"AWARENESS OF THE AYUSHMAN BHARAT-PRADHAN MANTRI JAN AROGYA YOJANA IN THE RURAL COMMUNITY: A CROSS-SECTIONAL STUDY IN KHANDWA, MADHYA PRADESH."

Dissertation Submitted to

The IIHMR University, Jaipur

for the partial fulfillment for the award of the

degree of Master of Business Administration

(MBA)

in

Hospital and Health Management

by

Maitri Atre

Under the Supervision and Guidance of

Dr. Jagjeet Prasad Singh

2023

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled **"AWARENESS OF THE AYUSHMAN BHARAT-PRADHAN MANTRI JAN AROGYA YOJANA IN THE RURAL COMMUNITY: A CROSS-SECTIONAL STUDY IN KHANDWA, MADHYA PRADESH.**" is the bonafide record of my original researchwork. I declare that it has not been submitted to any other university or institution for the award of any degree or diploma. Information derived from the published or unpublished workof others has been duly acknowledged in the text.

(Signature)

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Date

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To whom it may concern

This is to certify that **Maitri Atul Atre** (**MS IIHMR University**) has successfully Completed Summer Internship in the Sales & Marketing Department.

The work is completed on **19.05.2023** successfully.

Thanking you and assuring you for our best services always.

Name of Work/Project: **Summer Internship**

Work Period: **20.02.2023 to 19.05.2023**

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Manager, Tenhard India

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CERTIFICATE

This is to certify that dissertation titled **"AWARENESS OF THE AYUSHMAN BHARAT-PRADHAN MANTRI JAN AROGYA YOJANA IN THE RURAL COMMUNITY: A CROSS-SECTIONAL STUDY IN KHANDWA, MADHYA PRADESH."** is a record of the research work undertaken by *Maitri Atre* in partial fulfillment of the requirements for the awardof the degree of MBA (Hospital and Health Management) from the IIHMR University, Jaipur under my guidance and supervision and his/her approach to the research study has been sincere, scientific, and analytical.

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ABSTRACT

Background

Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is one of the flagship programs intended to provide financial protection to people availing of secondary and tertiary level health care. It's been nearly three years since the implementation of AB-PMJAY in Bihar, yet the level of awareness, especially in rural communities, is unknown. So, this study was planned to explore the awareness and utilization of AB-PMJAY in the selected rural area of Madhya Pradesh.

Methodology

Simple random sampling technique was utilised to pick 100 families within a 5-kilometer radius of the District Hospital in Khandwa for this community-based cross-sectional investigation. To acquire the relevant data on AB-PMJAY awareness, a semi-structured questionnaire was used. Pearson's chi-square test was used to analyse the relationship between category, occupation, education, age group, and ration card and AB-PMJAY awareness.

Results

The awareness of the AB-PMJAY was 68.6% (95% CI: 65.30%-71.7%), and (78.9%) of the study participants were aware of the AB-PMJAY. AB-PMJAY was used by just 1.3% of the eligible study participants. There was a statistically significant relationship between the category of eligible study, ration card, and work status and AB-PMJAY awareness.

Conclusion

The AB-PMJAY scheme was previously known to two out of every three rural individuals and three out of every four eligible participants, but utilisation was found to be very low at 1.3%; thus, training of healthcare workers at the grass-root level, such as accredited social health activists (ASHA) and Anganwadi workers (AWW), should be done on a regular basis to improve community connection and for effective utilisation of the Ayushman Bharat-PMJAY.

ACKNOWLEDGEMENT

I would like to express my heartfelt gratitude and appreciation to all those who have contributed to the successful completion of this thesis titled "Awareness of the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana in the Rural Community: A Cross-Sectional Study in Khandwa, Madhya Pradesh."

First and foremost, I extend my sincere thanks to my mentor, Dr. J.P. Singh for their invaluable guidance, constant support, and expert advice throughout this research journey. Their commitment, enthusiasm, and profound knowledge in the field of healthcare and community development have been instrumental in shaping this study.

I am deeply indebted to the participants of this research, the rural community of Khandwa, Madhya Pradesh. Their willingness to share their experiences and insights has been pivotal in understanding the level of awareness regarding the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana. Their cooperation and active involvement have been truly inspiring and have made this study possible.

I would like to express my gratitude to the faculty members of IIHMR University, whose guidance and mentorship have been invaluable in shaping my academic journey. Their commitment to excellence and dedication to impart knowledge have played a significant role in enhancing my research capabilities.

Finally, I express my gratitude to all the researchers, scholars, and individuals whose works and studies have served as a foundation for this research. Their valuable contributions to the field of healthcare, rural development, and public policy have been instrumental in shaping the theoretical framework and methodology of this study.

Once again, I extend my heartfelt appreciation to all those who have directly or indirectly supported and contributed to the successful completion of this thesis. Your guidance, encouragement, and cooperation have been indispensable, and I am truly grateful for your involvement.

Maitri Atre

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CHAPTER 1

Introduction

Background:

India is one of the world's fastest developing countries, yet the health of its people has long been a source of concern for authorities. Despite various government measures to improve health outcomes, India continues to face substantial obstacles in providing universal access to inexpensive healthcare, particularly in rural areas. The high out-of-pocket expenditure (OOPE) on healthcare, which is a major barrier to getting necessary health treatments, is one of the fundamental reasons for this.

