Ayushman Bharat's insurance scheme Awareness among the Young adults of India: A descriptive study

Dissertation Submitted

to The IIHMR University, Jaipur

for the partial fulfilment of the award of the degree of

Master of Business Administration (MBA)

in

Hospital and Health Management

by

Naina Tyagi

Under the Supervision and Guidance of

Dr. Seema Mehta

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DECLARATION BY STUDENT

I hereby declare that this dissertation titled "**Ayushman Bharat's insurance scheme Awareness among the Young adults of India: A descriptive study"** is the Bonafede record of my original research work. 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 Information derived from the published or unpublished work of others has been duly acknowledged in the text.

Naina Tyagi

22nd May'2023

ACKNOWLEDGMENT

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I express my gratitude to all the respondents who took time from their busy schedules and helped me to make this happen.

In the end, I thank all those fellows and colleagues who have helped me in making this project a success, and my apologies to anyone whose name I would have inadvertently forgotten to mention here.

Naina Tyagi

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To whom it may concern

This is to certify that **Naina Tyagi** (**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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List of Abbreviations

PM-JAY	Pradhan Mantri Jan Arogya Yojana
SECC	socioeconomic caste census
HWCs	Health and Wellness Centers
IEC	Information, Education, and Communication
AB-ArK	Ayushman Bharat Arogya Karnataka Yojana
ASHA	Accredited Social Health Activists
AWW	Anganwadi Workers
TB	Tuberculosis
OBC	Other Backward Classes
ST/SC	Scheduled Tribes/Scheduled Castes

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ABSTRACT

Topic: A study to determine the elements influencing Ayushman Bharat's awareness among the young adults of India.

Objectives:

1. To assess the general awareness levels of the Ayushman Bharat insurance scheme among young adults of India.
2. To identify the factors that influence the enrolment levels of the Ayushman Bharat insurance scheme among the young adults of India.

Materials & Methods: A cross-sectional study was done in India for the duration of 3 months. Using convenient random sampling, a sample of 125 responses from the young adults of India (age group: 18-35 years) was collected via a questionnaire that was circulated via a social media platform, and the data was analysed.

Results:

- There was a very less awareness and enrollment rate of the Ayushman Bharat Insurance Scheme among the Young adults of India.
- 50.4% of 125 responses i.e., 63 respondents were aware of the insurance scheme.
- Among the 50% that were aware of the scheme only 14.3% i.e., 9 respondents were enrolled under the Ayushman Bharat insurance scheme.
- The major source of awareness were newspapers/ magazines, social media, and government campaigns.
- The main factors which influenced the respondents to enroll in the government-sponsored insurance scheme were:
    - Affordability
    - Coverage of pre-existing diseases
    - No age limits
    - Accessibility – across India
    - Reputation of govt. doctors & trust in govt. schemes
- The major reasons for not enrolling in the scheme were:
    - Already covered in another scheme
    - Not eligible for the scheme
    - Lack of awareness about the scheme
    - Preferred other health insurance scheme

Conclusion: According to the survey findings, there is a significant lack of awareness about the Ayushman Bharat Insurance Scheme among the Indian young, with a low enrollment rate recorded.

The Ayushman Bharat Insurance Scheme can effectively reach its intended beneficiaries and provide the financial security it seeks through increasing awareness campaigns, resolving enrollment barriers, and personalizing outreach efforts to the specific needs and preferences of the young adults.

KEYWORDS*:* *Health insurance scheme, Access to healthcare, financial security, Pradhan Mantri Jan Arogya Yojana, Healthcare utilization.*

Chapter 1: Introduction

In a country as huge and diverse as India, guaranteeing access to decent healthcare for all citizens has long been a struggle. Recognizing this need, the Indian government Ayushman Bharat, a ground-breaking healthcare project that aspires to alter the lives of millions by providing full healthcare coverage.

Ayushman Bharat, also known as the Pradhan Mantri Jan Arogya Yojana (PM-JAY), is a bold initiative that aims to fill the healthcare deficiencies that have afflicted our country for far too long. The Central Government intends to provide free health insurance coverage of Rs 5 lakh to 500 million Indians. This covers households from lower income levels who are included in the 2011 socioeconomic caste census (SECC) statistics. PM-JAY intends to assist in mitigating the catastrophic cost of medical treatment that drives approximately 6 crore Indians into poverty each year.

There is a need for awareness of this scheme considering PM-JAY is an entitlement-based system with no advance enrolment, keeping beneficiaries aware of the scheme is the most crucial part. Beneficiaries could be educated about the system through information, education, and communication efforts. Various mediums of communication, such as pamphlets, booklets, hoardings, TV and radio spots, and so on like celebrating Ayushman Bharat Diwas on 30th April, are critical components of developing a comprehensive communication plan for delivering the intended messages to the target audience.

1. **Key Features**:

   The Ayushman Bharat is made up of two interconnected parts:

   a) The Health and Wellness Centers (HWCs).
   b) The Pradhan Mantri Jan Arogya Yojana (PM-JAY)

These key features work in tandem to address the dual challenge of financial barriers and inadequate primary healthcare services.

1.1 Health and Wellness Centers (HWCs):

- The Ayushman Bharat insurance scheme recognizes the importance of preventative and primary care in supporting overall health. Health and Wellness Centres (HWCs) have been developed across the country to overcome the gap in primary healthcare services.

- These centres, which are outfitted with qualified healthcare experts and the required equipment, offer important services like maternity and child health care, immunizations, diagnostics, and noncommunicable disease screening.
- By focusing on early diagnosis and prevention, HWCs hope to lower disease burdens and assure complete healthcare coverage from the ground up.

