



A Study To Assess The Level Of Knowledge Regarding Ayushman Bharat Scheme Among Adult In Selected Rural Area

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Abstract

The government of India's Ayushman Bharat action is a nationwide public health insurance program intended to give low-income citizens of the nation affordable access to health insurance coverage. Reducing catastrophic out-of-pocket costs, providing the greatest amount of coverage in the shortest amount of time, and enhancing prolonged hospitalization were the main goals of PMJAY. The purpose of this study was to raise awareness of the Ayushman Bharat Yojana among the people living in Panchayat Village, Greater Noida. Many residents of this village, along with their families, can register themselves with the aid of this scheme. People can use the plan and benefit from it whenever they need to.

Aim: The study aims to assess the level of knowledge regarding Ayushman Bharat scheme among adult in rural area

Methodology: Descriptive Cross-Sectional research design was used after getting approval from the ethical committee.

Results: A total of 350 adults participated in this study, comprising 54.9% males and 45.1% females. It was observed that only 0.3% of adults had adequate knowledge, 46.6% had moderate knowledge and 53.1% had inadequate knowledge about Ayushman Bharat scheme

Introduction: -

Featuring 1.3 billion people, India is one of the developing nations in the globe. Of this population, 66% inhabits rural areas and 34% in urban areas. According to World Health Organization (WHO), Universal Health Coverage (UHC) is to enable all people and communities to use promotive, preventive, curative, rehabilitative, and palliative health care services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship. It incorporates equity in access, quality, and financial risk protection.[1] Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in March 2018 and was launched by honourable Prime Minister Shree Naredra Modi on 23rd September 2018 with mission

“To reduce the financial burden on poor and vulnerable groups arising out of catastrophic hospital episodes and ensure their access to quality health services”. Government of India is claiming the program as a historic step towards achieving Universal Health Coverage (UHC) in India.(4).

Need for the study:-

According to World Health Organization (WHO), Universal Health Coverage (UHC) is to enable all people and communities to use promotive, preventive, curative, rehabilitative, and palliative health care services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship. It incorporates equity in access, quality, and financial risk protection.

According to the latest National Health Profile (NHP) data, despite an increase in health care expenditure in India since 2019, the public expenditure on medical services is among the lowest in the world. As per Organization for Economic Co-operation and Development (OECD), India's total healthcare spending is 3.6% of GDP. According to Indian Consumer Economy 360 survey, the average medical expenditure in India is about ₹9,373. High out-of-pocket expenditure makes health care services inaccessible to a significant proportion of Indian households. The financial constraints is the limiting factor among the population who did not avail medical care. Most of the urban or rural population overcome their health expenditure by taking bank loans or by selling their assets. The health profile report released by WHO in 2014 states that in India because of high out-of-pocket expenditure annually about 3.2% Indians fall below the poverty line and also three-fourth Indians spending their entire income on healthcare.

Aim & Objectives:-

Aim: The study to assess the knowledge regarding Ayushman Bharat Scheme among adults

Objectives:

1. To assess the level of knowledge regarding Ayushman Bharat scheme among adults
2. To associate knowledge on Ayushman Bharat Scheme selected demographic variables.

Methodology: -

Study Design: Descriptive cross-sectional research design was used in this study

Sample

The study was conducted at the Chettinad Primary Health Center in Poonjeri, Chengalpattu district. The sample were selected using convenient sampling technique and selected 350 participants aged 18-59 years. Samples who are willing to participate are included in this study. Informed consent was obtained before starting the data collection.

Ethical considerations

All study materials and procedures were reviewed & approved by The Institutional Human Ethics Committee (CARE IHEC-II) ethical approval code (Ref No: IHEC-II/0469/23).

Main Instruments

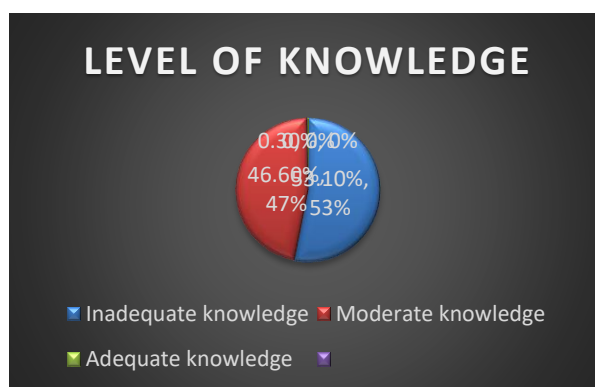
1. Section A: Socio demographic Variables-It includes age, gender, socio-economic status, type of diet, Number of meals per day and education.
2. Section B: Self-structured questionnaire was developed to assess the level of knowledge regarding Ayushman Bharat Yojana. The questionnaire consists of 30 questions. Researcher have interviewed the participants using self-structured questionnaire. Score was given as 1 for each correct answer and 0 for every wrong answer.

