A descriptive study to assess the knowledge and utilization of Ayushman Bharat Pradhan Mantri Arogya Yojana [ABPMJAY] among vulnerable population in a selected Rural community, Gurugram

Ms Soniya[1], Mr Lakshya[2], Mr Aadil[3], Ms Aarti[4], Ms KM Sonam[5]

[1-4]Bsc Nursing 4th year students, SGT University, Gurugram, Haryana 122505, India
[5]Assistant Professor, Department of Obstetrics and Gynecology, SGT University, Gurugram, Haryana 122505, India

ABSTRACT

Background: Health is a fundamental human right, and ensuring its accessibility and affordability is crucial for all segments of society. In India, a large proportion of the population, particularly in rural areas, continues to face challenges in accessing quality healthcare due to financial constraints. To address this, the Government of India launched the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)—a flagship health insurance scheme aimed at providing financial protection and accessible healthcare services to over 10.74 crore poor and vulnerable families.

Objective: a) To assess the knowledge and utilization of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana [ABPMJAY] among vulnerable population in a selected rural community, Gurugram. b) To seek association between knowledge score with their selected demographic variable.

Methodology: In the present study Quantitative Research approach with descriptive research design was adopted. Total 130 Vulnerable population were selected by using simple random sampling. The tools used for data collection were a) structured interview schedule for demographic data, b) Knowledge questionnaires, c) Checklist to assess the utilization of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana [ABPMJAY]

Result: In knowledge area mean score in 10.10 with mean percentage 67.33% and SD 2.489. Most participants (74.6%) have adequate knowledge, while 25.4% have inadequate knowledge. This suggests that a significant portion of the sample is well-informed. In the utilization **58.5%** of participants have availed the AB-PMJAY scheme in the past year, 50% of participants report having to spend additional amounts despite using the scheme, 53.8% of participants have availed free medicines under the scheme, A majority of 63.1% believe that the scheme covers pre-existing diseases, 42.3% have utilized AB-PMJAY services for surgery, daycare treatment, hospitalization, vaccinations, and medicines, Only 20% have used the scheme for dental treatments, 51.5% have availed cashless services for any illness, A smaller percentage, 23.1%, have used the scheme for maternity services, 28.5% have availed services like dialysis, chemotherapy, radiotherapy, physiotherapy, and oxygen therapy, Lastly, 29.2% have utilized diagnostic services under the scheme.

Conclusion: Study concludes that while a majority of the vulnerable population in the selected rural area of Gurugram possesses adequate knowledge about the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), the actual utilization of the scheme remains moderate. Furthermore, the study found no significant association between knowledge levels and demographic variables, suggesting that other factors may influence utilization. These insights highlight the need for continuous community-level awareness programs, improved service delivery mechanisms, and policy adjustments to enhance the effectiveness and reach of AB-PMJAY among the rural poor.

INTRODUCTION

Financial hurdles still prevent many Indians from getting healthcare services, disproportionately affecting the poor, marginalized, and vulnerable communities. Rural and economically disadvantaged areas continue to have low awareness and utilization of health

insurance programs such AB PM-JAY, despite government attempts to promote universal health care. This contradiction is shown in the district of Gurugram in the state of Haryana, which is quickly becoming more urbanized while still having a sizable rural population that faces restricted access to healthcare facilities and lack of awareness of programs like AB PMJAY.

Pradhan Mantri Jan Arogya Yojana is One of the biggest health insurance programs, Pradhan Mantri Arogya Yojna (AB PM-JAY), was launched by the Indian government to give financial security to the most vulnerable and impoverished segments of society. The program, which was introduced in 2018, offers secondary and tertiary healthcare services up to ₹5 lakh in yearly health insurance coverage per family. Its main goal is to lower out-of-pocket costs and guarantee that low-income households, especially those in rural areas, have access to highquality healthcare services.This scheme benefits around 1 crore BPL families. 19 lakh APL families are eligible for assistance of 30% of the package rates up to 1.5 lakhs per family per year. There are many factors which act as barrier between people and the health care scheme such as illiteracy, ignorance, improper knowledge about the scheme and poor connectivity with the hospitals.These factors made them unable to utilize the facilities properly even after enrolling into the scheme. For successful implementation of any health scheme, above mentioned factors must be dealt properly, and people should be motivated to reach out to these health schemes by IEC regarding the benefits of the scheme.

To enhance the reach of already-existing health initiatives, the union government introduced the Ayushman Bharat – Pradhan Mantri Jan Arogaya Yojana (AB-PMJAY) in 2017. The literature on the difficulties encountered by AB-PMJAY users is scarce and focusses mostly on raising awareness of the program as well as its adoption and implementation. In an effort to investigate current obstacles, this study also explores the difficulties that both scheme recipients and non-beneficiaries encounter.This study aims to assess Ayushman Bharat PMJAY initiative use and awareness among the poor and vulnerable people in a selected rural area of Gurugram. In order to ensure that the benefits of AB PM-JAY are fully exploited by those who need them the most, this study attempts to identify the barriers to successful implementation and offer solutions for increasing the program's effectiveness and reach. It accomplishes this by evaluating program awareness and usage. The study's findings will be of great use to lawmakers, health care providers, and community leaders in promoting more health equity and better access to healthcare in rural areas.

