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Awareness, Utilization And Challenges Regarding Selected Government Health Scheme Among Adults Residing In Urban Settings

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Abstract

Introduction:

Equitable health care access was propagated in SDG 3 by the year 2030, without any financial burden by the individual. Healthcare needs advocated as prime need among individuals and availing these benefits is their fundamental right.

Furthermore, the United Nations covenant of 'Leaving None Behind' is rooted in the belief that as the universal accepts that every individual, regardless of financial status, must benefit from shared health security. The model indicates that specific attempts should be designed support the most susceptible to balance the occurring inequalities in availing the services and public health security.

Assumed its focal position in the SDGs, nations within the world are executing numerous reforms targeted at realizing U-H-C. Republics are restructuring their health funding to guarantee that immediate expenditures at particular point are substituted by payment and assembling devices, as these signify an indispensable condition to safeguard entree to facilities and community health safety.

Indian populace needs to learn that health coverage can help them in surviving financial crisis when applying healthcare services. Vigorous health coverage plan will be helpful for reduction of the health care worry. Nonetheless, this can be achieved through awareness of the advantages, of health coverage to reduce their expenses on healthiness and resolve the issues associated with health care expenses

Aims of the Study: *To assess the awareness, utilization and Challenges regarding selected Government health scheme among adults*

Methodology: *Quantitative approach method was adopted; and the study design was non-experimental descriptive design. The study consisted of 300 participants, which were selected by nonprobability convenient sampling technique. Inclusion criteria were stated where the samples within the age group of 18 to 60 years participated, also adult meant that males, females & transgenders were included in the study, with literacy in the languages of English or Marathi.*

Results: *The majority of participants (49.7%) were aged 26–35 years, with 65% males and 35% females. Most had primary education (28.3%), were married (67.3%), and belonged to nuclear families (51.3%). About 42% held private jobs, 35.7% earned daily wages, and 41.7% had a monthly income of ₹10,000–₹20,000. Awareness was good in 92%, but 62.7% showed poor utilisation. Significant challenges were reported by 83.7% of participants.*

Conclusion: *Though most participants had good awareness of government health schemes, poor utilisation and significant challenges were common. This highlights the need for better support and strategies to bridge the gap between awareness and actual use.*

Keywords: *Awareness, Utilization, Challenges, Government health scheme, Adults, Urban settings.*

INTRODUCTION

Healthcare needs have remained diverse thanks to the rapid growth in population as well as migration, on which the healthcare dynamics depend. Nations all over strive hard to make the common people aware of the healthcare provisions they have, and its based on the awareness that utilization depends bring the health care programs to optimal use.

The awareness of the people about healthcare services, their participation in implementing such kind of services influences the utilization of the facilities provided to them. As per a study conducted in a developing country it states that majority of the people in developing countries have poor perception of their healthcare delivery system, making their service underutilized.(6)

Even in a developing country like India, research have pointed out that the utilization of service at the certain areas have somewhat remained low due to the trendsetting base of providing healthcare services through various channels The healthcare policy makers vouch for extension of healthcare policy, health insurance schemes as a very important aspect of healthcare coverage for both urban & rural sectors. The

public health costs in a country like India approximates to about 1.04% of GDP , & about 4% when private healthcare is involved.30% of the cost is borne by the public sector. If estimates are to be believed the total healthcare expenditure cost is so high that 63 million people from India face poverty as a result of cost included in healthcare.

In our country , the state and central governments present several health coverage schemes. With the method of complete coverage alongside affordable payments, the target is to provide healthcare coverage to all.

The Mahatma- Jyoti- Rao- Phule- Jan- Arogya -Yojana (M-J-P-J-A-Y) Pradhan- Mantri- Jan -Arogya- Yojana- ("AB"-P-M-J-A-Y) and Central- Government- Health-

Scheme to name some of the initiatives taken by government in the year 2020.Health coverage is given to receivers in the coverage an amount of Rs.797/- per family unit per annum.

Although attempts are being made by the government, to help the people with backing the healthcare needs, people are not able to utilize the essential services plainly since they are not aware of the systems & policies. Furthermore, owing to deprivation and being illiterate, things are made worse for them. The concept that people who are healthy don't need health coverage is seen as the highest prevalent mistaken belief about obtaining it.