1.2 Pradhan Mantri Jan Arogya Yojana (PM-JAY):

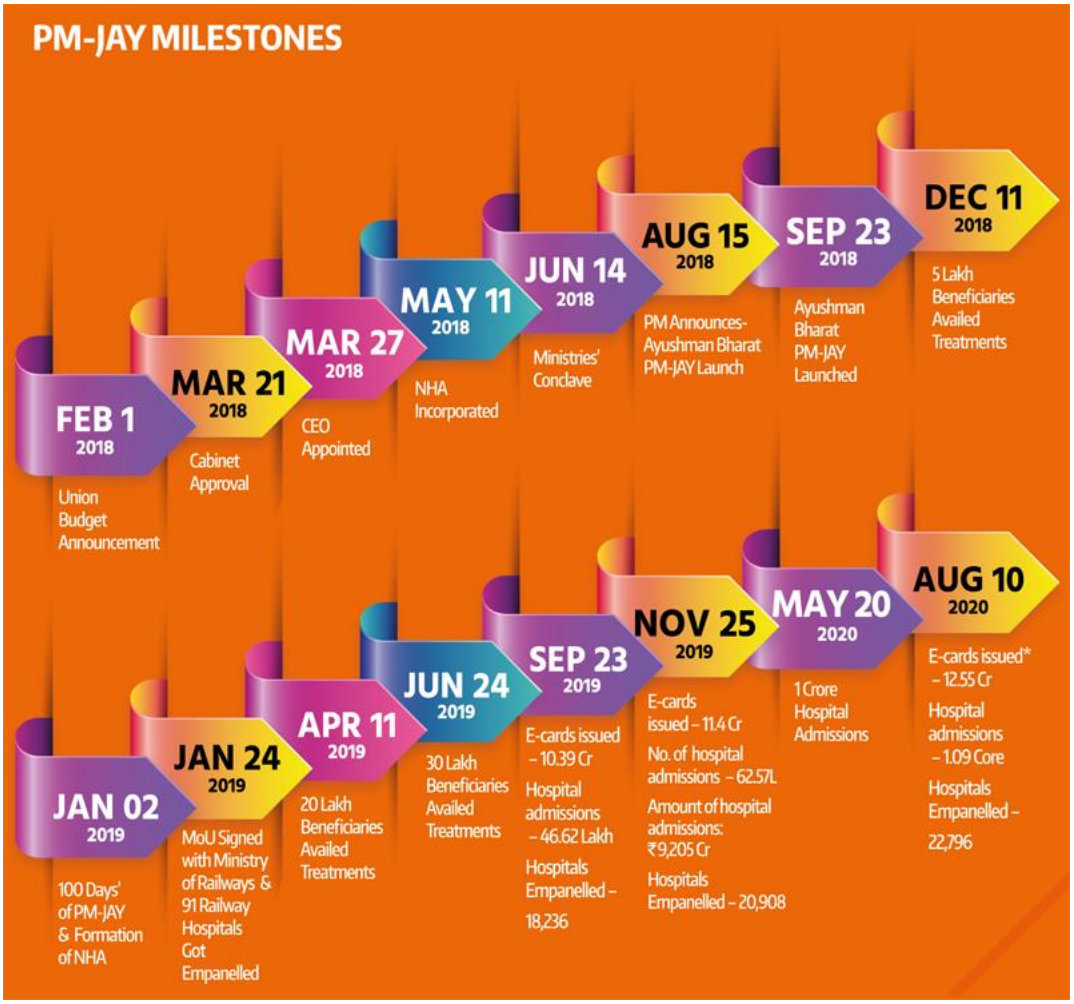
The PM-JAY component of Ayushman Bharat aims to provide health insurance coverage to economically vulnerable families.

- Under this scheme, eligible participants are entitled to coverage for secondary and tertiary healthcare treatments worth up to INR 5 lakh per family per year.
- These benefits are available to about 12 crores of impoverished and vulnerable entitled families (roughly 55 crore beneficiaries).
- PM-JAY gives the beneficiary cashless access to health care services at the point of service, which is the hospital.
- It pays for up to three days of pre-hospitalization and up to fifteen days of post-hospitalization expenses such as tests and medications.
- There are no limitations on family size, age, or gender.
- Pre-existing conditions are covered from the start.
- The scheme's benefits are portable across the country, which means that a recipient can attend any empanelled public or private facility.

Fig 1.1: Introduction to PM-JAY

Source: https://www.jatinverma.org/niti-aayog-suggests-extending-pm-jay-coverage-to-missing-middle

Fig 1.2: Milestones in PM-JAY



Source: https://nha.gov.in/PM-JAY

Fig 1.3: AB-PMJAY Beneficiaries

AB-PMJAY beneficiaries

For rural

Total deprived households targeted for AB PM-JAY who belong to one of the six deprivation criteria amongst D1, D2, D3, D4, D5 and D7:

- Only one room with kuccha walls and kuccha roof (D1)
- No adult member between the age 16 to 59 (D2)
- Female headed households with no adult male member between age 16 to 59 (D3)
- Disabled member and no able-bodied adult member (D4)
- SC/ST households (D5)
- Landless households deriving major part of their income from manual casual labour (D7)

Automatically included

- Households without shelter, Destitute/living on alms, Manual scavenger families, Primitive tribal groups, legally released bonded labor.

For urban

Occupational categories of workers:

- Rag picker
- Beggar
- Domestic worker
- Street vendor/cobbler/hawker/other service provider working on streets
- Construction worker/plumber/mason/labour/painter/welder/security guard/coolie and another head-load worker
- Sweeper/sanitation worker/mali
- Home-based worker/artisan/handicrafts worker/tailor
- Transport worker/driver/conductor/helper to drivers and conductors/cart puller/rickshaw puller
- Shop worker/assistant/peon in small establishment/helper/delivery assistant/attendant/waiter/electrician/mechanic/assembler/repair worker/washer-man/chowkidar.