The study will increase our understanding of information gaps, socioeconomic factors that influence utilization, and the overall impact of AB PM-JAY in improving healthcare outcomes for underserved individuals through this investigation.

OBJECTIVES OF THE STUDY

1. To assess the knowledge and utilization of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana [ABPMJAY] among poor and vulnerable population in a selected rural community, Gurugram.

2.To seek association between knowledge score with their selected demographic variable.

HYPOTHESES

H1- There will be a significant association between knowledge and selected demographic variables among the poor vulnerable population at selected area of Gurugram at 0.05 level of significance.

ASSUMPTION

• This study is assuming that people have some knowledge regarding ABPMJAY.

• This study is assuming that people have utilized ABPMJAY scheme.

MATERIAL AND METHODS

RESEARCH APPROACH: Quantitative Research Approach
RESEARCH DESIGN: Descriptive Research Design
RESEARCH VARIABLES: In the present study, there are 7 demographic variables that is age, gender, occupation, marital status, education, type of family, area of residence.
RESEARCH SETTING: The research was carried out at the selected area of Gurugram (Budhera & Chandu village).
SAMPLE SIZE: In the present study the sample size is 130 participants.
SAMPLING TECHNIQUE: Convenient Random Sampling method is used in the present study.

DESCRIPTION OF TOOL:

In present study, research tool is divided in to three sections.
PART-A: This section consists of 8 items for obtaining information on demographic variables:
age, gender, occupation, marital status, education, type of family, area of residence, any chronic
illness.
PART-B: self-structured knowledge questionnaire. This section consists of 15 questions to
PART C: self-structured utilization questionnaire.Ten items about the utilization were included in this section .

DATA COLLECTION AND TECHNIQUE

Section	Self -Administered Questionairre	Technique
Section 1	Demographic variables	Interview Technique
Section 2	Structured knowledge Questionairre	Interview Technique
Section 3	Structured Utilization Questionairre	Interview Technique

Table:Tool and Data collection Technique

PLAN FOR DATA ANALYSIS:

It was intended to evaluate demographic factors using descriptive statistical methods like means and percentage and to analyse physical and psychological issues and their use inferential statistical techniques, such as the chi-square test, to establish correlatios to the demographic variables.

RESULT

The data was organized and presented under the following sections.

Section 1:

Description of the demographic variables of the subjects.

Section 2:

Part - 1: Findings related to knowledge regarding Ayushman Bharat Pradhan Mantri Jan Arogya Yojana [ABPMJAY] among poor and vulnerable population.

Part - 2: Findings related to knowledge level regarding Ayushman Bharat Pradhan Mantri Jan Arogya Yojana [ABPMJAY] among poor and vulnerable population.

Part - 3: Findings related to utilization of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana [ABPMJAY] among poor and vulnerable population.

Section 3:

Deals with association between knowledge score with their selected demographic variable.

Section – 1: - Description of Demographic Variables of the Subjects

It deals with demographic data which consists of 8 items to collect the sample characteristics, which comprises Age, Gender, Occupation, Marital Status, Education Type of family, Area of residence, any chronic illness.

Table- 1: Distribution of respondent according to Age (in Year)

(n=130)

Age (in years)	Frequency	Percentage
20- 35	42	32.3%
36 – 50	56	43.1%
51 – 65	18	13.8%
65 and above	14	10.8%
Total	**130**	**100.0%**

Table-1 shows the distribution of respondent according to age.The majority of the sample 56 (43.1%) were in the age group of 36 – 50 years followed by 42 (32.3%) were having 20 – 35 years, 18 (13.8%) were having 51 – 65 years and 14 (10.8%) participants above 65 years.
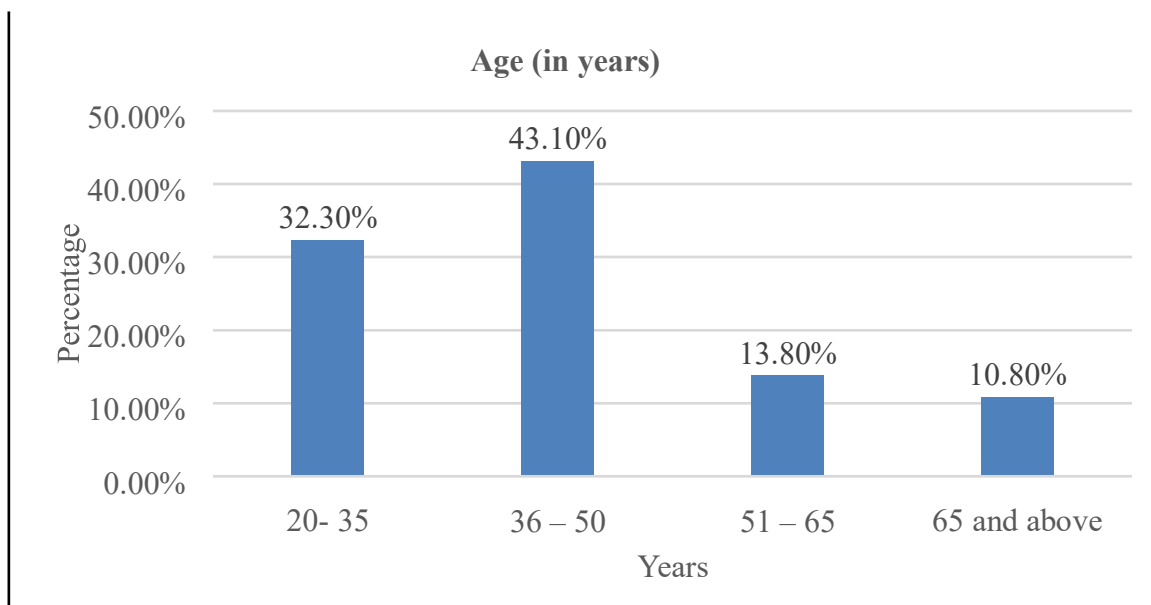
Age (in years)