MATERIALS AND METHODS

The present study utilized a quantitative research approach with a descriptive research design to assess awareness, utilisation, and challenges related to government health schemes. The research was conducted in selected urban areas of Pune city, providing a relevant setting to understand the urban adult population's access to and use of these health schemes. The target population consisted of all adults, while the accessible population included adults aged 18 to 60 years residing in the selected areas. A total of 300 participants were selected using a non-probability purposive sampling technique to ensure inclusion of individuals most relevant to the study objectives. Inclusion criteria comprised adults between 18 and 60 years of age, including males, females, and trans genders, with basic reading and writing skills in English or Marathi. Individuals who were ill or unwilling to participate were excluded from the study.

RESULTS

Description of samples

Table No. 1 Description of samples of demographic attributes

N=300

Demographic variable	**Freq**	%
Age		
18 to 25 years	67	22.3%
26 to 35 years	149	49.7%
36 to 45 years	62	20.7%
46 and above	22	7.3%
Gender		
Male	195	65.0%
Female	105	35.0%
Transgender	0	0.0%
Educational Qualification		
Primary	85	28.3%
Secondary	81	27.0%
Higher	74	24.7%
Graduate	35	11.7%

Postgraduate	25	8.3%
Any other	0	0.0%
Occupation		
Daily wages	107	35.7%
Private job	126	42.0%
Government job	17	5.7%
Business	37	12.3%
Any other	13	4.3%
Monthly income		
Upto Rs.10,000	70	23.3%
Rs. 10,000- 20,000	125	41.7%
Rs. 20,000- 30,000	42	14.0%
Rs. 30,000 - 40,000	45	15.0%
>Rs. 40000	18	6.0%
Marital status		
Single	96	32.0%
Married	202	67.3%
Separated	2	0.7%
Widowed	0	0.0%
Family structure		
Nuclear	154	51.3%
Joint	111	37.0%
Extended	8	2.7%
Any other	27	9.0%
Previous information		
Yes	187	62.3%
No	113	37.7%

Most participants were males aged 26–35, with primary education, low income, and engaged in private or daily wage jobs. While many were married and lived in nuclear families, over half had some awareness of government health schemes, indicating a need for improved outreach and support.

Analysis of awareness regarding selected government health schemes

Table 2: Awareness regarding selected government health schemes N=300

Awareness	**Freq**	%	**Mean**	**SD**
Poor	1	0.3%	20	2.94
Average	23	7.7%		
Good	276	92.0%		

The data shows that the majority of participants (92.0%) had good awareness regarding the subject, with a mean score of 20 and a standard deviation of 2.94, indicating a high level of knowledge with moderate

variability. Only 7.7% had average awareness, and 0.3% had poor awareness, suggesting that overall awareness among the sample population is strong and consistent.

Table 3: Awareness item analysis **N=300**

Awareness item	**Freq**	%
limitations of Ayushman Bharat (AB-PMJAY)	257	85.7%
government health schemes for cardiovascular diseases & diabetes	272	90.7%
Cancer Screening tests & treatment a part of the government health schemes.	273	91.0%
eligibility criteria for government schemes are reasonable and can be	258	86.0%
government schemes are effective in focusing on health issues	277	92.3%
campaigns conducted by government to promote the health schemes	261	87.0%
should be periodically evaluated for their impact and relevance	262	87.3%
family members have availed from these schemes	192	64.0%
scheme are adequate to meet your health needs	262	87.3%
enough to support cancer patients through these schemes	276	92.0%
national health programs available in your area	256	85.3%
access health services provided by the government.	269	89.7%
enrollment process into the health schemes	203	67.7%
Government health schemes are only for the poor People under the poverty	262	87.3%
Benefits of government scheme can be taken without any advance payment	251	83.7%
Family size) do not matter to avail government health services	232	77.3%
cover preexisting diseases also	285	95.0%
provide subsidized services	279	93.0%
reduce the number of cases related to heart, DM & Cancer	274	91.3%
Schemes support the people financially	287	95.7%
Improving access to healthcare is one of the aims of government health	271	90.3%
Has non-information been a factor for underutilized services	249	83.0%
The illness covered under health schemes are	292	97.3%

Table 3 presents the frequency and percentage of correct responses by urban adults to each awareness item regarding selected government health schemes. Overall, it shows good urban adults population from Pune city has good awareness regarding selected government health schemes.