Source: https://assets.kpmg.com/content/dam/kpmg/in/pdf/2019/12/universal-health-coverage-ayushman-bharat.pdf

1.3 **Strategies**:

- The Ayushman Bharat insurance scheme seeks to cover roughly 50 million Indians for health insurance.
- Several strategies have been used to raise awareness of the plan. Subsuming existing schemes, giving defined benefit coverage, supplying portable benefits, utilizing deprivation criteria-based entitlement, encouraging cooperative federalism, and building a paperless and cashless transaction system are some of these.
- Furthermore, the government has employed a variety of methods to raise awareness, including marketing using IEC material and telecommunication, as well as celebrating Ayushman Bharat Diwas on April 30th to raise awareness.

Chapter 2: Review of Literature

Sr. no	Authors and year of publication	Study location	Sample Size	Sampling techniques	Salient features
1	(Girish B.) **2023**	Karnataka, India	1027 household	This cross-sectional study	The survey's sample comprises 1027 households, with 452 (44%) cardholders. The vast majority of ABArK cards (434 in total) are for people living below the poverty line (BPL) or in rural areas (60%). The scheme is known to 666 (65%) research individuals, with 68% of them being beneficiaries. Unfortunately, just 3% of cardholders have used the plan and profited. As a result, the ABArK system and service utilisation among the study population were insufficient. A lack of sufficient information and poor communication among health staff are the primary reasons for the scheme's underutilization.
2	(Prasad)2023	Bihar, India	802 households	a multistage sampling	AB-PMJAY scheme was known to two out of three rural residents and three out of four participants, but the utilization rate was found to be very low at 1.3%; Hence grassroots health workers like ASHA and AWW should be trained regularly to improve community connectivity and

					effective utilization of Ayushman Bharat-PMJAY.
3	(K. Shrisharath, 2022) 2022	Karnataka, India	1367	record-based, cross-sectional stud-universal sampling	A total of 1367 positive cases of COVID-19 were included in this study. The majority of patients (93.92%) were from Karnataka. 906 (66.27%) subjects were suitable for ABarK, of which 714 (78.8%) used the system. 714 patients used the ABarK system, of which 443 (62.04%) were men and 271 (37.95%) were women. Therefore, the implementation of the system requires additional control through public information campaigns. This helps reduce out-of-pocket costs and the burden of accessing a health facility.
4.	(Diletta Parisi) 2022	Bihar, Chhattisgarh, Gujrat, Meghalaya, Tamil Nadu, Uttar Pradesh	11,618 respondents	cross-sectional HH survey	PM-JAY was familiar to 62% of respondents, and 78% of those who were briefed were aware that they qualified for the plan. Respondents from Meghalaya and Tamil Nadu were less aware. Respondents from Chhattisgarh were less likely to be aware of their eligibility. According to the findings, while more than half of the eligible population is aware of PM-JAY, much more work is needed to achieve universal knowledge.

					Socioeconomic gradients show that the most marginalised individuals are still clueless.
5.	(Prabhjeet Kaur)2022	Punjab	200	convenience sampling	The majority of folks, 50%, had an average understanding of the Ayushman Bharat Yojana, 30.5% had good knowledge, 14.5% had bad knowledge, and 5% had excellent knowledge. ABSSY services are used by only 38% of the population. The majority of the population (75%) seeks care at government hospitals. Half of the population is affected by issues. The main issue that community members confront throughout treatment is time waste, which accounts for 40.90% of the total. At p0.05, the study established a statistically significant link between knowledge and family size. The study's findings suggested that adults had an average understanding of the Ayushman Bharat Yojana.
6.	(Sriee G.V & Maiya; Sachdev, Garg, Shwetam, Srivastava, & Srivastava, 2022) 2021	Chennai	300	Simple random sampling	According to the data, the Ayushman Bharat scheme covered just about 42.33% of the 300 houses. In the previous year, 47.24% of Ayushman Bharat households used the scheme, whereas just 10% of those who used it spent extra

					money on health care. Healthcare bills have caused financial difficulty for 39.88% of non-Ayushman Bharat households.
7.	(Sachdev, Garg, Shwetam, Srivastava, & Srivastava) 2022	Kanpur, Uttar Pradesh	250	universal sampling	Awareness of these social security systems was higher among men over 30, literate and categories 3 and 4, and among people under 30, women, illiterate, and categories 1 and 2. Although the rural population is aware of social security programs, participation in these programs is still limited.
8.	(V. A, 2021) 2021	Bangalore	150	Convenience sampling	According to the report, 65.7% of participants were uninformed about the Ayushman Bharat health insurance scheme. This program benefited 25% of the participants. Only 6% of research participants received general Ayushman Bharat therapy, which included heart surgery, labour and childbirth, TB, and cancer therapies.

Chapter 3: Methodology

3.1 Research question:

3.1.1 What is the awareness of the Ayushman Bharat insurance scheme among Indian Young adults?

3.2 Objectives:

3.2.1 To assess the current awareness of the Ayushman Bharat insurance scheme among Indian Young adults.

3.2.2 To identify the factors that influence the enrolment levels of the Ayushman Bharat insurance scheme among the Young adults of India.

3.3 Materials & Methods

3.3.1 Study Design: Cross-sectional study

3.3.2 Study Location: India

3.3.3 Study population: Young adults (18-35 year)

3.3.4 Inclusion Criteria: People between the age group of 18-35 years.

3.3.5 Exclusion Criteria: People below the age of 18 years or above the age of 35 years.

3.3.6 **Study tool**- Data has been collected using a closed-ended questionnaire, in which for some questions Likert scale has been used.