Out-of-pocket expenditure accounted for 67% of overall health expenditure in India, according to the National Health Accounts (NHA) 2016-17. This is a concerning figure, indicating that a big portion of the population cannot afford the expense of healthcare services. Furthermore, the proportion of the population receiving health care from public hospitals has decreased, while the proportion receiving care from private hospitals has climbed. This trend is especially noticeable in rural areas, where public hospitals are frequently understaffed and lack critical infrastructure and supplies.

Poverty is another important issue influencing access to healthcare in India. According to the World Bank, around 25% of the Indian population is poor, with the figure being greater in rural areas. People living below the poverty line are frequently forced to postpone necessary health services due to a lack of financial resources.

In September 2018, the Government of India introduced the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) to address these concerns. Based on socioeconomic and occupational criteria, the scheme aims to provide health insurance coverage of up to INR 5 lakhs per household per year to about 10.74 million families (50 crore beneficiaries). The plan covers hospitalization costs for medical and surgical procedures for a variety of ailments, including pre-existing conditions.

Prior to the commencement of the AB-PMJAY, India had numerous alternative health insurance programs in place, including the Rashtriya Swasthya Bima Yojana (RSBY), the Aam Aadmi Bima Yojana, and the Central Government Health Scheme.

Aim: The aim of the study is to assess the level of awareness of the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PMJAY) among rural communities.

Research Question: What is the awareness level of Ayushman Bharat-PMJAY in a selected rural area of Madhya Pradesh?

Objectives:

i. To assess the level of awareness of the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PMJAY) among rural communities.
ii. To estimate the extent of utilization of Ayushman Bharat-PMJAY in a selected rural area of MP.

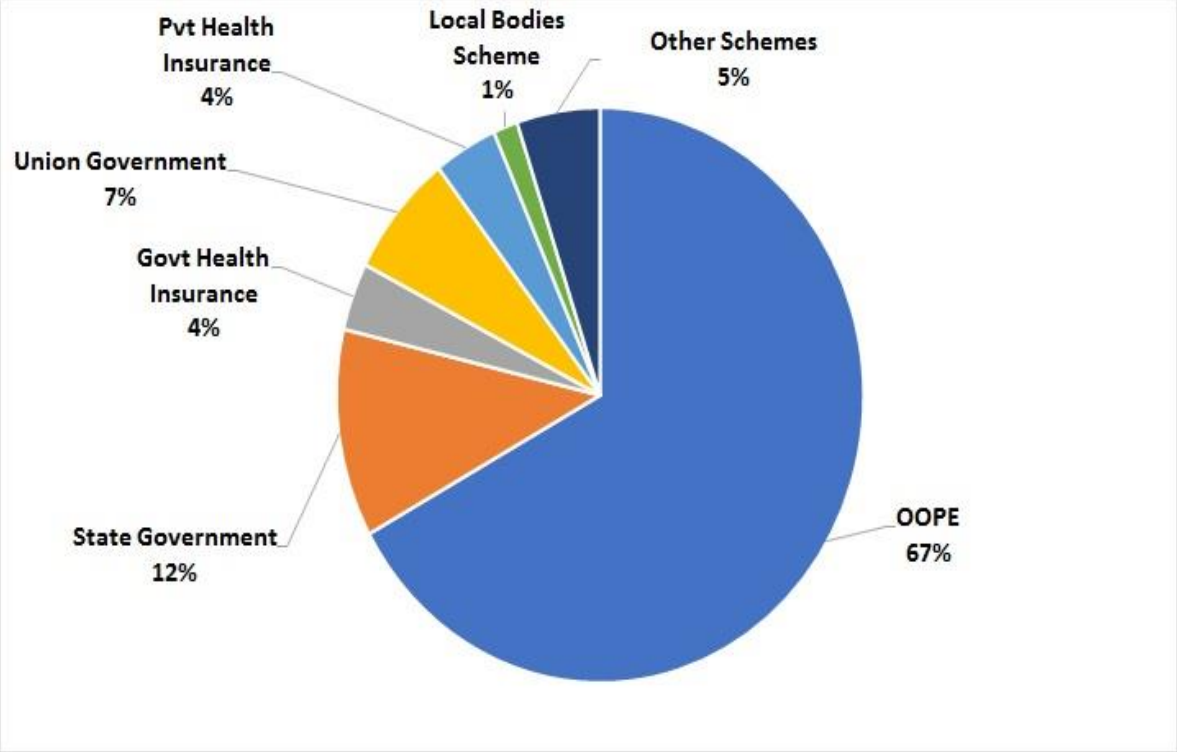

Figure 1 Out-of-pocket expenditure in India.

Source: National Health Accounts Estimates Report 2014-15

CHAPTER 2

Review of Literature

Authors	Study Location	Sample Size	Sampling Technique	Salient Features
Santosh K Nirala Purushottam Kumar Bijaya N Naik Sanjay Pandey Chandramani Singh Rajath Rao Mohit Bhardwaj	Eastern India	411	Simple random sampling	• This study aimed to see how well healthcare workers (HCWs) understood the PMJAY and how prepared they were to administer it. • There was a significantly high awareness score among doctors compared to nursing officers.
Navuluri Kranthi Kumar Reddy Yogesh Bahurupi Surekha Kishore Mahendra Singh Pradeep Aggarwal Bhavna Jain	Rishikesh	236	Simple random sampling	• A hospital based cross sectional study was conducted to assess the awareness about AB-PMJAY among doctors, faculty members & residents at a tertiary care hospital, Rishikesh. • Mean awareness score of doctors was just around half of maximum possible score. Awareness is more among faculty members than

				residents.
Vishnu Priya Sriee G V G Rakesh Maiya	Chennai	300	Simple random sampling	• The study was initiated to estimate the coverage, utilization, and impact of Ayushman Bharat scheme in the rural field practice area of Saveetha Medical College and Hospital, Chennai. • The study found that out of 300 households only about 42.33% of the households were covered under Ayushman Bharat scheme.
K Shrisharah Shivkumar Hiremat S Nanjesh Kumar Pooja Rai S Erappa	Karnataka	906	Simple random sampling	• The main objective of the study was to estimate the utilization of the Ayushman Bharat insurance scheme among covid-19 positive patients in a tertiary care hospital, Dakshina Kannada