Figure - 2: Distribution of subjects by Age (in Year)

Table- 2: Distribution of respondent according to Gender

(n=130)

Gender	Frequency	Percentage
Female	62	47.7%
Male	68	52.3%
Total	**130**	**100.0%**

Table 2 highlight the distribution of respondent according to gender. Majority 68 (52.3%) participants were male and 62 (47.7%) were female.
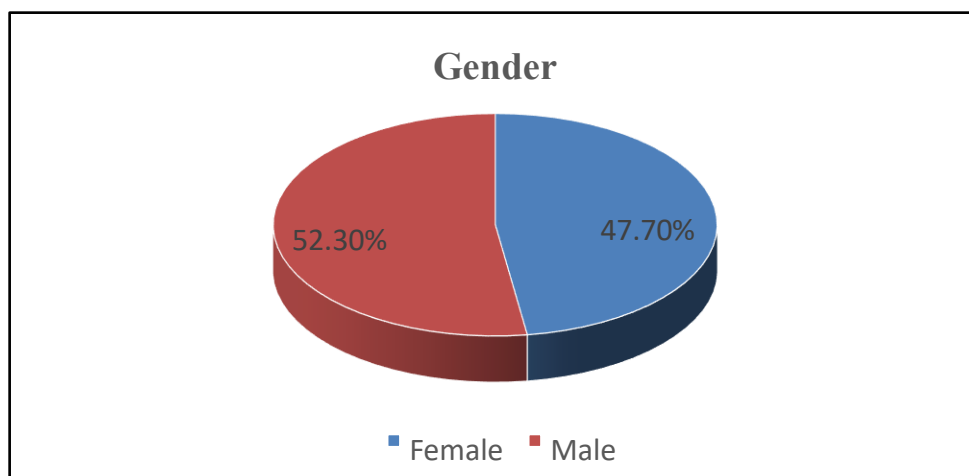

Figure – 3: Distribution of subjects by Gender

Table- 3: Distribution of respondent according to Occupation

(n=130)

Occupation	Frequency	Percentage
Government job	15	11.5%
Others -_____	48	36.9%
Private job	24	18.5%
Retired	8	6.2%
Self employed	35	26.9%
Total	**130**	**100.0%**

Table-3 the occupational distribution shows that the majority of participants 48 (36.9%) fall under the "Others" category. Self-employed individuals make up 35 (26.9%), followed by 24 (18.5%) in private jobs. Government employees account for 15 (11.5%), and retired individuals form the smallest group at 8 (6.2%).
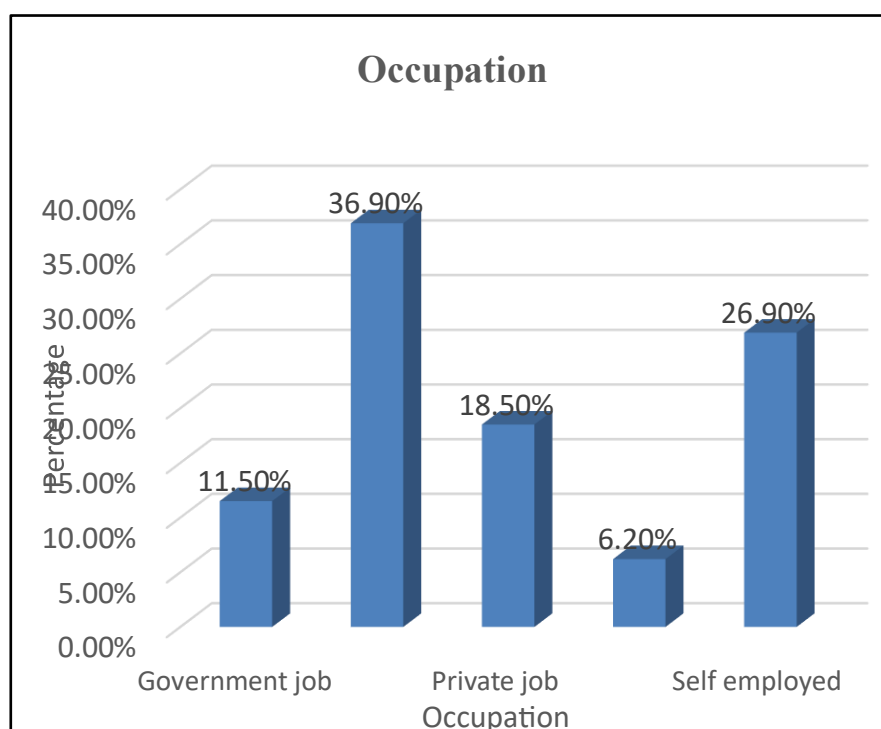