3.3.7 **Timeline of study**: 3 months (February 2023 to May 2023)

3.3.8 **Sample size:**

3.3.8.1 Forms circulated: 300

3.3.8.2 Target required: 200

3.3.8.3 Forms filled: 125

3.3.9 **Sample technique:** Non-probability, Convenient Sampling

3.3.10 **Data gathering procedure:**

3.3.10.1 **Form creation**: A Google Form was created using a Google account. The form mainly focused on accessing the levels of awareness about the insurance scheme and the factors affecting enrolment.

3.3.10.2 **Question selection:** The form's questions were carefully made to gather thoughts and opinions on the AB-PMJAY from India's Young adults. To promote maximum participation and correct responses, the questions were made easy, quick, and simple to understand.

3.3.11 **Data analysis strategy:** Ms excel, SPSS played a major role in analysing the data

Chapter 4: Findings

4.1 Table 4.1: Displaying socio-demographic characteristics

In this table, each row represents a different socio-demographic characteristic, such as gender, age group, educational level, employment status, socio-economic status, and ration card. The table displays all of the categories within each socio-demographic feature in a systematic manner, allowing for simple comparison and study.

Characteristics		Table Valid N % (N=125)
Age	18-21	8.8%
	22-25	**43.2%**
	26-30	17.6%
	31-35	30.4%
Gender	Female	46.4%
	Male	**53.6%**
Category	**General**	**86.4%**
	OBC	9.6%
	ST/SC	4.0%
Education Level	Bachelor's degree	31.2%
	High school	3.2%
	Less than high school	1.6%
	Postgraduate degree	**64.0%**
Occupation	**Employed**	**41.6%**
	Self-employed	16.0%
	Student	34.4%
	Unemployed	8.0%
Socio-economic status	Lower class	4.8%
	Middle class	**76.0%**
	Upper class	19.2%
Ration card	**Not-Present**	**61.6%**
	Present	38.4%

The following is an interpretation of the findings:

4.1.1 Age:

4.1.1.1 The age group 22-25 has the highest representation (43.2%).

4.1.1.2 With 17.6% and 30.4%, the age groups 26-30 and 31-35 finish in second and third, respectively.

4.1.1.3 The 18-21 age group had the lowest representation (8.8%).

4.1.2 Gender:

4.1.2.1 3.6% were represented by males.

4.1.2.2 Females account for 46.4% of the sample.

4.1.3 Category:

4.1.3.1 With 86.4%, the general category has the most representation.

4.1.3.2 OBC accounts for 9.6% of the population.

4.1.3.3 ST/SC accounts for 4.0% of the population.

4.1.4 Education Level:

4.1.4.1 Postgraduate degree holders account for 64.0% of the total.

4.1.4.2 Bachelor's degree holders account for 31.2% of the total.

4.1.4.3 3.2% are high school graduates.

4.1.4.4 Fewer than Individuals with a high school diploma account for 1.6% of the population.

4.1.5 Occupation:

4.1.5.1 Employed people account for 41.6% of the population.

4.1.5.2 34.4% of the sample population were students.

4.1.5.3 Self-employed people account for 16.0% of the workforce.

4.1.5.4 Unemployed people account for 8.0% of the population.

4.1.6 Socioeconomic status:

4.1.6.1 The middle class is the most represented (76.0%).

4.1.6.2 The upper-class accounts for 19.2% of the population.

4.1.6.3 The lower-class accounts for 4.8% of the population.

4.1.7 Ration card:

4.1.7.1 A ration card is not held by the majority of respondents (61.6%).

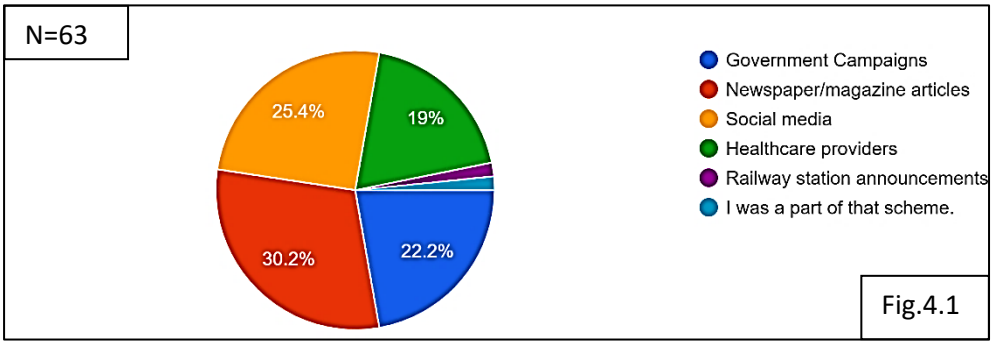
4.1.7.2 38.4% of those polled have a ration card.

4.2 Table 4.2: Number of respondents aware of the Ayushman Bharat insurance scheme

	Count	Total Valid N%
Yes (Aware)	63	50.4%
No (Not- aware)	62	49.6%
Total	**125**	**100%**

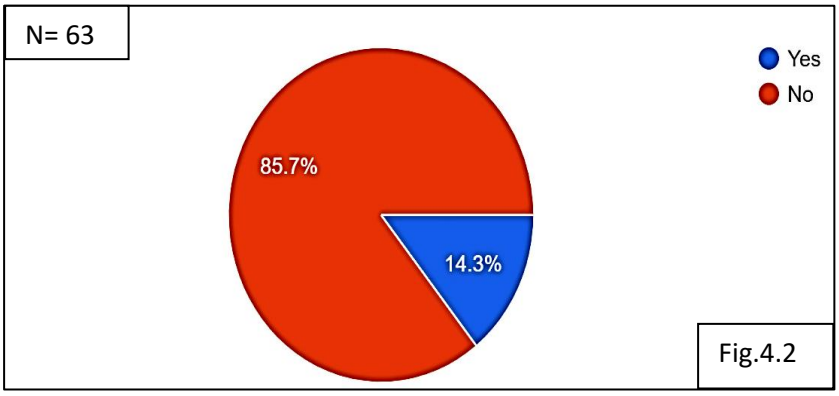
According to the survey size (n=125), 50.4% are aware of the Ayushman Bharat insurance scheme, while 49.6% are not.

