

Cervical Cancer in India: Why Awareness Alone Isn't Enough

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When preventive care is financially protected and operationally supported, participation improves



Cervical cancer is one of the most preventable cancers, yet it remains a leading cause of cancer-related deaths among Indian women. The estimated number of deaths due to cervical cancer in the country in 2023 was 35,691, according to the Indian Council of Medical Research-National Cancer Registry Programme's (ICMR-NCRP) data. Over the last decade, India has made significant progress in building awareness around cervical cancer. Public health campaigns, clinician outreach, and growing media attention have helped normalise conversations around Human Papilloma Virus (HPV) screening and prevention. Yet, despite this momentum, cervical cancer continues to be one of the leading causes of cancer-related mortality among Indian women. The central challenge today is no longer a lack of knowledge, but a failure of execution.

The Awareness–Action Gap: Real Numbers, Real Lives

According to the Ministry of Health and Family Welfare, as of July 2025, over 10.18 crore women have been screened for cervical cancer. This sounds very promising until one realises that this still represents only a fraction of the eligible population of women aged 30–65 years nationwide. According to the National Family Health Survey-5, the overall screening coverage remains under 5% in many regions, and the rate of follow-up after a positive screen is even lower.

A similar pattern is visible in the uptake of vaccination against HPV. Awareness of the vaccine has improved, particularly in urban and semi-urban India. Yet vaccine completion rates remain low. In the private healthcare market, HPV vaccines continue to cost several thousand rupees per dose, placing full vaccination beyond the reach of a large segment of the

population. Awareness, in this context, does not equate to access.

Why Awareness Isn't Enough to Mitigate the On-Ground Barriers

Clinical data consistently point to three structural barriers that awareness alone cannot overcome:

1. **Financial Exposure:** Preventive care is often deprioritised when households face competing demands on limited income.
2. **Uneven access:** Screening facilities and trained specialists remain concentrated in urban centres. For women in rural and semi-urban areas, the distance to care, limited appointment availability, and lack of follow-up support translate into delayed or foregone prevention.
3. **Fragmented care pathways:** Preventive healthcare requires continuity. Screening without timely results, counselling, referral, and treatment coordination does not reduce disease burden. In many cases, the absence of integrated systems means that early warning signals are missed.

Overlaying these structural challenges are deeply entrenched social and cultural factors. Reproductive health continues to carry stigma. Preventive care is often postponed in favour of other responsibilities. Fear of diagnosis and treatment further delays action. These realities cannot be addressed by awareness messaging alone.

The cost of delay

The consequences of this gap are reflected in national disease outcomes. Cervical cancer remains one of the most common cancers among Indian women, with thousands of deaths each year. Many of these cases are diagnosed at advanced stages, when treatment is more complex, outcomes are poorer, and financial strain on families is significantly higher.

This is particularly troubling because cervical cancer is considered highly preventable. Robust evidence demonstrates that timely screening and HPV vaccination can dramatically reduce incidence and mortality.

Insurance as a catalyst for prevention

Health insurance providers increasingly recognise that critical illness prevention aligns both with improved health outcomes and long-term risk optimisation. Early screening and vaccination reduce the likelihood of late-stage diagnosis, which is associated with higher treatment costs, prolonged hospitalisation, and poorer outcomes.

As a result, insurers are progressively:

1. Embedding preventive screenings into policy benefits, reducing or eliminating out-of-pocket costs for eligible women
2. Promoting wellness and preventive health programmes that actively nudge policyholders toward timely screening

When preventive care is financially protected and operationally supported, participation improves. Insurance, in this context, converts awareness into action by lowering friction at the point of care.

The role of employers and group insurance

Employer-sponsored health plans represent another powerful lever. Corporate wellness programmes that include cervical cancer screening, on-site camps, and vaccination support help overcome both financial and logistical barriers. They also normalise preventive healthcare within working populations, increasing participation across age groups.

From awareness to outcomes

India has reached a pivotal moment in its cervical cancer journey. Awareness has established intent. Science has provided solutions. What is now required is systemic integration, where public health initiatives, insurance coverage, and employer participation operate in concert.

From an insurance perspective, the pathway forward is clear. Prevention must be financed, facilitated, and followed through. Only then can awareness translate into measurable reductions in disease burden, claims severity, and most importantly, the preventable loss of life.

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