Figure – 4: Distribution of respondent by Occupation

Table- 4 Distribution of respondent according to marital status

(n=130)

Marital status	Frequency	Percentage

Married	103	79.2%
Unmarried	27	20.8%
Total	**130**	**100.0%**

Table-4 depict the distribution of respondent according to marital status.Majority 103 (79.2%) participants were married and 27 (20.8%) were unmarried.
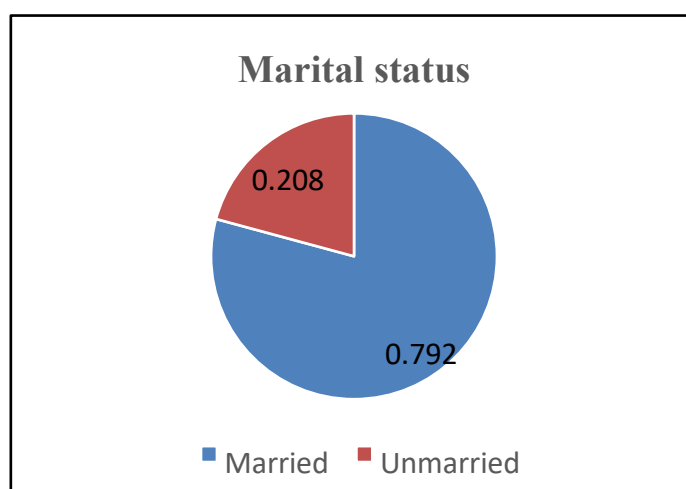

Marital status

0.208

0.792

■ Married ■ Unmarried

Figure – 5: Distribution of respondent by marital status

Table- 5 Distribution of respondent according to education

(n=130)

Education	Frequency	Percentage
Graduation	41	31.5%
Post-Graduation	9	6.9%
Primary	24	18.5%
Secondary	56	43.1%
Total	**130**	**100.0**%

Table-5 The educational background of participants shows that the majority, **43.1%**, have completed **secondary education**. **Graduates** make up **31.5%** of the group, while **18.5%** have only **primary education**. A smaller portion, **6.9%**, have pursued **post-graduation**.
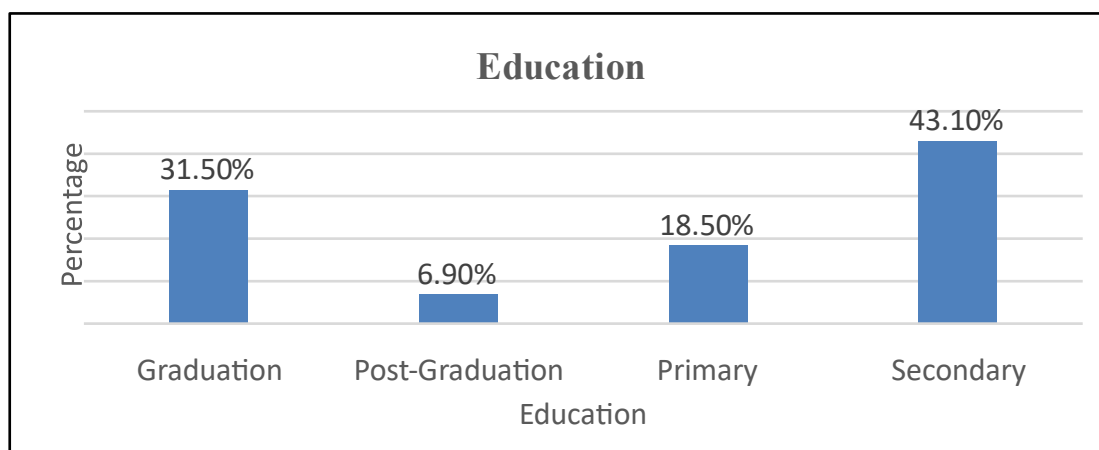
Figure- 6: Distribution of respondent by Education

Table- 6: Distribution of respondent according to type of family

(n=130)

Type of family	Frequency	Percentage
Extended	3	2.3%
Joint	60	46.2%
Nuclear	67	51.5%
Total	**130**	**100.0%**