4.3 Platform used to gain information about Ayushman Bharat insurance plan



4.3.1 **Fig 4.1:** The majority of respondents (n=63) learned about Ayushman Bharat through newspaper/magazine articles, 25.4% through social media, 22.2% through government initiatives, and 19% from healthcare professionals.

4.4 No. of respondents enrolled in the scheme



4.4.1 **Fig 4.2:** Among the responses (n=63), 85.7% (58) have not enlisted in the plan, while just 14.3% have.

4.5 TABLE 4.3: Factors influencing the decision to enroll in the Ayushman Bharat Insurance scheme.

In this Table, a number of factors are mentioned which are accountable for influencing the decision to enroll in the Ayushman Bharat Insurance scheme. The factors were ranked on a Likert scale to measure respondents' attitudes by asking the extent to which they agree or disagree with a particular question or statement.

Factors	**Ranking**	Table Valid N % (n=9)
Affordability	1	0.0%
	2	11.1%
	3	11.1%
	4	11.1%
	5	**66.7%**
Coverage of pre-existing diseases	1	0.0%
	2	11.1%
	3	0.0%
	4	22.2%
	5	**66.7%**
Access to cashless healthcare	1	0.0%
	2	11.1%
	3	11.1%
	4	22.2%
	5	**55.6%**
No age limit	1	0.0%
	2	11.1%
	3	0.0%
	4	22.2%
	5	**66.7%**
Accessibility – Across India	1	0.0%
	2	11.1%
	3	11.1%
	4	11.1%
	5	**66.7%**
The reputation of Govt. Doctors & trust in Govt. scheme	1	0.0%
	2	22.2%
	3	0.0%
	4	11.1%
	5	**66.7%**

(Note: Likert scale was used for this, Rank in the following manner: - 1- Strongly disagree, 2- Somewhat disagree, 3- Neither agree nor disagree, 4- Somewhat agree, 5- Strongly agree)

The table is interpreted as follows:

4.5.1 Affordability:

The majority of respondents (66.7%) strongly agree that affordability influences their decision to participate in the Ayushman Bharat Insurance scheme.
In terms of affordability, a lesser percentage agree (11.1%), disagree (11.1%), or are undecided (11.1%).

4.5.2 Pre-existing sickness coverage:

Similarly, to pricing, the majority of respondents (66.7%) strongly believe that coverage for pre-existing diseases influences their decision to join.
A lower proportion (22.2%) agrees, disagrees (11.1%), or is indifferent (0.0%) to this factor.

4.5.3 Healthcare without the use of cash:

The majority of responders (55.6%) strongly agree that the availability of cashless healthcare influences their decision to enlist.
A lower percentage (22.2%) agrees, disagrees (11.1%), or is neutral (11.1%) about this factor.

4.5.4 There is no upper age limit:

Again, the majority of respondents (66.7%) strongly agree that the lack of an age limit influences their decision to join.
A lower proportion (22.2%) agrees, disagrees (11.1%), or is indifferent (0.0%) to this factor.

4.5.5 Accessibility - Throughout India:

The majority of respondents (66.7%) strongly agree that the availability of the Ayushman Bharat Insurance scheme across India influences their decision to enroll.
This factor has a lesser number of people who agree (11.1%), disagree (11.1%), or are indifferent (11.1%).

4.5.6 The reputation of government doctors and trust in the government scheme:

Like other factors, the bulk of Respondents (66.7%) strongly agree that the reputation of government doctors and trust in the government system influence their decision to enlist.

A lesser proportion (11.1%) agree, disapprove (22.2%), or are neutral (0.0%) on this factor.

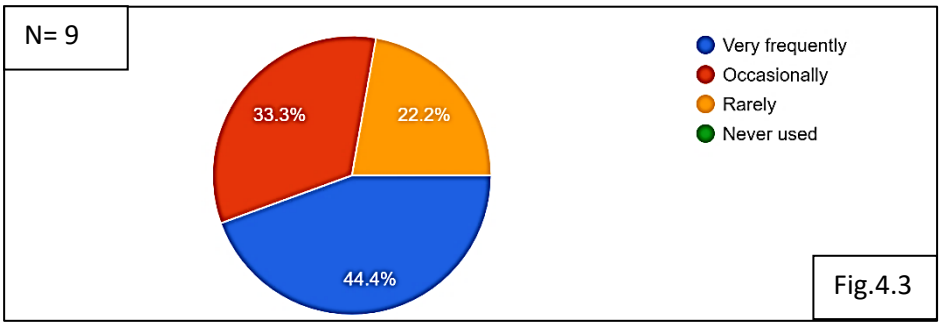
These findings shed light on the factors that influence people's decisions to enlist in the Ayushman Bharat Insurance scheme. The percentages represent the distribution of responses for each aspect across varying levels of agreement/disagreement.

4.6 TABLE 4.4: Accessibility of the healthcare facilities in the neighbourhood

	Value N	N %
Yes	9	7.2%
No	0	-
Missing	116	92.8%
Total	125	100%

4.6.1 **Table 4.4:** Ayushman Bharat healthcare facilities are easily available in their location, according to 100% of respondents.

4.7 Utilizing the Advantages of the Insurance Scheme



4.7.1 **Fig 4.3:** Only 44.4 % of the respondents utilized the benefits of the Insurance scheme very frequently, 33.3% utilized it occasionally and 22.2 % never availed of the benefits of the Ayushman Bharat insurance scheme.