Akshay Holla				District. • The eligible subjects for ABArK were 906 (66.27%), Out of which 714 (78.8%) had utilized the scheme. Among the 714 patients who utilized the ABArK scheme 443 (62.04%) were men and 271 (37.95%) were women.
Rohan Sachdev Kriti Garg Samiksha Shwetam Akash Srivastava Aaryan R Srivastava	Kanpur	250	Simple random sampling	• A sample of 250 individuals in the rural health care center of a dental college was subjected to a questionnaire regarding the awareness of the government-launched social security schemes-Sukanya Samridhi Yojana, Pradhan Mantri Suraksha Bima Yojana, Atal Pension Yojana, Pradhan Mantri Jeevan Jyoti Bima Yojana, Ayushman Bharat Yojana, and Pradhan Mantri Kisan Samman

				Nidhi Yojana.
Akshay V Umashankar G. K. Pramila M. Ritu Maiti Aswini M. Manjusha P. C.	Bangalore	150	Multi-stage random sampling	• This study aimed to analyze the awareness and utilization of dental services under Ayushman Bharat health scheme among outpatients in Bangalore hospitals. • This study showed there is high Out-Of-Pocket Payments (OOP) spending and lack of knowledge regarding dental coverage under Ayushman Bharat scheme.
Girish B. Jithin Surendra Vishma B. K. Jyothika V. Shifa Tahreem	Chamarajanagar taluk, Karnataka	1027	Simple random sampling	• This study was conducted to study the awareness and utilization of Ayushman Bharat Arogya Karnataka scheme in Chamarajanagar. • The study included 1027 households; out

				of which 452 (44%) are card holders. The majority of ABArK card holders 434 (96%) are BPL card holders and rural residents (60%). The totals of 666 (65%) study subjects are aware about the scheme, out of which 68% are the beneficiaries.
Kavish Garg Dr. Mritunjay Sharma	Gurugram	48	Random sampling	• A mixed approach study was undertaken to determine the degree of awareness of PMJAY, Public Healthcare, and Medical Insurance within blue collar workers, which are all low-income professions in Gurgaon, Haryana in India. • It was found that migrants are less likely to be aware of Ayushman Bharat and that education level has a significant impact on the knowledge of the term medical insurance itself. More-over, those with PMJAY cards had significantly lesser out-of-pocket expenditure.

CHAPTER 3

Methodology

RESEARCH QUESTION: What is the awareness level of Ayushman Bharat-PMJAY in a selected rural area of Madhya Pradesh?

STUDY DESIGN: This study adopted the community-based cross-sectional study design**.**

SETTING: The study was carried out in the rural areas of Khandwa, formerly known as East Nimar District. Khandwa is a city and a nagar nigam in the Nimar region of Madhya Pradesh, India. The district has a total area of 7,352 sq km., 97 sq km is urban and 7255 sq km is rural. Out of total population of Khandwa, 1,454,168 in the district, 259,436 are in urban area and 1,050,625 are in rural area.

STUDY POPULATION: The study population included heads of families who are permanent residents or have resided for a minimum period of one year in the rural areas & neighbouring villages of the district.

Research Procedures: The study used both quantitative and qualitative assessments to collect data. The quantitative assessment was done through a structured questionnaire, and the qualitative assessment was done through interviews.

DURATION OF STUDY: The study will be conducted for a period of three months.

SAMPLE SIZE:

The sample size calculation was done using the formula:

n = (Z^2 x P x Q) / E^2

where n is the sample size,

Z is the level of confidence,

P is the estimated proportion of the population with the characteristic of interest,

Q is the complement of P

E is the margin of error.

The estimated proportion of the population was taken as 50%, with a 5% margin of error and a confidence level of 95%.

The calculated sample size was 384.

The final sample size taken was of 100 households situated within a radius of 5 Km from the District Hospital, Khandwa.

DATA COLLECTION PROCEDURE: The relevant information regarding awareness of AB-PMJAY was gathered using a semi-structured questionnaire.

DATA ANALYSIS PROCEDURE:

IBM SPSS Statistics for Windows, Version 22.0. Armonk, NY: IBM Corp. was be used to statistically analyse the data. For categorical and continuous variables, appropriate descriptive statistical was done.

The categorical variables (e.g., gender, religion, and awareness of the PMJAY and its components) were expressed as proportions and percentages with a 95% confidence interval.

The continuous data (e.g., age) was checked using a Q-Q plot, and the mean (SD) was used for the normally distributed data, while the others were represented as the median (IQR).

To know the association between the awareness of PMJAY and the level of education, gender, and occupation, the Pearson chi-square test was used, and the Fischer exact test was used. Overall statistical significance will be attributed to $P<0.05$.