Table-6 The majority of participants belong to **nuclear families (51.5%)**, followed closely by those in **joint families (46.2%)**. A very small percentage (**2.3%**) live in **extended families**.
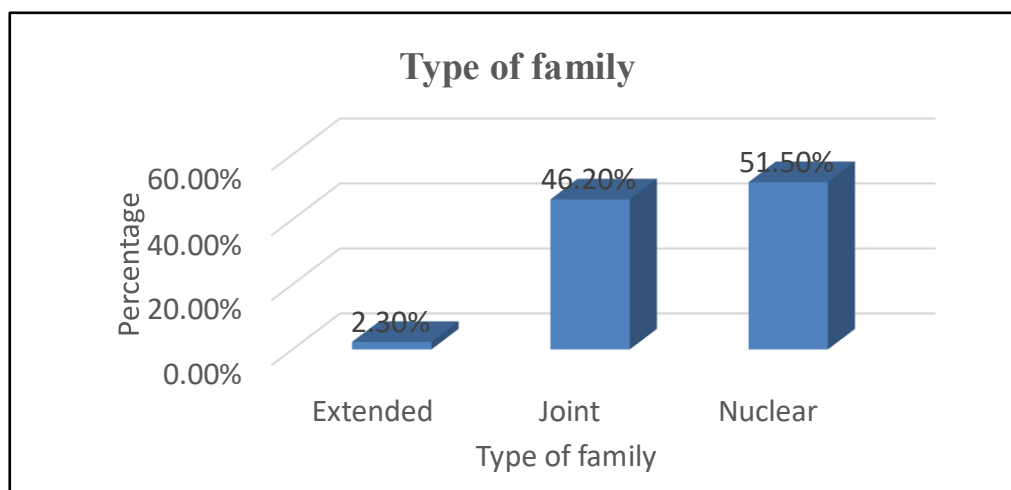

Figure- 7: Distribution of respondent by type of family

Table- 7: Distribution of respondent according to area of residence

(n=130)

Area of residence	Frequency	Percentage
Rural	130	100.0%
Urban	0	0%
Total	**130**	**100%**

Table-7 shows the distribution of respondent according to area of residence. All participants (**100%**) reside in **rural areas**, with no representation from **urban areas**.

Figure- 7: Distribution of respondent by area of residence
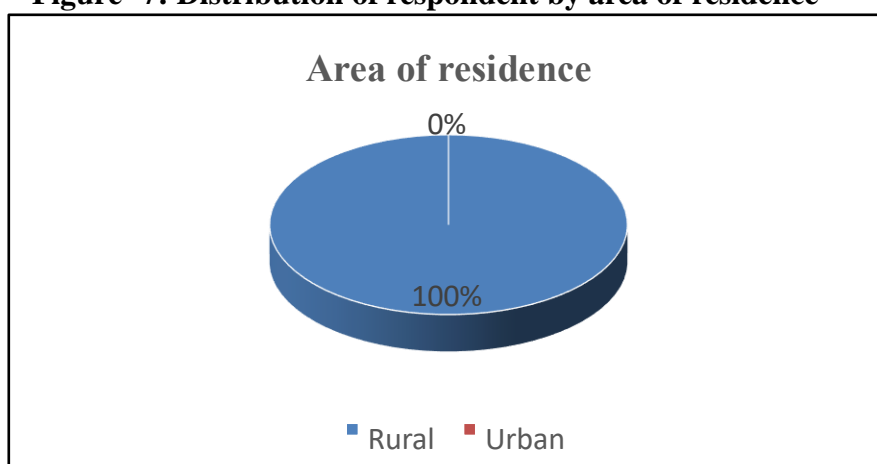
Table-8: Distribution of respondent according to any chronic illness

(n=130)

Any chronic illness	Frequency	Percentage
No	100	76.9%
Yes	30	23.1%
Total	**130**	**100.0**%

Table8: highlight the distribution of respondent according to any chronic illness. The majority of participants (**76.9%**) do not have any chronic illness, while **23.1%** report having a chronic condition.
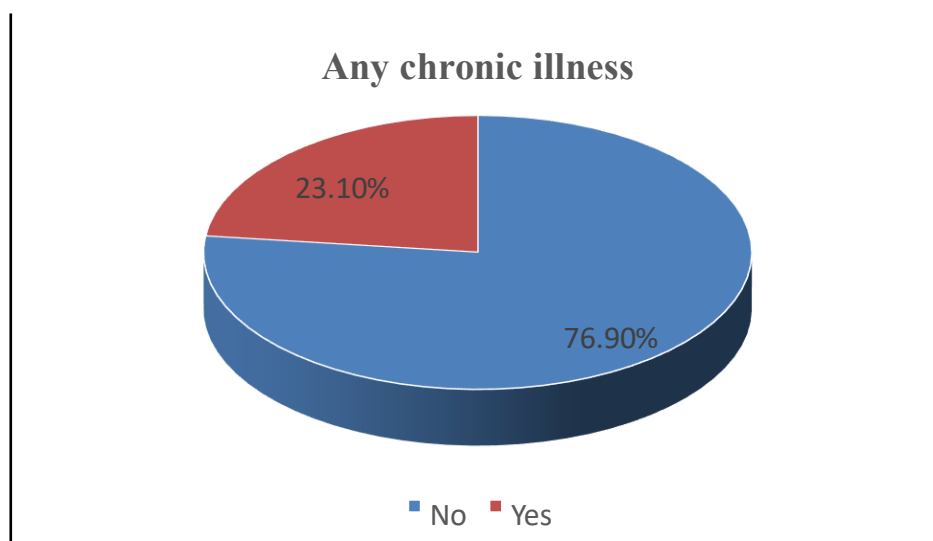
Any chronic illness