4.8 TABLE 4.5: Respondent's view on the advantages offered by the Ayushman Bharat Insurance program

	Value N	N %
Yes	9	7.2%
No	0	-
Missing	116	92.8%
Total	125	100%

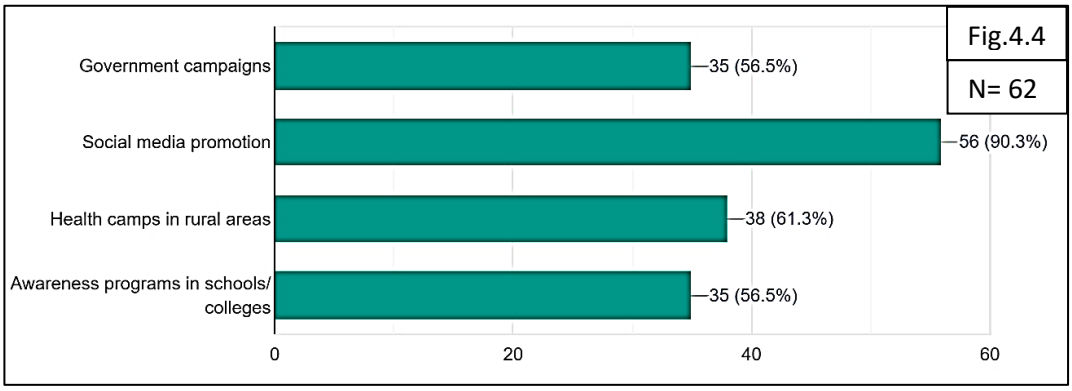
4.8.1 **Table 4.5:** 100% of the respondents (n=9) believe that the benefits provided by the insurance scheme are adequate & sufficient.

4.9 TABLE 4.6: Respondents' views on making the Ayushman Bharat insurance plan mandatory for all citizens

	Value N	N %
Yes	3	2.4%
No	4	3.2%
Maybe	2	1.6%
Missing	116	92.8%
Total	125	100%

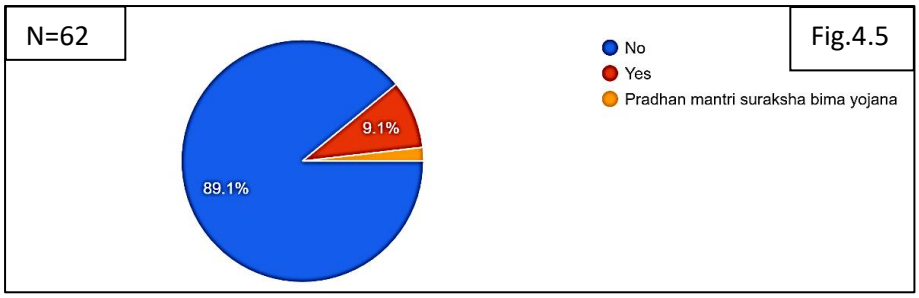
4.9.1 **Table 4.6:** Among the 9 responses, 44.4% believe that Ayushman Bharat insurance should not be made necessary for all citizens, 33.3% believe it should, and 22.2% are undecided.

4.10 Respondent's view on strategies to increase awareness among the Young adults of India



4.10.1 **Fig 4.4:** According to the survey (n=62), the majority of respondents (90.3%) choose social media promotion to raise awareness, followed by conducting health camps in rural regions (61.3%) and government campaigns and awareness programs at schools/colleges.

4.11 Knowledge about any alternate government-sponsored healthcare schemes



4.11.1 **Fig 4.5:** 89.1% of respondents were unaware of any government-sponsored alternative healthcare insurance schemes.

4.12 TABLE 4.7 Reasons for not enrolling in the Ayushman Bharat Insurance Scheme

This table provides the reasons for not enrolling in the Ayushman Bharat Insurance scheme, The reasons were ranked on a Likert scale to measure respondents' attitudes by asking the extent to which they agree or disagree with a particular question or statement.

Reasons	Ranking	Table Valid N %
Lack of awareness about the scheme	**1**	**31.7%**
	2	14.3%
	3	20.6%
	4	14.3%
	5	19.0%
Already covered under another health insurance scheme	1	11.1%
	2	12.7%
	3	14.3%
	4	27.0%
	5	**34.9%**
Lack of trust in the scheme	1	23.8%
	2	12.7%
	3	**30.2%**
	4	20.6%
	5	12.7%
Prefer other health insurance scheme	1	15.9%
	2	15.9%
	3	20.6%
	4	**31.7%**
	5	15.9%
Absence of listing of good hospitals	**1**	**25.4%**
	2	17.5%
	3	23.8%
	4	14.3%
	5	19.0%
Prefer to pay out of pocket	1	23.8%
	2	19.0%
	3	**28.6%**
	4	15.9%
	5	12.7%
Not eligible in the scheme	1	12.7%
	2	12.7%
	3	**30.2%**
	4	20.6%
	5	23.8%

(Note: Likert scale was used for this, Rank in the following manner: - 1- Strongly disagree, 2- Somewhat disagree, 3- Neither agree nor disagree, 4- Somewhat agree, 5- Strongly agree)

Here is an interpretation of the table:

4.12.1 Lack of awareness about the scheme:

The responses are distributed across different levels of agreement/disagreement.

4.12.1.1 The largest percentage 1s (31.7%) that the lack of awareness about the scheme is a reason for not enrolling.

4.12.1.2 Other respondents express disagreement (14.3%), neutrality (20.6%), agreement (14.3%), or strong agreement (19.0%) regarding this reason.

4.12.2 Already covered under another health insurance scheme:

4.12.2.1 The majority of respondents strongly agree (34.9%) that is already covered under another health insurance scheme is a reason for not enrolling.

4.12.2.2 Other respondents agree (27.0%), disagree (12.7%), neutral (14.3%), or strong disagreement (11.1%) regarding this reason.