SAMPLING TECHNIQUES: The sampling technique used in the study was a Simple random sampling technique. The households were selected from the rural areas of the district using the simple random sampling technique.

STUDY INSTRUMENTS: The study instruments included a semi-structured questionnaire and interview guide. The structured questionnaire was used to collect quantitative data, while the interview guide was used to collect qualitative data.

OPERATIONAL DEFINITIONS:

1. **Awareness:** For the purpose of this study, awareness is defined as the knowledge of the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) scheme, including its objectives, benefits, and eligibility criteria.
2. **Rural Community:** For this study, rural community refers to the population residing in the rural areas of Khandwa district, Madhya Pradesh, India.
3. **Socio-economic status:** Socio-economic status refers to an individual's position in society based on their income, education, occupation, and other related factors.
4. **Rural community:** A group of individuals living in a geographically defined rural area of Khandwa, Madhya Pradesh.
5. **Cross-sectional study:** A type of observational study design that involves collecting data from a sample of individuals at a specific point in time.
6. **Quantitative assessment:** The collection and analysis of numerical data using statistical methods to measure the prevalence of awareness of the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana scheme.
7. **Qualitative assessment:** The collection and analysis of non-numerical data, such as words, images, and observations, to gain insights into people's experiences, attitudes, and perceptions regarding the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana scheme.

STATISTICAL METHODS AND QUALITATIVE METHODS:

The statistical methods used in the study included descriptive statistics, such as frequencies and percentages, and inferential statistics, such as chi-square tests. The

qualitative methods used in the study included content analysis of the interviews.

ETHICAL CONSIDERATIONS:

1. **Informed Written Consent:** Prior to the start of the study, informed consent will be obtained from each participant or their legal guardian. Participants will be informed of the study's purpose, procedures, potential risks and benefits, and their right to withdraw at any time.

2. **Voluntary Participation:** Participation in the study will be completely voluntary. Participants will not face any negative consequences for refusing to participate or withdrawing from the study.

3. **Confidentiality**: All information obtained from participants during the study will be kept confidential and anonymous. Data will be stored securely and only accessed by researcher.

4. **Data Security:** Adequate measures will be taken to ensure the security of all data collected during the study.

5. **Respect for Participants:** Participants will be treated with respect and dignity, and their cultural and social beliefs will be respected. Any discomfort or harm caused to the participants during the study will be minimized.

6. **Fairness and Equality:** All participants will be treated equally and fairly, regardless of their gender, age, race, ethnicity, religion, or socioeconomic status.

CHAPTER 4

Results

In our study, 33% of participants were aged 60 years and above, with a mean (SD) age of 49.5 (15.2) years. 90% of the participants in the study were men. One-third (36% of study participants) had no formal schooling. The majority of research

participants (35%) were unskilled employees. 54% of the study participants belonged to a nuclear family. 56% of the study participants were from the lower middle class. The Hindu faith was practiced by nearly all of the research participants (98%). The general category included approximately half of the study participants (55%). More than two-thirds of research participants (83%) used ration cards to access the (PDS) Public Distribution System. (Table 1).

Table 1: Socio-demographic details (N=100)

OBC: Other backward classes, SC: Schedule caste, ST: Schedule tribe

Variables	Categories	Frequency (n)	Percentage (%)
Age group (in years)	<30 years	10	10
	30-45 years	30	30
	45-59 years	27	27
	>= 60 years	33	33
Gender	Male	90	90
	Female	10	10
Education	No formal education	36	36
	Primary school	5	5
	Middle School	10	10
	Secondary school	30	30
	Senior secondary school	9	9
	Graduate and above	10	10
Occupation	Unemployed	17	17
	Unskilled worker	35	35
	Semiskilled worker	5	5
	Skilled worker	12	12
	Clerical, shop owner	25	25
	Semi-professional	3	3
	Professional	3	3
Type of Family	Nuclear family	54	54
	Joint family	34	34
	Upper class	3	3
	Upper middle class	9	9
Socio-economic status	Middle class	19	19
	Lower middle class	56	56
	Lower class	25	25
Religion	Hindu	98	98
	Muslims	2	2

Category	General	55	55
	OBC	17	17
	SC	25	25
	ST	3	3
Ration card	Present	83	83
	Not present	17	17

Half of the study participants (49%) were unaware of health insurance, while awareness of the Ayushman Bharat scheme was 51%, but after proving individual components of the Ayushman Bharat scheme, awareness was found to be 68% (Figure 2). The AB-PMJAY evaluates eligible research participants based on six deprivation criteria and automatic inclusion (destitute, living on alms, manual scavenger households, primitive tribal groupings, and legally liberated bonded labor). Friends/relatives were the most common source of information in the general public (40%), whereas ASHA/AWW/HCW were the most common source of information for eligible research participants (35.1%).