Interpretation

The study was conducted among 350 adults residing in Pooncheri.

Objective 1. To assess the level of knowledge regarding Ayushman Bharat scheme among adults.

It was observed that only 0.3% of adults had adequate knowledge, 46.6% had moderate knowledge and 53.1% had inadequate knowledge about Ayushman Bharat scheme



Objective 2. To Associate knowledge on Ayushman Bharat Scheme selected demographic variables.

It was found that the demographic variables such as Age , Gender, Marital status, Educational status ,occupational status ,Type of family, Monthly Income, source of information and Access to Health care has no significant association with the level of knowledge on Ayushman Bharat Scheme

Table 1: Frequency and percentage distribution of age:-

Age	Frequency	Percentage
18 -27 years	92	26.3
28 -37 years	109	31.1
38 - 47 years	64	18.3
48 - 59 years	85	24.3
Total	350	100.0

The distribution of subjects according to age is shown in table – 1. Majority of the rural people belong to the age group 28 -37 Years (31.1%). 26.3% rural people belong to the age group 18-27 Years, 24.3% belong to age group 48 – 59 Years and rest 18.3% rural people belong to the age group 38-47 Years .

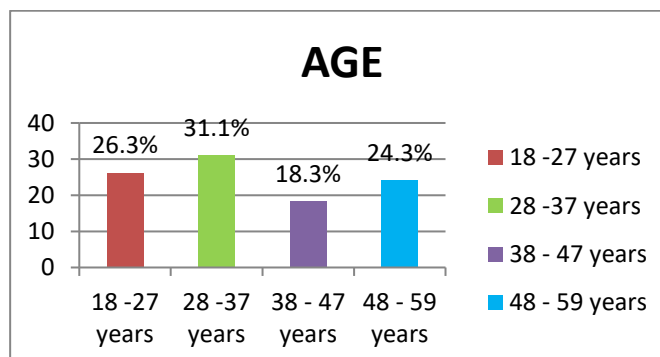


Table 2: Frequency and percentage distribution adult according to gender

GENDER	FREQUENCY	PERCENTAGE
Male	192	45.1
Female	158	54.9
Transgender	0	0
Total	350	100.0

The distribution of subjects according to gender is shown in table – 2. Majority of adults were male (45.1%) and rest of adult were Females (54.9%)

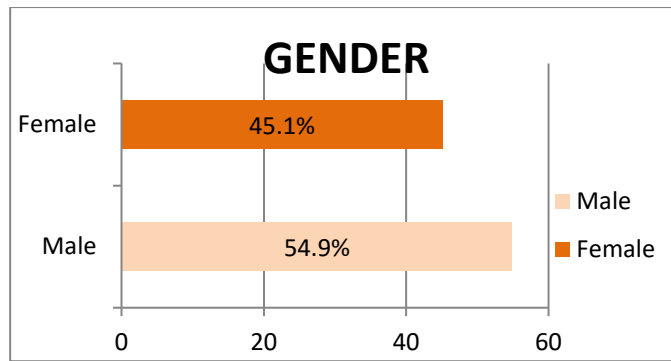


Table : 3 Frequency and percentage distribution of Marital Status

MARRITAL STATUS	FREQUENCY	PERCENTAGE
Single	84	24.0
Married	163	46.6
Divorce	34	9.7
Widow	69	19.7
Total	350	100.0

The distribution of subjects according to marital status is shown in table – 3. Majority of the adults were married(46.6%).24% of adults were single , 19.7% were widow and rest 9.7% were divorced .

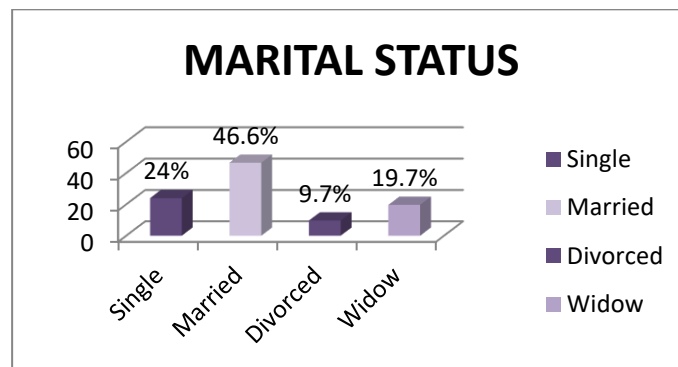


Table 4: Frequency and percentage distributionof Educational status

EDUCATIONAL STATUS	FREQUENCY	PERCENTAGE
Not formal education	44	12.6
Primary education	95	27.1
Secondary education and higher secondary	125	35.7
Graduation	86	24.6
Total	350	100.0

The distribution of subjects according to Educational status is shown in table – 5. Out of the 350 , 125 (35.7%) with secondary and higher education ,95 (27.1%) with primary education, 86 (24.6%) with graduation and 44(12.6%) within not formal education.

