Jehu-Appiah , G Aryeetey , I Agyepong , E Spaan , R Baltussen . *Health*  
303 *Policy and Planning* 2011. 27 (3) p. .
- 304 [Mustari et al. (2019)] *Opinions of the Urban Women on Pap test: Evidence from Bangladesh "Asian pacific*  
305 *journal of cancer prevension*, S Mustari , B Hossain , Diah , S Kar . June 2019. 20 p. .
- 306 [Hubbard et al. ()] ‘Precautionary saving and social insurance’. R G Hubbard , J Skinner , S P Zeldes . *Journal*  
307 *of political Economy* 1995. 103 (2) p. .
- 308 [Stafford ()] ‘Service quality in the insurance industry: Consumer perceptions versus regulatory perceptions’. B  
309 P Stafford , MR . *Journal of Insurance* 1995.
- 310 [Dror et al. ()] ‘What factors affect voluntary uptake of community-based health insurance schemes in lowand  
311 middle-income countries? a systematic review and meta-analysis’. D M Dror , S S Hossain , A Majumdar ,  
312 T L P Koehlmoos , D John , P K Panda . *PLoS one* 2016. 11 (8) p. 160479.