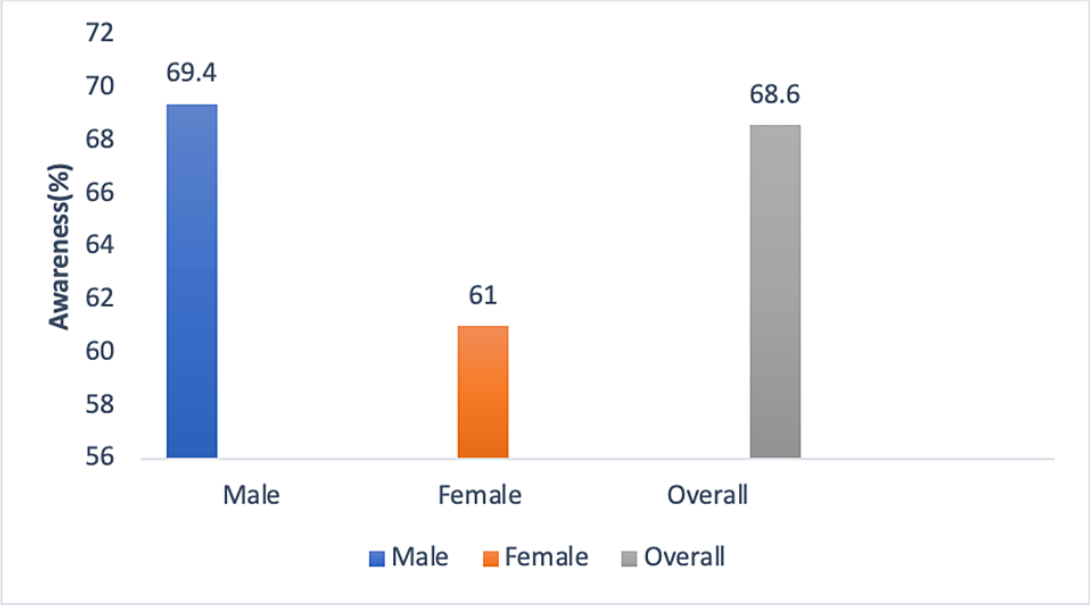

Figure 2: Level of awareness across genders compared with overall awareness

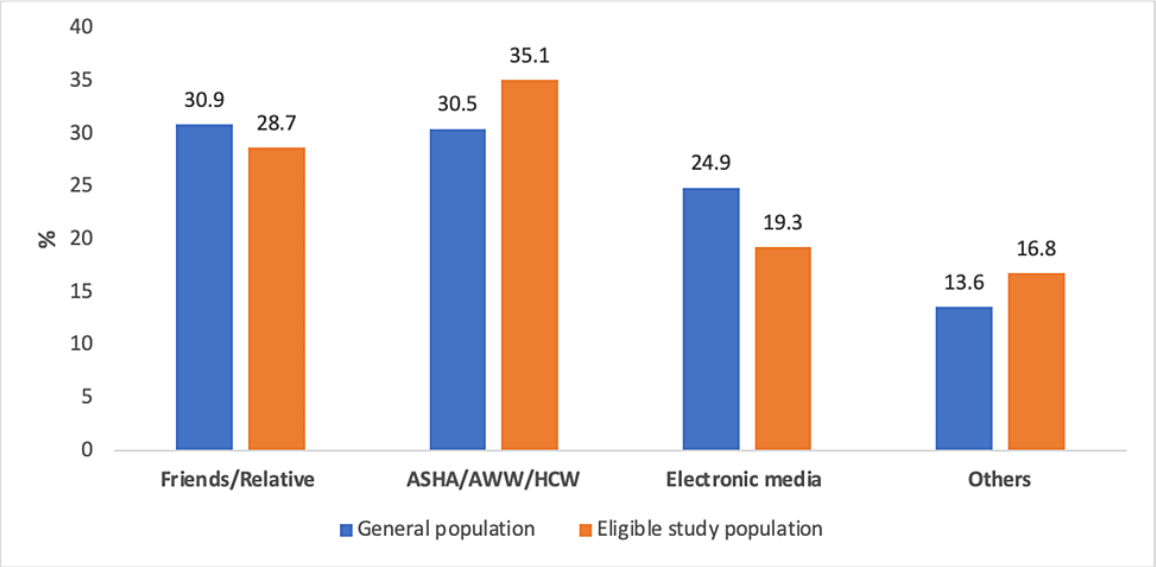

Figure 3:The primary source of information for the general population and eligible study population

***ASHA=Accredited social health activist, AWW=Anganwadi worker, HCW=Health care worker. Others include the Internet, medical camps, and government pamphlets**

The majority of study participants' primary source of knowledge was friends/relatives (30.9%), followed by ASHA/AWW/HCW (30.5%), whereas the majority of eligible study participants' primary source of information was ASHA/AWW/HCW (35.1%). The majority of the participants who were aware of the Ayushman Baharat-PMJAY were aware of the coverage amount (72%), followed by card portability (32%), a treatment package (13%), and diagnostic covered (12%), while the majority of the eligible study participants who were aware of the Ayushman Baharat-PMJAY were aware of the coverage amount (76%), followed by card portability (34%). A large percentage of survey participants, (86%), were unaware of the Ayushman Bharat-PMJAY eligibility criteria, whereas (7%) were aware that SC/ST households are eligible for the Ayushman Bharat health card. 84% of the study's eligible participants were uninformed about Ayushman Bharat-PMJAY, whereas (10%) were aware that SC/ST households are eligible for the Ayushman Bharat health card. Almost all of the participants had heard of the Ayushman Bharat health card (95%). The majority of study participants (88%) were aware that all members of the family are covered by this Ayushman Bharat-PMJAY, whereas nearly all eligible study participants (94%), were unaware that all members of the family are covered by this Ayushman Bharat-PMJAY.