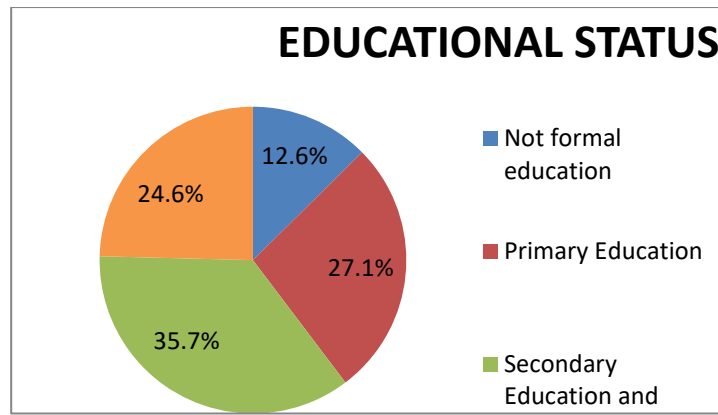


Table 5: Frequency and percentage distribution of occupational status

OCCUPATIONAL STATUS	FREQUENCY	PERCENTAGE
Private sector	161	46.0
public sector	32	9.1
Non-profit organization	65	18.6
Self –employed	92	26.3
Total	350	100.0

The distribution of subjects according to occupational status is shown in table – 6. Majority of the adult were in private sector(46%). 26.3% were self-employed, 18.6% belongs to non – profit organization and rest 9.1% % were in public sector.

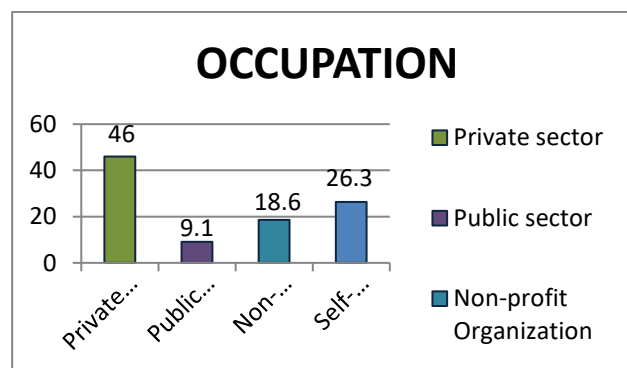


Table 6: Frequency and percentage distribution of Type of family

TYPE OF FAMILY	FREQUENCY	PERCENTAGE
Joint family	299	85.4
Nuclear family	51	14.6
Broken family	0	0
Total	350	100.0

The distribution of subjects according to family type is shown in table – 7. Majority of the people belong to the joint family (85.4%). 14.6% belong to the nuclear family.

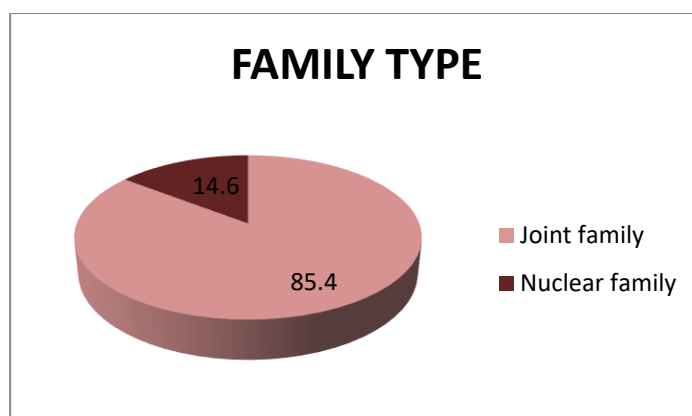


Table 7: Frequency and percentage distribution of Monthly income

MONTHLY INCOME	FREQUENCY	PERCENTAGE
Less than Rs.5,000	50	14.3
Rs.5,000-Rs.10,000	127	36.3
Rs. 10,000 – Rs. 15,000	77	22.0
More than 15,000	95	27.1
Total	350	100.0