Figure- 9: Distribution of respondent by any chronic illness

SECTION 2:

Part - 1: Findings related to knowledge regarding Ayushman Bharat Pradhan Mantri Jan Arogya Yojana [ABPMJAY] among poor and vulnerable population.

Table 9-Distribution of Respondent according to knowledge regarding Ayushman Bharat Pradhan Mantri Jan Arogya Yojana [ABPMJAY] among poor and vulnerable population

(n=130)

Category	Max Score	Mean	Mean %	Median	SD
Knowledge Score	15	10.100	67.33%	10.000	2.489

Table-9 depict the distribution of respondent according to knowledge regarding Ayushman Bharat Pradhan Mantri Jan Arogya Yojana [ABPMJAY] among poor and vulnerable population. In knowledge area mean score in 10.100 with mean % 67.33% and SD 2.489.

Part - 2: Findings related to knowledge level regarding Ayushman Bharat Pradhan Mantri Jan Arogya Yojana [ABPMJAY] among poor and vulnerable population.

Table 10-Distribution of respondent on knowledge level regarding Ayushman Bharat Pradhan Mantri Jan Arogya Yojana [ABPMJAY] among poor and vulnerable population

(n=130)

Sl. No	Knowledge level	Score	F	%
1.	Inadequate	1 – 8	33	25.4%
2.	Adequate	9 – 15	97	74.6%
Total			**130**	**100%**

Table-10 shows the distribution of respondent according to knowledge level regarding Ayushman Bharat Pradhan Mantri Jan Arogya Yojana [ABPMJAY] among poor and vulnerable population. Most participants (**74.6%**) have **adequate** knowledge, while **25.4%** have **inadequate** knowledge. This suggests that a significant portion of the sample is wellinformed.

Figure 11- Distribution of respondent on knowledge level regarding Ayushman Bharat Pradhan Mantri Jan Arogya Yojana [ABPMJAY] among poor and vulnerable population.

Part - 3: Findings related to utilization of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana [ABPMJAY] among poor and vulnerable population.
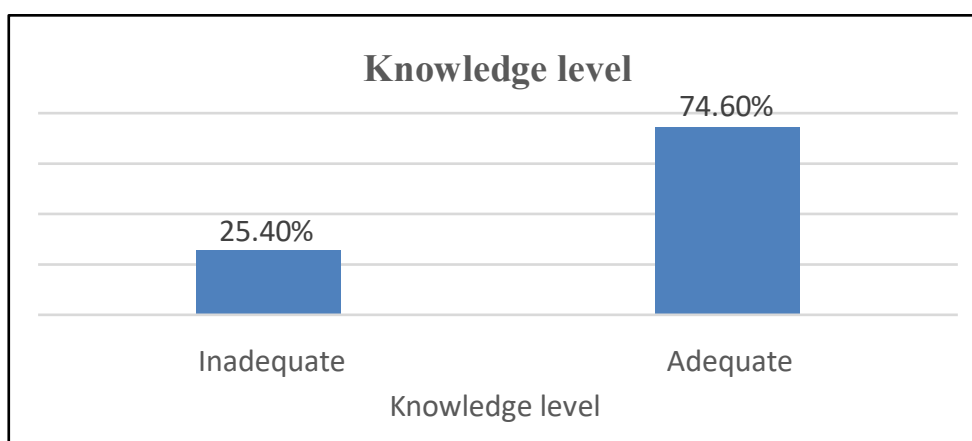
Table 11 -Distribution of respondent on utilization of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana [ABPMJAY] among poor and vulnerable population.

(n=130)

Sl. No	Utilization of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana [ABPMJAY]	Yes		No	
		F	%	F	%
1.	Have you availed AB-PMJAY scheme in past one year.	76	58.5%	54	41.5%
2.	Have your additional amount spent inspite of using AB-PMJAY scheme	65	50.0%	65	50.0%
3.	Have you availed medicine free of cost under this scheme	70	53.8%	60	46.2%
4.	Have the AB-PMJAY scheme covers preexisting diseases	82	63.1%	48	36.9%
5.	Have you availed AB-PMJAY services for surgery, daycare treatment, hospitalization, vaccinations and medicines.	55	42.3%	75	57.7%
6.	Have the scheme help you in getting dental treatments	26	20.0%	104	80.0%
7.	Have you availed any cashless services for any illness.	67	51.5%	63	48.5%
8.	Have you availed AB-PMJAY services for maternity services	30	23.1%	100	76.9%
9.	Have you availed AB-PMJAY services for dialysis, chemotherapy, radiotherapy, physiotherapy, and oxygen therapy.	37	28.5%	93	71.5%
10.	Have you availed diagnostic services under Ayushman Bharat scheme	38	29.2%	92	70.8%

Table-11 shows The data reflects the **utilization of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY)** scheme among participants:

•   **58.5%** of participants have **availed the AB-PMJAY scheme** in the past year, while

41.5% have not.