Table 2: Awareness regarding the components of the Ayushman Bharat-PMJAY (N=100)

Variables	Categories	Aware study participants, (%)	Aware & eligible study participants, (%)
Components of Ayushman Bharat	Coverage Amount	72	76
	Card portability	32	34
	Treatment package	13	15
	Diagnostics covered	12	14
	Transportation expenses	5	6
	Knowledge of empanelled providers	5	6
	Post-discharge benefits	5	5
	Number Of beneficiaries per family	3	36
	Addition Of new family member	2	1
	Grievance Mechanism	2	11
	Treatment without E-card	1	11
	Age limit of the dependents	7	0
	Don't know about eligibility	86	84
	SC/ST households	7	10
Regarding the eligibility of the families	Landless families who derive major Income from daily labour	5	4
	Others*	1	2
Ayushman Bharat health card	Ayushman Bharat health card	95	98
	All members of the family	88	94
Families covered In Ayushman Bharat-PMJAY	Elderly	1	6
	Don't Know	7	0

The majority of survey participants, (81%), said that each family member should require a separate card, while the majority of study participants, (76%), claimed that owning an Ayushman card is required for availing services. The majority of the participants, (54%), stated that the Ayushman Bharat card may be used in an emergency. (32%) of those polled were aware that their cards may be used in states other than their own. In the pre-utilization section of the study, (71%) of the participants were aware that there was no need for any premium payment, (72%) were aware that there was no need for card renewal, and (71%) were aware that pre-health check-ups are not required in Ayushman Bharat health insurance. While the

majority, (87%), of the eligible survey participants, reported that each family member should require a separate card. Furthermore, (81%) said that an Ayushman card is required to obtain services. The majority of study participants, (59%), stated that the Ayushman Bharat card may be utilized in an emergency. Only (32%) of research participants were aware that their cards might be used in states other than their home state. In the pre-utilization section, (78%) were aware that no premium payment is required, followed by (77%) who were aware that no card renewal is required, and (76%) who were aware that pre-health check-ups are not required in Ayushman Bharat health insurance (Table 3).

Table 3: Awareness regarding the pre-utilization process and the utilization of Ayushmann Bharat card facilities

	Utility	**Aware study participants (%)**	**Aware & eligible study participants, (%)**
Utilization Of Ayushman Bharat-PMJAY	Need of separate card for each family member	81	87
	Need of Ayushman Bharat card always in hand to avail of benefits	76	81
	Ayushman Bharat card is useful during emergency treatment	54	59
	Usage Of Ayushman Bharat Health Insurance Scheme in Other than a residential state.	32	32
Pre-utilization of Ayushman Bharat-PMJAY	Renewal is not needed	72	78
	No Premium money is needed for the AB-PMJAY	71	77
	A pre-health check-up is not necessary to become eligible for Ayushman Bharat Health Insurance	71	76

The Ayushman Bharat card is held by (58%) of the study participants who are eligible and aware of the majority of the families, however utilization of the Ayushman Bharat plan is relatively low, with only five (2%) study participants using

the facility. Three of the five patients in the study used it for cataract surgery, one for ear surgery, and one for a broken leg. All have used the services of the private health institution, and they are all located in Khandwa's urban region. Two of the five participants had to pay out-of-pocket fees of INR 15000 and INR 500, respectively, for travel and extra medical expenses.

The age group and category of eligible study participants, ration card holders, and the study participant's work all had a significant correlation with awareness of the Ayushman Bharat scheme (Table 4).

Table 4: Association of the awareness of the eligible study participants with various variables

Variables	**Categories**	**Awareness of the eligible study participants**		**p-value***
		Yes (%)	**No (%)**	
Age group	30 years	65	35	**0.039**
	30-45 years	81	19	
	45-60	77	23	
	>=60 years	79	21	
Education level	No formal education	75	25	**0.296**
	Education up to 10th class	81	20	
	Education above 10th class	80	17	
Gender	Male	78	22	**0.08**
	Female	91	8	
Religion	Hindu	79	21	**0.475**
	Muslim	92	8	
Caste	General	72	27	**0.015**
	OBC	90	10	
	SC	81	19	
	ST	74	26	
Type of family	Joint Family	81	18	**0.093**
	Nuclear Family	76	23	
	Three-Generation Family	87	12	
Socio-economic status	Upper class	77	23	**0.85**
	Middle class	77	23	
	Lower class	79	20	
	Unemployed	95	4	**<0.0001**

Occupation	Skilled and Unskilled workers	74	26	
	Farmers and shopkeepers	88	12	
	Semi-professional and above	78	22	
Ration card	Present	82	18	**<0.0001**
	Not present	53	47	

a: For the application of statistical tests, education groups are regrouped into three categories.

b: The Fischer exact test was used as the expected cell count was less than

c: For the statistical test, the upper middle class and upper class regrouped to make the upper class, and the lower middle class and lower class regrouped to make the lower class.

d: For statistical test application occupation groups are regrouped into four categories.

OBC: Other backward classes, SC: Schedule caste, ST: Schedule tribe

***p-value by chi-square**

CHAPTER 5

Discussion

This was a community-based cross-sectional study carried out among 100 study participants in the Khandwa district in Madhya Pradesh. There are very few similar

studies conducted among India's rural people. Only half (51%) of the participants in our survey were aware of health insurance. Similar studies in other sections of the country revealed quite higher levels of awareness, ranging from 74% to 82%. Another survey from Bihar found that 45% of people were aware of it. According to research conducted in Bhaktapur, 87% of the population is aware of health insurance. This could be because we studied the rural population, whereas other studies are conducted in hospitals or urban regions, where awareness is higher than in their counterparts. A clear geographical distribution can be observed, with the southern states being more aware of health insurance as compared to the northern states. This can be attributed to changes in the sociocultural factor as well as differences in literacy rates between states.