4.12.3 Lack of trust in the scheme:

4.12.3.1 A significant portion of respondents express neutrality (30.2%) about the lack of trust in the scheme as a reason for not enrolling.

4.12.3.2 Other respondents agree (20.6%), disagree (12.7%), strong agreement (12.7%), or strong disagreement (23.8%) regarding this reason.

4.12.4 Prefer other health insurance schemes:

4.12.4.1 The largest percentage of respondents agree (31.7%) that preferring another health insurance scheme is a reason for not enrolling.

4.12.4.2 Other respondents express strong disagreement (15.9%), disagreement (15.9%), neutrality (20.6%), or strong agreement (15.9%) regarding this reason.

4.12.5 Absence of listing of good hospitals:

4.12.5.1 Respondents' opinions vary on this reason, with neutrality (23.8%) being the most common response.

4.12.5.2 Other respondents express strong disagreement (25.4%), disagreement (17.5%), agreement (14.3%), or strong agreement (19.0%) regarding this reason.

4.12.6 Prefer to pay out of pocket:

4.12.6.1 Respondents' opinions are distributed across different levels of agreement/disagreement.

4.12.6.2 Neutrality (28.6%) is the most common response, followed by disagreement (19.0%), strong disagreement (23.8%), agreement (15.9%), and strong agreement (12.7%).

4.12.7 Not eligible in the scheme:

4.12.7.1 Neutrality (30.2%) is the most common response regarding eligibility in the scheme as a reason for not enrolling.

4.12.7.2 Other respondents agree (20.6%), strong agreement (23.8%), disagreement (12.7%), or strong disagreement (12.7%) regarding this reason.

These results highlight the reasons why individuals choose not to enroll in the Ayushman Bharat Insurance scheme. The percentages indicate the distribution of responses across different reasons, providing insights into the factors influencing non-enrolment.

Chapter 5: Discussion

This study was conducted to investigate awareness and knowledge of AB-PMJAY in India and to propose solutions to raise awareness about the Ayushman Bharat insurance Scheme. According to this survey, 50.4% of respondents were aware of health insurance, indicating that they had a basic understanding of the ideas of health insurance and only 9 participants (7.2%) said they had signed up for the scheme. This low enrolment rate shows that there are potential constraints or challenges impeding youth engagement. When asked other about health insurance plans other than PMJAY, 89.1% were unaware of any government-sponsored insurance programs. The survey's findings emphasize the necessity for increased awareness programs aimed at Indian Young adults to close the knowledge gap about the Ayushman Bharat Insurance Scheme. Efforts should be directed toward distributing information via multiple channels, such as social media, educational institutions, and community outreach programs. Furthermore, addressing the specific challenges pointed out by the youths is critical for encouraging participation in the scheme. The survey questions assessed the **major reasons why people decided to enroll in the scheme**: 66.7% strongly agree that the scheme is affordable, has broad coverage of pre-existing diseases, has no age limit, is accessible nationwide, the reputation of government doctors and trust in the government scheme, and 55.6% strongly agree that having access to cashless healthcare influenced them to enroll in the scheme. The **major sources of awareness** among the 50.4% (63) respondents were mainly via newspapers & magazines (30.2%), social media (25.4%), Government campaigns (22.2%), and healthcare providers (19%). The questions further asked the Young adults the **reason why they did not enroll in the scheme**, and the outcomes were mostly: lack of awareness about the scheme (31.7%), already covered by another health insurance scheme (34.9%), lack of trust in the scheme (30.2%), preferred other health insurance scheme (31.7%), lack of listing of good hospitals (25.4%), prefer to pay out of pocket (28.6%), and not eligible for the scheme (31.7%). When asked **what all measures can be taken to improve the awareness of the Ayushman Bharat insurance scheme** 90.3% answered that it can be done via social media promotion, 61.3% felt that healthcare camps in rural areas could increase awareness and 56.5% awareness could be increased via government campaigns and workshops in schools and colleges respectfully.

5.1 Limitations of the study:

5.1.1 The survey was done through a relatively small sample size of 125 respondents, which may restrict the generalizability of the findings to the larger population of Indian youth. The respondents may not adequately reflect the country's diversity of socio-demographic backgrounds and geographic locations.

5.1.2 **Self-Report Bias:** Because the data was gathered through self-reporting, the risk of response bias exists. Respondents may have given socially acceptable replies or may not have precisely remembered their awareness of or enrollment in the Ayushman Bharat Insurance Scheme.

5.1.3 **Non-Response Bias:** Because the survey response or refusal rate is unknown, there is a risk of non-response bias. Those who did not engage in the poll may have varying levels of awareness and enrolment, which could have an impact on overall findings.

Chapter 6: Suggestions for the Study:

Based on the findings of the survey on Ayushman Bharat Insurance Scheme awareness and enrolment among Indian youth, the following suggestions can be considered:

6.1 Campaigns to Raise Awareness: Implement comprehensive awareness efforts aimed at Indian young across multiple mediums such as social media, television, radio, and educational institutions. These advertisements should emphasize the benefits of the Ayushman Bharat Insurance Scheme as well as raise knowledge about the enrolling process.

6.2 Organize targeted outreach programs at schools, colleges, and universities to educate and involve Young adults in the Ayushman Bharat Insurance Scheme. Collaborate with student associations, clubs, and organizations to disseminate information and encourage membership.

6.3 Mechanisms for Evaluation and Feedback: Constantly monitor and evaluate the performance of awareness campaigns and enrollment programs. Collect young feedback to identify areas for improvement and make required changes to improve the effectiveness of future programs.

6.4 Long-Term Monitoring and Research: Conduct longitudinal research to track changes in Indian youth awareness and enrolment rates over time. In addition, research to identify the specific barriers, concerns, and preferences of young people regarding healthcare insurance, allows for focused solutions.