- **50%** of participants report having to spend **additional amounts** despite using the scheme, while the other **50%** did not.

- **53.8%** of participants have **availed free medicines** under the scheme, while **46.2%** did not.

- A majority of **63.1%** believe that the scheme **covers pre-existing diseases**, while

  36.9% disagree.

- **42.3%** have utilized AB-PMJAY services for **surgery, daycare treatment, hospitalization, vaccinations, and medicines**, while **57.7%** have not.

- Only **20%** have used the scheme for **dental treatments**, while **80%** have not.

- **51.5%** have availed **cashless services** for any illness, while **48.5%** have not.

- A smaller percentage, **23.1%**, have used the scheme for **maternity services**, with

  76.9% not using it for this purpose.

- **28.5%** have availed services like **dialysis, chemotherapy, radiotherapy, physiotherapy, and oxygen therapy**, while **71.5%** have not.

- Lastly, **29.2%** have utilized **diagnostic services** under the scheme, while **70.8%** have not.
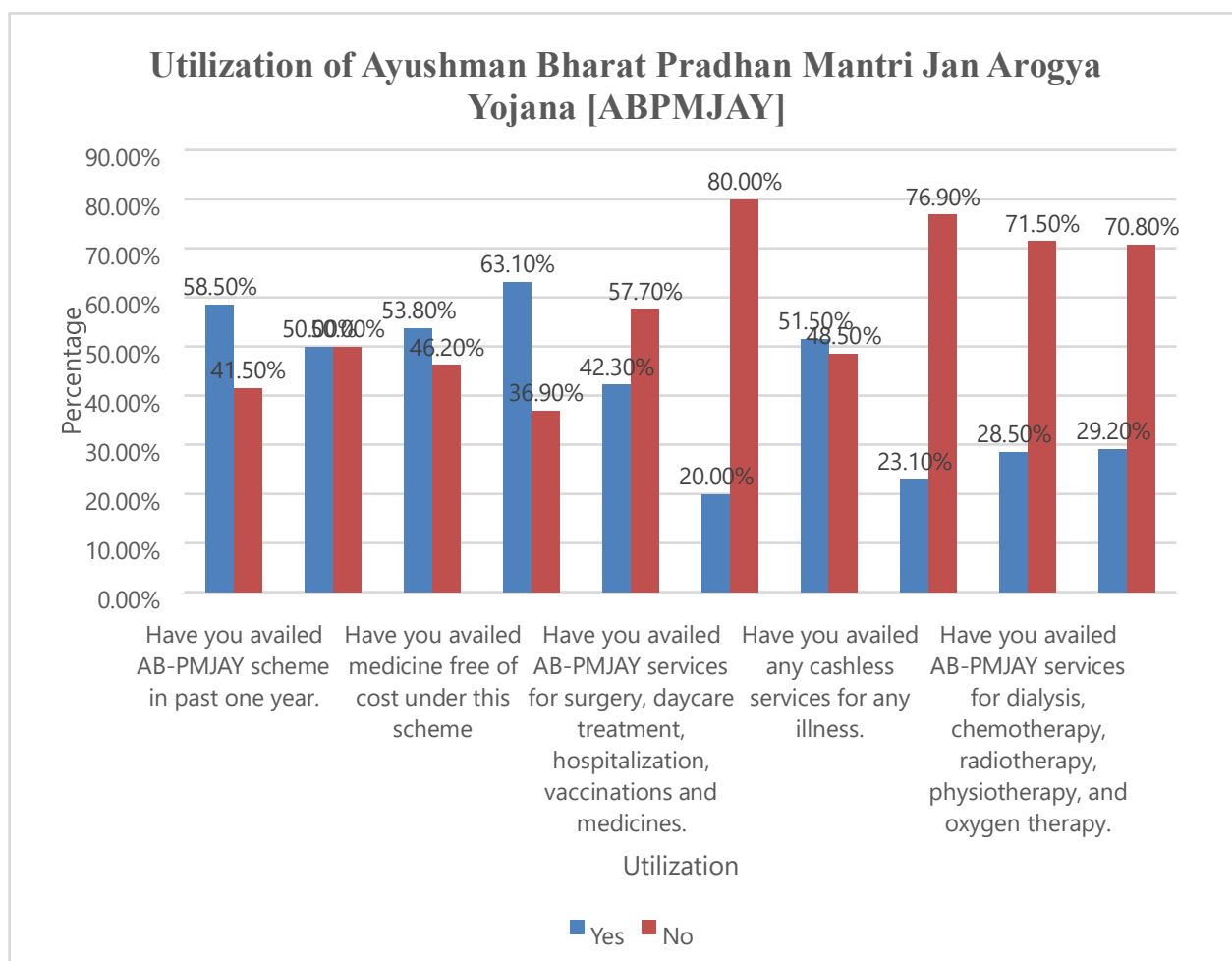
Figure 12- Distribution of respondent on utilization of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana [ABPMJAY] among poor and vulnerable population.