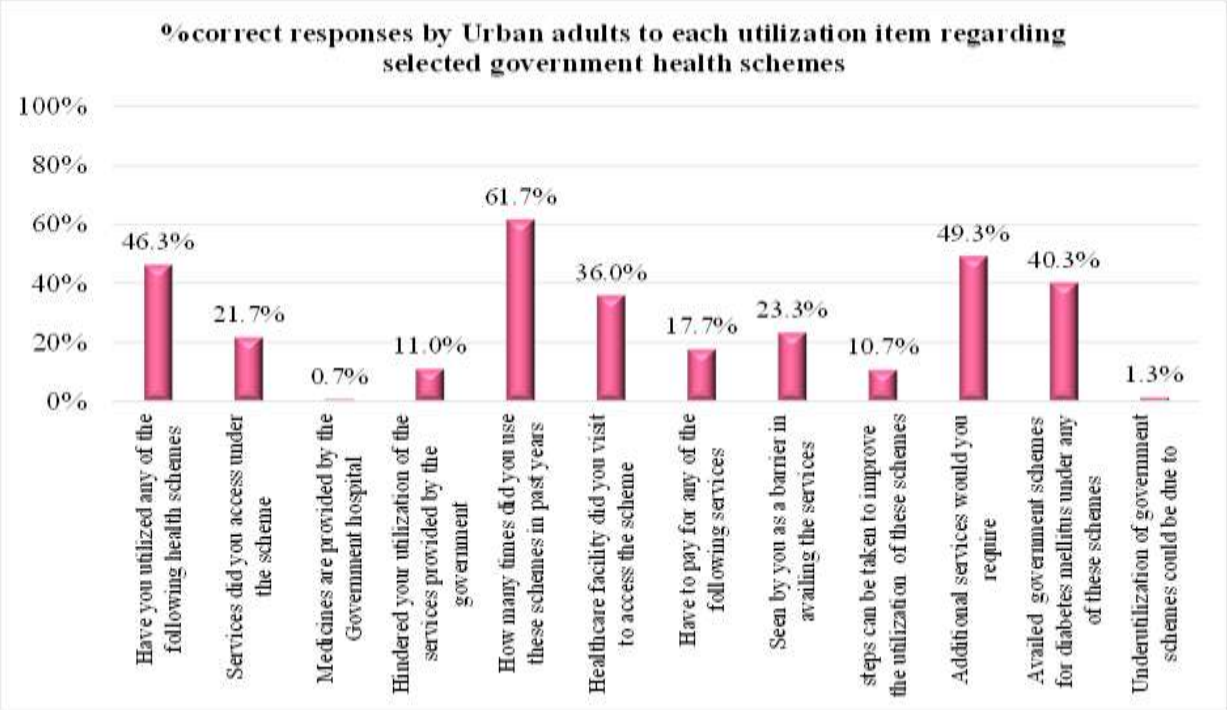
Analysis of utilization regarding selected government health schemes

Table 4: Utilization regarding selected government health schemes, N=300

Utilization	**Freq**	%	**Mean**	**SD**
Poor	188	62.7%	3.2	1.52
Average	108	36.0%		
Good	4	1.3%		
Excellent	0	0.0%		

The data indicates that 62.7% of participants had poor utilisation of services, with a mean score of 3.2 and a standard deviation of 1.52, reflecting low engagement with some variation. Only 36.0% showed average utilisation, and a minimal 1.3% had good utilisation, while none reached an excellent level. This suggests a significant gap between awareness and actual use of the services, highlighting the need for improved implementation and accessibility.

Graph 1: Utilization-Item analysis
N=300



Above graph presents the frequency and percentage of correct responses by urban adults to each utilization item regarding selected government health schemes. Overall, it shows urban adult population from Pune city has less utilization of selected government health schemes.

Analysis of challenges regarding selected government health schemes
Table 5: Challenges regarding selected government health schemes
N=300

Challenge	Freq	%	Mean	SD
Less	3	1.0%	8.04	1.60
Moderate	46	15.3%		
Significant	251	83.7%		

83.7% of the urban adults had significant challenges, Average challenges score was 8.04 with standard deviation 1.60.

Table 6: Challenges-Item analysis
N=300

Challenge item	Freq	%
Understanding the entry criteria into the schemes	240	80.0%
Reimbursement of the expenses	206	68.7%
Arranging necessary and important documents	286	95.3%
Technical terms in documentation process	202	67.3%
Trusting the time	184	61.3%
Under informed	263	87.7%

Inefficient in using digital cards	256	85.3%
Misinformation regarding	260	86.7%
Difference in treatment protocol	266	88.7%
Non availability	251	83.7%

Table 7 presents the frequency and percentage of urban adults having specific challenge regarding selected government health schemes. Overall, it shows urban adult population has more challenges regarding selected government health schemes.