Policymakers, healthcare authorities, and stakeholders can improve awareness and enrollment rates of the Ayushman Bharat Insurance Scheme among the Indian young by implementing these recommendations, ensuring better access to healthcare and financial protection for the targeted demographic.

Chapter 7: Conclusion

According to the survey findings, there is a significant lack of awareness about the Ayushman Bharat Insurance Scheme among the Indian young, with a low enrollment rate recorded. Addressing this knowledge gap and increasing young enrollment should be a top focus for the scheme's successful implementation. The Ayushman Bharat Insurance Scheme can effectively reach its intended beneficiaries and provide the financial security it seeks through increasing awareness campaigns, resolving enrollment barriers, and personalizing outreach efforts to the specific needs and preferences of the Young adults.

Chapter 8: References

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ANNEXURES

Questionnaire

Section 1

1. Name
2. Age
    a. 18-21
    b. 22-25
    c. 26-30
    d. 31-35
3. Gender
    a. Male
    b. Female
    c. Prefer not to say
4. Category
    a. General
    b. SC/ST
    c. Others
5. Educational status
    a. Less than high school
    b. High school
    c. Bachelor's degree
    d. Postgraduate degree
6. Occupation
    a. Student
    b. Employed
    c. Self-employed
    d. unemployed
7. Ration card
    a. Present
    b. Not-present

Section 2

1. Are you aware of the Ayushman Bharat insurance scheme?
   (If yes, then skip to question no. 4)
    a. Yes

b. No

2. If no, what measures should be taken to increase awareness?
    a. Government campaigns
    b. Social media promotion
    c. Health camps in rural areas
    d. Awareness programs in schools/colleges
    e. Others (please specify)
3. Are you aware of any alternative healthcare schemes offered by the government?

    (If yes, please specify)
    a. No
    b. Yes _____
4. How did you come to know about the Ayushman Bharat insurance scheme?
    a. Government campaigns
    b. Newspaper/magazine articles
    c. Social media
    d. Healthcare providers
    e. Others (Please specify)
5. Have you enrolled in the Ayushman Bharat insurance scheme?

    (If no, kindly skip to question no.12)
    a. Yes
    b. No
6. If yes, what are the main factors that influence your decision to enroll in the Ayushman Bharat insurance scheme?

    (Rank the issues mentioned below on a scale of 1 to 5, where 1- strongly disagree, 2- Somewhat disagree, 3- Neither agree nor disagree, 4- Somewhat agree, and 5- Strongly agree)
    a. Affordability
        i. Rank on a scale of 1-5 with 1 being Strongly Disagree and 5 being Strongly Agree
    b. Coverage of Pre-existing diseases
        i. Rank on a scale of 1-5 with 1 being Strongly Disagree and 5 being Strongly Agree
    c. Access to cashless healthcare

        i. Rank on a scale of 1-5 with 1 being Strongly Disagree and 5 being Strongly Agree
    d. Quality healthcare services
        i. Rank on a scale of 1-5 with 1 being Strongly Disagree and 5 being Strongly Agree
    e. No age limits
        i. Rank on a scale of 1-5 with 1 being Strongly Disagree and 5 being Strongly Agree
    f. Accessibility – Across India
        i. Rank on a scale of 1-5 with 1 being Strongly Disagree and 5 being Strongly Agree
    g. Reputation and trustworthiness- Government Scheme
        i. Rank on a scale of 1-5 with 1 being Strongly Disagree and 5 being Strongly Agree
7. Are the healthcare facilities under the Ayushman Bharat insurance scheme easily accessible in your area?
    a. Yes
    b. No
8. How frequently do you use the benefits of the Ayushman Bharat insurance scheme?
    a. Very frequently
    b. Occasionally
    c. Rarely
    d. Never used
9. Do you think the benefits offered by the Ayushman Bharat insurance scheme are sufficient?
    a. Yes
    b. No
10. Do you think the Ayushman Bharat insurance scheme should be made mandatory for all citizens?
    a. Yes
    b. No
    c. Not sure
11. Would you recommend the Ayushman Bharat insurance scheme to others?
    a. Yes

b. No

12. If no, what is the reason for not enrolling in the Ayushman Bharat insurance scheme? (Rank the issues mentioned below on a scale of 1 to 5, where 1- strongly disagree, 2- Somewhat disagree, 3- Neither agree nor disagree, 4- Somewhat agree, and 5- Strongly agree)
    a. Already covered under another health insurance scheme
        i. Rank on a scale of 1-5 with 1 being Strongly Disagree and 5 being Strongly Agree
    b. Lack of awareness about the scheme
        i. Rank on a scale of 1-5 with 1 being Strongly Disagree and 5 being Strongly Agree
    c. Lack of trust in the scheme
        i. Rank on a scale of 1-5 with 1 being Strongly Disagree and 5 being Strongly Agree
    d. Financial constraints
        i. Rank on a scale of 1-5 with 1 being Strongly Disagree and 5 being Strongly Agree
    e. Prefer other health insurance schemes
        i. Rank on a scale of 1-5 with 1 being Strongly Disagree and 5 being Strongly Agree``
    f. Poor coverage of diseases
        i. Rank on a scale of 1-5 with 1 being Strongly Disagree and 5 being Strongly Agree
    g. Absence of listing of good hospitals
        i. Rank on a scale of 1-5 with 1 being Strongly Disagree and 5 being Strongly Agree
    h. Prefer to pay out of pocket than rely on insurance coverage
        i. Rank on a scale of 1-5 with 1 being Strongly Disagree and 5 being Strongly Agree
    i. Not eligible in the scheme
        i. Rank on a scale of 1-5 with 1 being Strongly Disagree and 5 being Strongly Agree