SECTION 3: Deals with association between knowledge score with their selected demographic variable.

Table 12- Association between pre-test knowledge level regarding ABPMJAY among poor and vulnerable population with their selected demographic variable.   (n=130)

Variable	Adequate	Inadequate	Df	Chi-square value	P value	Inference
Age in year						
20- 35	34	8				
36 – 50	40	16				
51 – 65	13	5	3	1.320	0.724	NS
65 and above	10	4				

Variable	Adequate	Inadequate	Df	Chi-square value	P value	Inference
Total	**97**	**33**				
Gender						
Female	42	20				
Male	55	13	1	2.956	0.086	NS
Total	**97**	**33**				
Occupation						
Government job	10	5				
Others -_____	38	10				
Private job	16	8	4	4.735	0.316	NS
Retired	8	0				
Self employed	25	10				
Total	**97**	**33**				
Marital Status						
Married	75	28				
Unmarried	22	5	1	0.848	0.357	NS
Total	**97**	**33**				
Education						
Graduation	30	11				
Post-Graduation	8	1				
Primary	18	6	3	1.073	0.784	NS
Secondary	41	15				
Total	**97**	**33**				
Type of family						
Extended	3	0				
Joint	45	15	2	1.103	0.576	NS

Nuclear	49	18				
Total	**97**	**33**				
Area of residence						
Rural	97	33		.[a]		
Total	**97**	**33**				
Any chronic illness						
No	75	25	1	0.034	0.854	NS
Variable	**Adequate**	**Inadequate**	**Df**	**Chi-square value**	**P value**	**Inference**
Yes	22	8				
Total	**97**	**33**				

NS = not significant 0.05 level of significant, S = Significant 0.05 level of significant

The table 12 shows chi – square value for Age, Gender, Occupation, Marital Status,Education Type of family, Area of residence, any chronic illness. The obtained p value for these variables is more than p<0.05 value, which indicates that there is no significant association. Hence, the research hypothesis **H₁ is rejected.**

CONCLUSION

Based on the findings of the study, there is no significant association between knowledge score with their selected demographic variable. The main aim of the study is to assess the knowledge and utilization of AB PMJAY among poor and vulnerable people.

Delimitations:

• The study is Delimited to selected rural area.

• In this study only knowledge and utilization.

REFERENCES

1. Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). (2021). Ministry of Health and Family Welfare. Retrieved July 21, 2022, from https://www.pib.gov.in/PressReleasePage.aspx?PRID=1738169.

2. Coverage under PM-JAY. (n.d.). PMJAY. Retrieved November 11, 2021, from https://pmjay.gov.in/about/pmjay

3. Prasad SSV, Singh C, Naik BN, Pandey S, Rao R. Awareness of the Ayushman BharatPradhan Mantri Jan Arogya Yojana in the Rural Community: A Cross-Sectional Study in Eastern India. Cureus. 2023 Mar 8;15(3):e35901. doi: 10.7759/cureus.35901. PMID: 37033537; PMCID: PMC10081073.

4. Joseph J, Sankar DH, Nambiar D. Empanelment of health care facilities under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) in India. PloS one. 2021;16(5):e0251814.

5. Menon DS, Tomar DV. A Study on Awareness of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana, The Health Insurance Scheme of Government of India Among People in KDMC Region. 2022.

6. Keshri VR, Ghosh S. Health insurance for universal health coverage in India: A critical analysis based on coverage, distribution and predictors from national family health survey-4 data. 2019.

7. Dhaka R, Verma R, Agrawal G, Kumar G. Ayushman Bharat Yojana: A memorable health initiative for Indians. Int J Community Med Public Heal. 2018;5:3152.

8. Ayushman Bharat- PMJAY. New Delhi: Ministry of Health and Family Welfare, Government of India; 2020. Available at: https://www.pmjay.gov.in. Accessed on 9 August 2022

9. Sriram S, Albadrani M. Impoverishing effects of out-of-pocket healthcare expenditures in India. J Family Med Prim Care. 2022 Nov;11(11):7120-7128. doi:10.4103/jfmpc.jfmpc_590_22. Epub 2022 Dec 16. PMID: 36993034; PMCID: PMC10041239.

10. Grewal H, Sharma P, Dhillon G, Munjal RS, Verma RK, Kashyap R. Universal Health Care System in India: An In-Depth Examination of the Ayushman Bharat Initiative. Cureus. 2023 Jun 21;15(6):e40733. doi: 10.7759/cureus.40733. PMID: 37485096; PMCID: PMC10360977.