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

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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.

AB-PMJAY

- 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.

OBJECTIVES

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

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.

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.

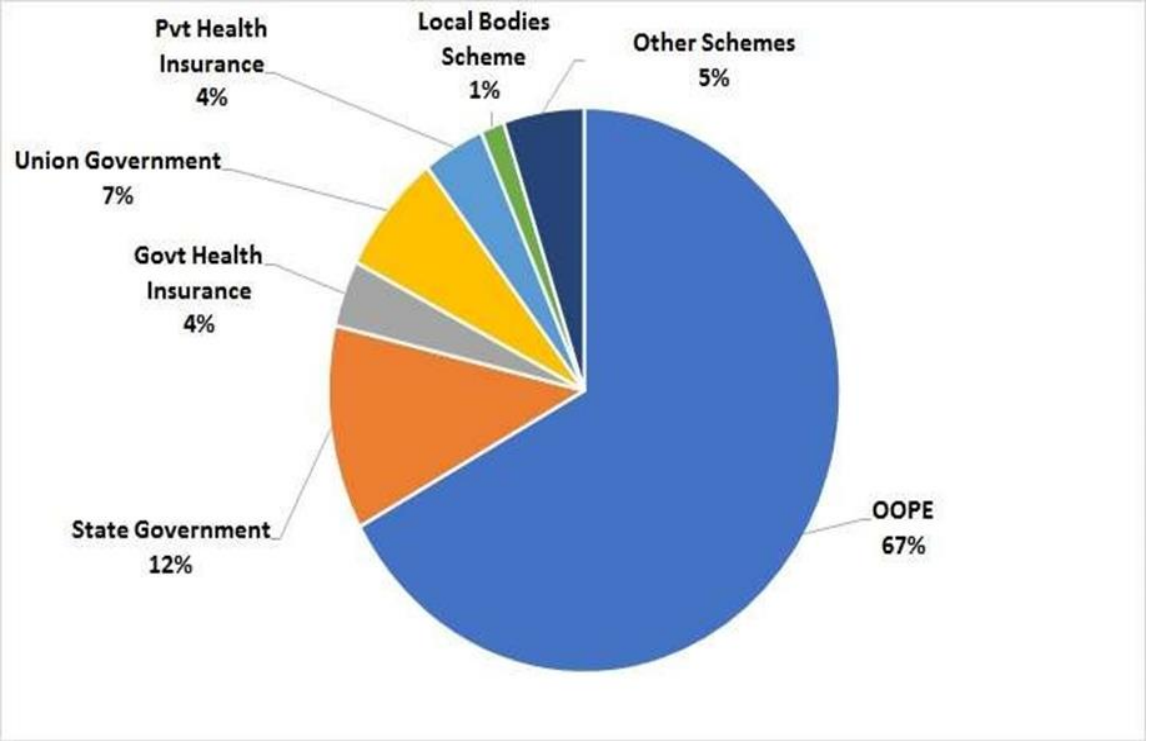


Figure 1 Out-of-pocket expenditure in India.
Source: National Health Accounts Estimates Report 2014-15

MATERIALS & METHODS

- **Study Design:** A cross-sectional study
- **Study Location:** India
- **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 & neighboring villages of the district.
- **Study tool:** Data has been collected using a closed-end questionnaire.
- **Timeline of study:** 3 months (Feb 2023 to May 2023)
- **Sample size:** The final sample size taken was 100 households situated within a radius of 5 Km from the District Hospital, Khandwa
- **Data Analysis:** MS Excel & SPSS
- **Sampling Techniques:** The sampling technique used in the study was a Simple random sampling technique.

RESULTS

The socio-demographic details of the respondents found that 33% of participants were aged 60+, 90% were men, 36% had no formal schooling, 54% belonged to a nuclear family, 56% were from the lower middle class, and 98% practiced Hinduism. (Table 1).

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%.

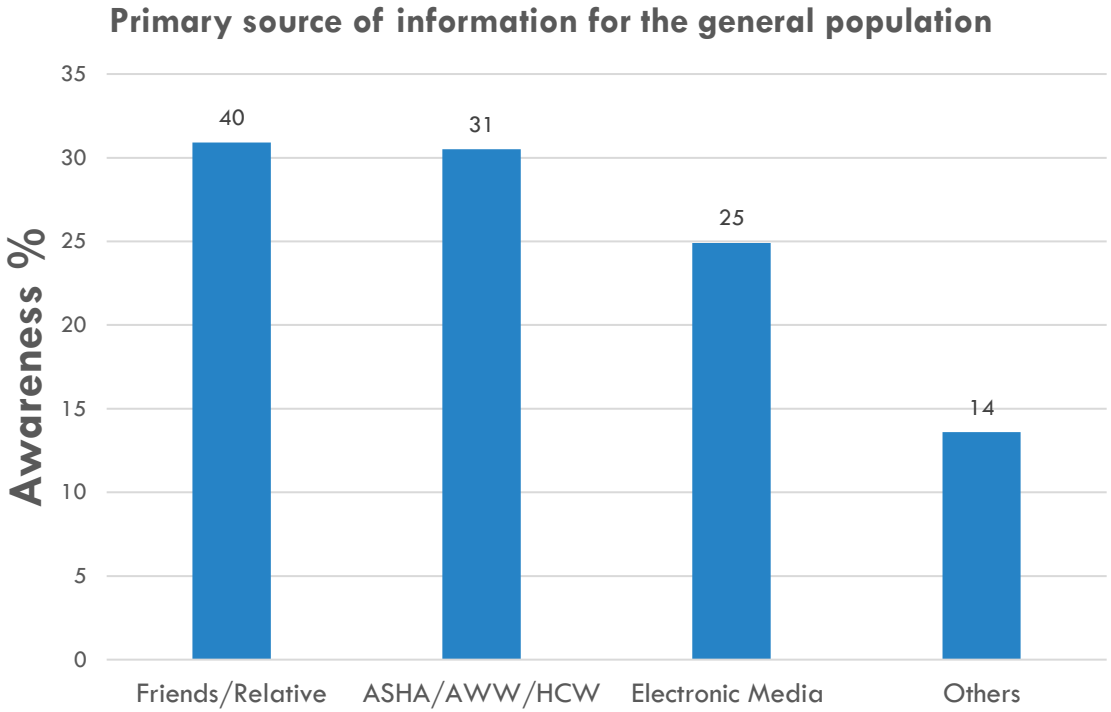
Table 1: Socio-demographic details (N=100)