In the current study, about 68% of survey participants were aware of the AB-PMJAY, which is higher than in prior northern Indian studies. A study from rural Jammu found that awareness of the AB-PMJAY scheme was as low as 28%, whereas a study from rural Tamil Nadu found that awareness was 77%. In Ilorin, Nigeria, 78.9% of people were aware of the national health insurance plan. This disparity in awareness can be linked to differences in socio-demographic and cultural features amongst the states, which are located in distinct geographical areas within India. There has been an increase in rural population awareness of AB-PMJAY compared to 2019, when awareness was only 9.9%.

Friends/Relatives (40%) were reported as the primary source of information on the AB-PMJAY health insurance system in the current survey, followed by front-line workers such as ASHA/AWW/HCW (30%). Electronic media and other forms of advertising made a smaller impact. A similar conclusion was made in a study conducted by Shet et al. and Yellaiah et al. Gosh et al. (2013) found that 24% of research participants learned about health insurance from the media and 26% from their peers in a similar study. People in rural areas are more interested in farming and also participate in social contact through village meetings, such as at the temple or chapel; thus, family/friends play a significant role in knowledge dissemination.

Furthermore, ASHA visits the villages on a regular basis for a variety of activities,

including the distribution of the Prime Minister's Letter of Ayushman Bharat, and as a result, they were the key source of information for the Ayushman Bharat-PMJAY.

In this study, 32% of study participants were aware of card portability, 72% were aware of the coverage amount, 54% were aware that this scheme can also be used in emergencies, and only 5% and 2% were aware of the post-discharge benefits and the grievance mechanism, respectively.

A similar study conducted by Pugazhenti et al. (2021) in the Thanjavur district of Tamil Nadu found that 42% of study participants were aware of the coverage amount, 23% were aware of card portability, and 29% and 15% were aware of the Ayushman Bharat health scheme's post-discharge benefits and grievance mechanism, respectively. In the current study, the level of awareness was lower for all components except the coverage amount. The eligible research participants who had the ration card demonstrated statistical significance in terms of Ayushman Bharat-PMJAY awareness; this could be owing to the need for the ration card in order to create the Ayushman Bharat-PMJAY card.

There was a substantial relationship between the two, and unemployed study participants (95%) were more aware than the other individuals. Many people had lost their employment as a result of the COVID-19 pandemic, which could explain why the jobless study participants had a higher level of awareness.

In the current study, only two study participants 2% accessed the Ayushman Bharat Health Scheme, and all of them used it for surgical treatment. Despite having the Ayushman Bharat-PMJAY, two research participants had to pay for additional services. A comparable study conducted in the rural area of Chennai found that Ayushman Bharat-PMJAY was used 60 (47.2%) of the time for medical conditions, 31 (51.66%) for surgical conditions, and 19 (31.67%) for both medical and surgical conditions.

LIMITATIONS & STRENGTH OF THE STUDY

LIMITATIONS:

- Since the study was limited to a single district in Madhya Pradesh, the findings cannot be generalized to other regions or states in India.
- The study relied on self-reported data, so there is a chance of recollection bias or social desirability bias, in which individuals supplied socially desired responses.
- The study failed to look into the causes for the rural population's lack of awareness of the scheme. Understanding the underlying causes would have given additional insight into how to raise awareness.
- The study excluded non-Hindi speakers, which may limit the study's generalizability to other places where Hindi is not the major language**.**

STRENGTHS:

- The study gives useful insights on the level of awareness of the AB-PMJAY scheme among Madhya Pradesh's rural population, which can help policymakers and healthcare providers.
- The study's sample size was appropriate, with a good representation of male and female individuals from various age groups and socioeconomic strata.
- The study included a standardized questionnaire, which improves the findings' reliability and validity.
- The study contributes to the little literature on healthcare initiatives in India, particularly in terms of gauging awareness and use of such schemes among the rural population.

CHAPTER 6

Conclusion

Family and friends were the main sources of information for two out of every three rural community members who were aware of the Ayushman Bharat scheme. Nearly three-quarters of eligible research participants were aware of the Ayushman Bharat

scheme, and the primary source of information was accredited social health activists (ASHA)/anganwadi workers (AWW)/healthcare workers (HCW). The participants' knowledge of the various components of the Ayushman Bharat-PMJAY was sporadic and limited. There was a strong relationship between eligible participants' occupation, category, and ration card status and their knowledge of Ayushman Bharat-PMJAY.

Ayushman Bharat-PMJAY advertisement through IEC material and telecommunication, as well as frequent development of the health care worker network at the grass-root level, such as ASHA and AWW, should be increased to improve community connection. For effective utilization of the Ayushman Bharat-PMJAY, qualified participants should be identified.

CHAPTER 7

REFERENCES

REFERENCES:

1. National Health Authority: About Pradhan Mantri Jan Arogya Yojana (PM-JAY): https://pmjay.gov.in/about/pmjay.

2. Worldometer: India population (2022): https://www.worldometers.info/world-population/india-population/.

3. Census of India Website: Office of the Registrar General & Census Commissioner, India: https://censusindia.gov.in/.

4. NITI Aayog: INDIA: National multidimensional poverty index baseline report--based on NFHS-4 (2015-16): https://www.niti.gov.in/node/2271.