The distribution of subjects according to monthly income shown in table – 1. Majority of the people were earning Rs. 5,000- Rs. 10,000 (36.3%). 27.1% were earning more than Rs.15,000, 22% of people were earning Rs.10,000 – Rs. 15,000 and rest of 14.3% were earning less than Rs.5000

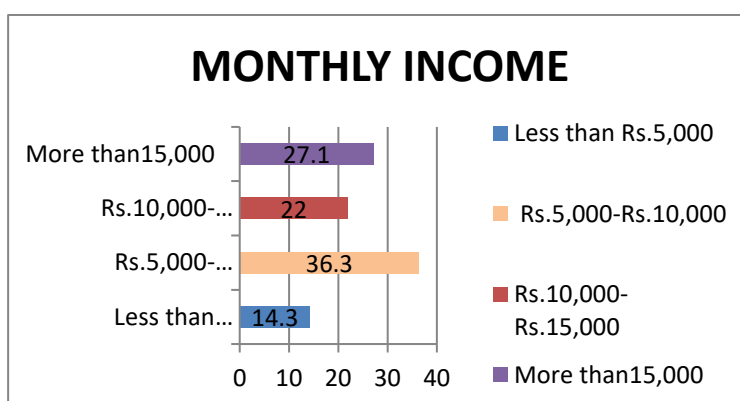


Table 8: Frequency and percentage distribution of Source of information

SOURCE OF INFORMATION	FREQUENCY	PERCENTAGE
TV/ Newspaper/Radio	58	16.6
Family / Friends	115	32.9
Internet	118	33.7
Panchayat	59	16.9
Total	350	100.0

The distribution of rural people according to source of information is shown in table – 8, Out of 350 people, 33.7% used internet as the source. 32.9% used family and friends as a source, 16.9% used panchayat as a source and in remaining 16.6 % people tv / radio/newspaper was the source of information.

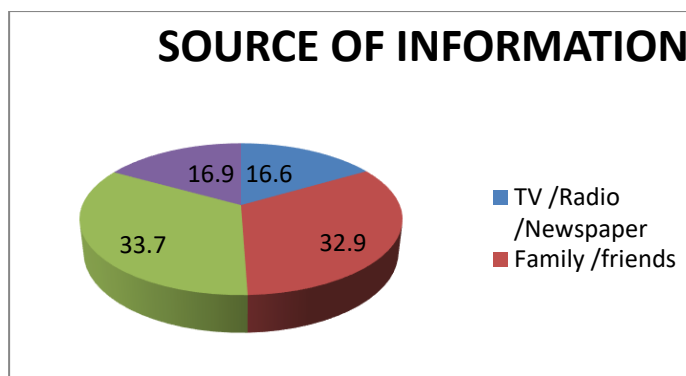


Table 9 : Frequency and percentage distribution of Access to health care

ACCESS TO HEALTH CARE	FREQUENCY	PERCENTAGE
Has health insurance	95	27
Does not have health insurance	242	69
Access to health care	13	3.7
Others	0	0
Total	350	100.0

The distribution of rural people according to is shown in table – 9. Access to health care Out of 350 people, 69% were dos not have health insurance .27% were has access to health care and 3.7% were access to health care.

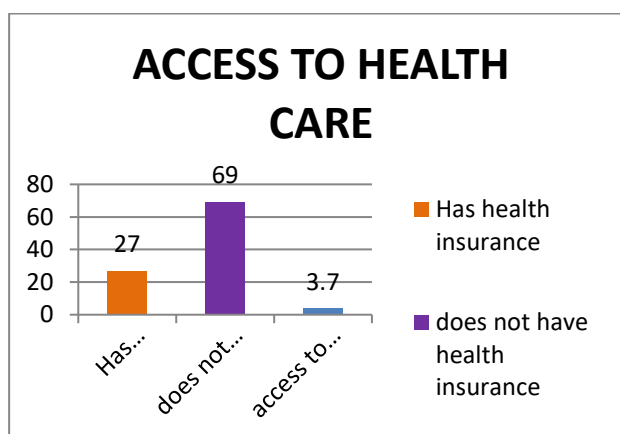


Table 10: Association of Knowledge Score with Demographic Variables

S.N O	VARIABLES	CATEGORY	KNOWLEDGE SCORE			Chi-square value	Df	Table value	Significant
			Inadequate Knowledge	Moderate knowledge	Adequate Knowledge				
1	Age	18 - 27 years	51	41	0	5.236	6	12.592	Not significant
		28- 37 Years	53	56	0				
		38 – 47 years	38	26	0				
		48 – 59 years	44	40	1				
2	Gender	Male	102	90	0	1.224	2	5.991	Not significant