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

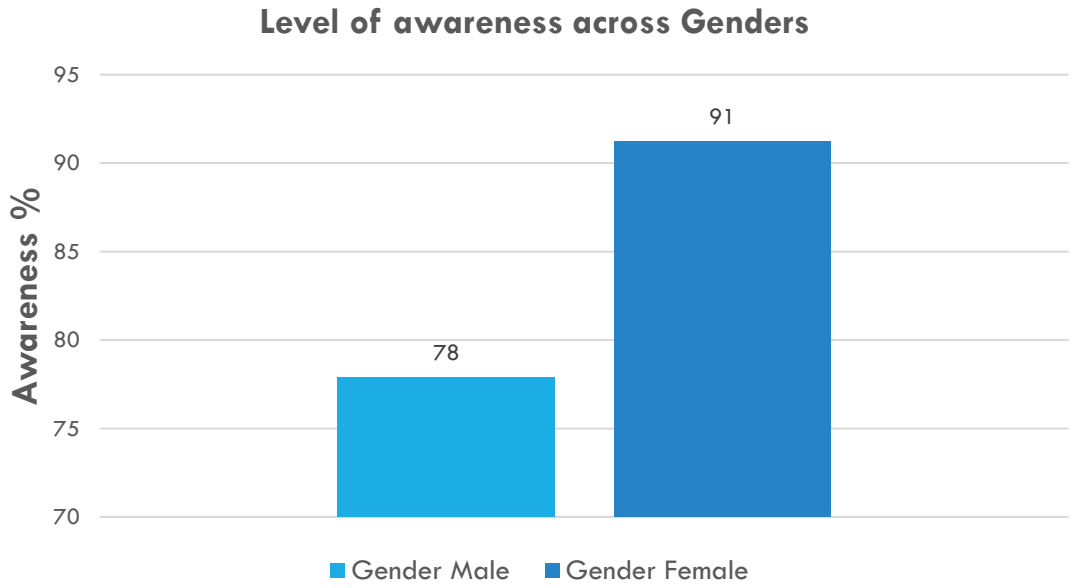
OBC: Other backward classes, SC: Schedule caste, ST: Schedule tribe

RESULTS

The majority of study participants' primary source of knowledge was friends/relatives 40%, followed by ASHA/AWW/HCW 31%, Electronic Media 25% & Others 14%.



The level of awareness across genders was found to be 78% & 91% for males & females respectively.



RESULTS

- The majority of the participants who were aware of the Ayushman Bharat-PMJAY were aware of the coverage amount of 72%, followed by card portability of 32%, a treatment package of 13%, and diagnostic covered 12%
- 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
- Almost all of the participants had heard of the Ayushman Bharat health card 95%. Most study participants 88% were aware that all members of the family are covered by this scheme

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

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

RESULTS

- 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 of 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.

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

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

DISCUSSION

This study found that 51% of participants in the Khandwa district in Madhya Pradesh were aware of health insurance, compared to 74%-82% in other sections of the country. Geographical distribution was observed, with southern states being more aware than northern states due to sociocultural and literacy differences.

The disparity in awareness of AB-PMJAY between rural and urban areas in India is due to differences in socio-demographic and cultural features.

Family/friends are the primary source of information on the AB-PMJAY health insurance system, followed by front-line workers and electronic media. People in rural areas are more interested in farming and social contact.

ASHA is a key source of information for the Ayushman Bharat-PMJAY, with 32% aware of card portability, 72% aware of the coverage amount, 54% aware of post-discharge benefits, and 5% aware of the grievance mechanism.

The level of awareness of Ayushman Bharat-PMJAY was lower for all components except the coverage amount, but the ration card had statistical significance in terms of awareness.

Unemployed study participants were more aware of the COVID-19 pandemic than other individuals, but only two accessed the Ayushman Bharat Health Scheme and all of them used it for surgical treatment.

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, 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.

THANK YOU

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