Analysis of association of the findings

The association between demographic variables and awareness levels was analyzed using p-values. A statistically significant association was found only with occupation ($p = 0.023$), indicating that awareness regarding government health schemes varied significantly with the participants' occupation. Other variables—age ($p = 0.196$), gender ($p = 0.777$), educational qualification ($p = 0.380$), monthly income ($p = 0.923$), marital status ($p = 0.796$), family structure ($p = 0.848$), and previous information related to health schemes ($p = 0.358$)—did not show statistically significant associations with awareness. This suggests that while awareness was generally high across all groups, occupation played a key role in influencing awareness levels.

Fisher's exact test for the association of the utilization

The study found significant associations between utilization of government health schemes and age, education, and family structure, suggesting higher use among younger, more educated individuals from nuclear families. No significant association was observed with gender, occupation, income, marital status, or prior information about health schemes.

Fisher's exact test for challenges

The analysis showed a statistically significant association between educational qualification ($p = 0.000$) and the level of challenges faced in accessing or utilizing government health schemes. Participants with lower education levels experienced more significant challenges. Other variables, including age ($p = 0.709$), gender ($p = 0.493$), occupation ($p = 0.225$), monthly income ($p = 0.557$), marital status ($p = 0.299$), family structure ($p = 0.898$), and prior information about health schemes ($p = 0.600$) showed no significant association with challenges, indicating these factors did not notably impact the difficulties faced by participants.

FINDINGS

The study results flowed in the sequence of demographic which stated that 49.7% of them had age 26-35 years, 65% of them were males and 35% of them were females.,28.3% of them had primary education, ,35.7% of them had daily wages, 42% of them had private job, ,41.7% of them had monthly income Rs.10000-20000, 67.3% of them were married ,51.3% of them had nuclear family, 62.3% of them had information related to government health schemes.

DISCUSSION

When utilization was assessing it was found that62.7%of the participants had poor utilization, which is supported by a study done in the western region of the country on awareness, enrollment & utilization by Thomas B et al revealed that the requirement of enrolling into any government scheme was having awareness, which in turn also resulted in the effect of utilization. The reviews for this paper disclosed that there have been minimal studies on this area namely Gujarat. A total of 1152 families were surveyed which comprised of three districts of the state , though the scheme was well accepted, with 24% as high awareness level & 47.8% as moderate awareness level. However the utilization level was 43.3% and the reasons listed were change of residence, religion , 22.9% reported of over expenditure. Nevertheless, these issues were sorted by ASHA workers & other healthcare team members.

When challenges were assesses it was alarming to see that 83.7% of urban adults had significant challenges. These findings are supported by Article published by Pradeep Kumar Panda titled Ayushman Bharata – Challenges and the way forward implies that there are few challenges seen , information technology support is adequately & proficiently required, issues of governance to be resolved,

consolidating the scheme as its one of the largest in the world with maximum beneficiaries, lack of motivation, lack of awareness, limited capacity in few regions, identifying frauds etc.

INTERPRETATION

Participants face significant physical and emotional challenges after stroke, relying heavily on family support and coping strategies for recovery. Financial constraints and limited healthcare access, especially in rural areas, complicate their treatment. Despite these obstacles, they demonstrate resilience and adaptability throughout their recovery journey.

CONCLUSION:

The study highlights that adult has good awareness about the government health scheme, but they have less utilization of government health scheme and they have faced challenges while availing the government health scheme and need to be improved. The AB-PMJAY grants an unusual effort to improve the healthcare system which cater to billions of people, who cannot afford the healthcare services, basically the socio weaker section of society. The recipients of Ayushman Bharat Yojana receive health benefits, which they are not aware of hampering the process of utilization and hence is also seen as a significant challenge. We need to overcome these challenges in a significant way so that no one feels neglected. Thus leaving no one behind can be established and accomplished.

DECLARATION BY AUTHORS:

Ethical Approval: The study was approved by the institutional ethics committee of Bharati Vidyapeeth (Deemed to be University), Pune. The study participants were briefed about the purpose and nature of the study and written informed consent was obtained before data collection.

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Conflict of Interest: The authors declare no conflict of interest.

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