5. Ministry of Statistics and Programme Implementation: Homepage: https://www.mospi.gov.in/.

6. Vera Whole Health: Global healthcare: 4 major national models and how They work: https://www.verawholehealth.com/blog/global-healthcare-4-major-national-models-and-how-they-work.

7. Watkins DA, Jamison DT, Mills A, et al.: Universal health coverage and Essential packages of care. Disease Control Priorities, Improving Health and Reducing Poverty. Jamison DT, Gelband H (ed): The World Bank, Washington (DC); 2017.

8. Press Information Bureau: Ayushman Bharat-Pradhan Mantri Jan Aarogya Yojana (AB-PMJAY): https://pib.gov.in/Pressreleaseshare.aspx?PRID=1546948.

9. National Portal of India: Rashtriya Swasthya Bima Yojana: https://www.india.gov.in/spotlight/rashtriya-swasthya-bima-yojana.

10. Ministry of Labour & Employment: Aam Admi Beema Yojana. (2022): https://labour.gov.in/schemes/aam-admi-beema-yojana.

11. Central Government Health Scheme: Homepage. (2022): https://cghs.gov.in/CghsGovIn/faces/ViewPage.xhtml.

12. National Health Systems Resource Centre: National health accounts. (2022): https://nhsrcindia.org/national-health-accounts-records.

13. Dash U, Muraleedharan VR: Accessing Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (PM-JAY): A case study of three states (Bihar, Haryana and Tamil Nadu).

14. Kusuma YS, Pal M, Babu BV: Health insurance: Awareness, utilization, and its determinants among the urban poor in Delhi, India. J Epidemiol Glob Health. 2018, 8:69-76. 10.2991/j.jegh.2018.09.004

15. Sriee G V VP, Maiya GR: Coverage, utilization, and impact of Ayushman Bharat scheme among the rural field practice area of Saveetha Medical College and Hospital, Chennai. J Family Med Prim Care. 2021, 10:1171-6. 10.4103/jfmpc.jfmpc_1789_20

16. V.Pugazhenthi. A: A study on awareness on AB-PMJAY for treatment of diseases with special reference to cancer care in Thanjavur district of Tamil Nadu. 2021, 2021-25:10.36713/epra6426

17. Bihar Swasthya Suraksha Samiti: Ayushman Bharat - Bihar: https://biswass.bihar.gov.in/.

18. Terrance: WHODAS 2.0 translation guidelines: https://terrance.who.int/mediacentre/data/WHODAS/Guidelines/WHODAS%202.0%20Translation%20guidelines.pdf.

19. Majhi MM, Bhatnagar N: Updated B.G Prasad's classification for the year 2021: consideration for new base year 2016. J Family Med Prim Care. 2021, 10:4318-9. 10.4103/jfmpc.jfmpc_987_21

20. AePDS-Bihar: Homepage: https://epos.bihar.gov.in/.

21. Jayakiruthiga S, Rajkamal R, Muthurajesh E, Swetha H, Swetha

K: Awareness of health insurance among adult population in rural area of Chengalpattu District in Tamil Nadu - A cross-sectional study. 2020,

22. Langer B, Kumari R, Akhtar N, et al.: Is there a need to cover all households under health insurance schemes: A cross-sectional study in a rural area of Jammu. J Family Med Prim Care. 2020, 9:6228-33. 10.4103/jfmpc.jfmpc_958_20

23. Unnikrishnan B, Pandey A, Gayatri Saran JS, et al.: Health insurance schemes: A cross-sectional study on levels of awareness by patients attending a tertiary care hospital of coastal south India. Int J Healthc Inf Syst Informt. 2021, 3:412-8. 10.1080/20479700.2019.1654660

24. K I, Saba Ishaq H, Gopi A, et al.: Awareness of health insurance in a rural population of Bangalore, India. Int J Community Med Public Health. 20161, 5:1. 10.5455/ijmsph.2016.15042016476

25. JETIR: Health insurance awareness level among the people of Bihar is very low ‘an emperical study'. https://www.jetir.org/view.

26. Shrestha MV, Manandhar N, Dhimal M, Joshi SK: Awareness on social health insurance scheme among locals in Bhaktapur municipality. J Nepal Health Res Counc. 2020, 18:422-5. 10.33314/jnhrc.v18i3.2471

27. Muraleedharan V, Dash U, Meghraj R: Accessing Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (PM-JAY): A case study of three states (Bihar, Haryana and Tamil Nadu). 2019. 10.13140/RG.2.2.13704.98563

28. Adewole DA, Dairo MD, Bolarinwa OA: Awareness and coverage of the National Health Insurance Scheme among formal sector workers in Ilorin, Nigeria. Afr J Med Health Sci. 2022,

29. Shet N, Qadiri GJ, Saldanha S, Kanalli G, Sharma P: Awareness and attitude regarding health insurance among insured and non-insured: a cross sectional

study. Int J Community Med Public Health. 2019, 27:4071-6. 10.18203/2394-6040.ijcmph20194019

30. Yellaiah J: Awareness of health insurance in Andhra Pradesh. 2012, 2:6.

31. Maumita Ghosh MG: Awareness and willingness to pay for health insurance: A study of Darjeeling district. IOSR Jr Hum Soc Sci. 2013, 12:41-47.