		Female	84	73	1				
3	Marital status	Single	41	43	0	9.155	6	12.592	Not significant
		Married	87	76	0				
		divorced	24	10	0				
		Widow	34	34	1				
4	Educational status	Not formal education	18	25	1	9.827	6	12.592	Not significant
		Primary education	53	42	0				
		Secondary education and higher secondary education	70	55	0				
		Graduation	45	41	0				
5	Occupational status	private sector	94	67	0	8.572	6	12.592	Not significant
		public sector	17	15	0				
		non- profit organization	28	36	1				
		self- employed	47	45	0				
6	Type of family	Joint family	156	142	1	0.906	2	5.991	Not significant
		Nuclear family	30	21	0				
		Broken family	0	0	0				

7	Monthly income	less than Rs.5,000	29	21	0	5.002	8	15.507	Not significant
		Rs.5,000 - Rs. 10,000	70	57	1				
		Rs.10,000 - Rs. 15,000	42	35	0				
		more than Rs. 15,000	45	50	0				
8	Source of information	TV/ Newspaper/radio	22	36	0	11.292	6	12.592	Not significant
		family / friends	71	44	0				
		internet	64	53	1				
		panchayat	29	30	0				
9	Access to health care	has health insurance	55	40	0	3.95	4	9.488	Not significant

	does not have health insurance	127	114	1				ant
	access to health insurance	4	9	0				

Discussion:-

Health care is the most essential services required to the community for prevention of disease, promotion of health, rehabilitation of disabled, and curative care of the citizens. An efficient health care can significantly contribute to country's economy, development, and progress towards better future. Unfortunately, due to unexpected illness many families need to pay out of pockets for health services which leads to increase in health care expenditure and been pushed them into poverty. In a developing economy like India due to high out of pocket expenditure, about 3.2% of population fall into below poverty line (BPL) each year and three-fourth of Indians spend most of their earnings on health care deliveries and purchasing drugs. The main aim of UHC is to make the individual and community to access the health care they required without any financial constraints. So, in order to achieve UHC, Ayushman Bharat scheme has been launched by the government of India. In Karnataka. This study was done to assess the level of of knowledge regarding Ayushman Bharat scheme. From the study among 350 individuals, it's found that 65% of the participants were aware of Ayushman Bharat scheme which was comparatively lower to the results obtained in a survey conducted by the national health authority, where the awareness of Ayushman Bharat scheme was 80% in the state of Tamil Nadu. Another study conducted by Saveetha medical college was found that among 300 households, 77.33% of the households were aware of Ayushman Bharat scheme.² Our study also found that awareness of Ayushman Bharat scheme among lower class was slightly low. Out of total participants, 44% have been enrolled into the scheme while 35.16% were completely unaware of the scheme and remaining was aware but reluctant to enrol into the scheme. Lower results were obtained in data collected from SAST, where only 21% have enrolled for the scheme in Karnataka. Another study among the 300 households, 42.33% households have been covered under the scheme while 57.67% of the households were not covered under the scheme. And it suggests that enrolment for the scheme have been improved over the time.² Among 452 card holders, 96% were BPL card holders while remaining were APL card holders. In the study conducted by SAST in Karnataka, those who have enrolled into the scheme, 82% were BPL card holders while the rest of 18% were APL card holders which are far lower compared to our study. This suggests that there is enhancement of card holders which was mainly focusing on BPL groups. In our study, 39% of card holders belong to lower class and lower middle-class SES which is slightly below the National target of 40%.¹⁰ Almost 65.36% lower class and upper lower class from 300 households have been covered under Ayushman Bharat scheme which is above the national target of 40% according to the study by Saveetha Medical College. Lack of awareness and knowledge about Ayushman Bharat scheme plays a key role for the individuals who are not yet covered under the scheme. Among the 452 samples that were enrolled under ABArK scheme, only 1.8% of the samples have utilized the scheme in the past years. Lack of knowledge, ignorance and poor communication with health care workers plays the key role for underutilization of the scheme. This leads to the need of making the scheme easier and more accessible to the public which might enhance the utilization of the beneficiaries. The primary health care physician plays a key role in improving health care outcome of the general population where they can help in guiding the patient and create awareness about the scheme in the community.

Conclusion: -

Ayushman Bharat (PMJAY-AB) scheme is world's largest health insurance/assurance scheme that offers a health cover to nearly 12 crore poor families which comes to a staggering 55 crore Indians that form 40% of its bottom population. But the finding of the study reveals that total of 350 adults participated in this study, comprising 54.9% males and 45.1% females. It was observed that only 0.3% of adults had adequate knowledge, 46.6% had moderate knowledge and 53.1% had inadequate knowledge about Ayushman Bharat scheme

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