

A Descriptive Study To Assess The Knowledge And Utilization Of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana In Selected Community Area

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Abstract:

The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), launched in 2018, is the world's largest government-funded health insurance program, providing ₹5 lakh annual cashless coverage per family for secondary and tertiary hospital care to over 50 crore economically disadvantaged Indians. This study aimed to assess the awareness and utilization of AB-PMJAY among residents of a selected village community using a quantitative, cross-sectional descriptive design. A total of 200 participants aged 13 years and above, meeting the eligibility criteria for AB-PMJAY, were selected through non-probability sampling and convenient sampling. Data were collected using a demographic form, a knowledge questionnaire, and a utilization checklist, with tools validated through a pilot study on 10% of the sample. The results revealed that 90.5% were aware of the scheme and 87% had utilized it, primarily for diagnostic services (28%), hospital admissions (28.5%), and emergency care (29%), mostly in government hospitals (63.5%). While satisfaction levels were generally high, with 66.5% satisfied and 26.5% very satisfied, 53.5% reported significant out-of-pocket expenses, raising concerns about the scheme's cashless promise. Key barriers included long waiting times (34%), lack of information (26%), and denial of benefits (17.5%). Government advertisements (41.5%) and healthcare workers (36.5%) were the primary sources of information about the scheme.

Keywords: Assess, Knowledge, Utilization, Ayushman Bharat Pradhan Mantri Jan Arogya Yojana, Community Area.

INTRODUCTION:

On September 23, 2018, the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) was introduced by the Indian government. Over 10.74 crore low-income and vulnerable families are covered by this government-funded health insurance program^[1].

As a crucial step toward universal health care, India introduced the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in 2018 as a national health insurance program. One hundred million impoverished households are covered by the ambitious plan. Its effect on care quality has not been investigated in any of the research. AB-PMJAY had improved inpatient care utilization, quality, and financial protection four years after it was put into place^[2].

The Pradhan Mantri Jan Arogya Yojana (PM-JAY) in India is the biggest health insurance program in the world, offering 500,000 Indian rupees (about \$6,800 USD) in annual health coverage for each family. Through a variety of insurance arrangements, it offers around 500 million of India's poorest households financial assistance for secondary and tertiary care hospitalization costs, with care provided by both public and private empanelled providers. One of the main components of PM-JAY's operation and a determinant of its impact is provider empanelment, which this study attempted to describe^[3].

Pradhan Mantri-Ayushman Bharat The Indian government launched the Jan Arogya Yojana (AB-PMJAY) health insurance program to increase secondary and tertiary inpatient care accessibility and availability while lowering the additional financial burden of out-of-pocket expenditures (OOPE) resulting from medical bills from the country's economically disadvantaged populations^[4].

program designed to increase health insurance coverage for the lowest 40% of the population in order to lessen financial problems and poverty brought on by medical expenses. The low hospitalization rates among the lower economic strata and the high reliance of the poor on the public health system for inpatient care demonstrate that health insurance coverage for the poor was clearly insufficient. Additionally, data indicated that a significant number of people were falling below the poverty line as a result of paying for healthcare out of pocket. Greater access to healthcare for the impoverished and a relaxation of financial restrictions were anticipated outcomes of an expanded scope of health insurance benefits, which may open the door to

universal health coverage^[5].

NEED OF THE STUDY:

Studies that have already been conducted on the effects of AB-PMJAY on financial protection have only looked at the initial stages of its implementation. The government has since enhanced the scheme's design. After four years of implementation, the current study sought to assess how AB-PMJAY had improved inpatient care utilization, quality, and financial protection^[6].

At the point of service, AB-PMJAY gives the recipient cashless and paperless access to services at any hospital in India that is affiliated with it, whether public and private. Stated differently, a beneficiary from one state can receive benefits from any hospital that is affiliated with the nation. The State Governments have been granted the authority to choose how the PMJAY plan will be implemented. The plan can be implemented through insurance firms, directly through society or trust, or in a hybrid form that combines elements of trust and insurance^[7].

OBJECTIVES OF THE STUDY:

1. To assess the knowledge of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana among the selected community area.
2. To assess the utilization of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana among the selected community area.

MATERIALS AND METHODS:

A Quantitative research approach was adopted and the design was a descriptive research design was used to assess the knowledge and utilization regarding Ayushman Bharat Pradhan Mantri Jan Arogya Yojana in selected village of Waghodiya Taluka. A sample size of 200 participants was selected using non probability sampling and convenient sampling , allowing to researcher to select participants. The tool used for the study was structural questionnaire to collect socio- demographic, knowledge and utilization based question related to Ayushman Bharat Pradhan Mantri Jan Arogya Yojana. Data analysis involved descriptive and inferential statistics.

RESULTS:

1. Frequency and percentage distribution of demographic variable of Knowledge and Utilization of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana

The demographic data revealed that the majority of participants (46.5%) were aged between 31–45 years, followed by 24.5% from the 46–60 age group, and 23.5% from the 16–30 years category, with only 5.5% aged 61–75 years and none below 15 or above 75 years. There was a slight female predominance (51.5%) compared to males (48.5%). Most participants were farmers (38.5%), followed by homemakers (29.5%), government employees (14%), businesspersons (13%), and students (5%). A larger proportion lived in joint families (55%) than in nuclear families (45%). The vast majority resided in rural areas (97%), with only 3% from urban settings. In terms of religion, most were Hindus (93%), followed by Muslims (6%), while Christians and Sikhs each accounted for 0.5%. Regarding monthly income, 54.5% earned ₹10,000–25,000, 29% earned ₹26,000–45,000, 15.5% earned below ₹10,000, and only 1% earned above ₹46,000. Educationally, 47% had completed primary education, 24% early childhood education, 15% secondary education, and 14% were graduates. Notably, 90.5% of participants were aware of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PMJAY), and 87% had utilized its services, indicating a high level of awareness and usage of the scheme.

2. Frequency and percentage distribution of Knowledge and Utilization of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana.

Level of Knowledge	PRE-TEST	
	Frequency	Percentage
	F	%

Poor Knowledge score (0- 8 Score)	34	17
Average Knowledge score (9-16 score)	97	48.5
Good Knowledge score (17-25 score)	69	34.5

The pre-test assessment of knowledge and utilization of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PMJAY) revealed that nearly half of the participants (48.5%) had an average level of knowledge about the scheme. Additionally, 34.5% of the participants demonstrated a good level of knowledge, while 17% had poor knowledge. These findings indicate that although a majority of participants are somewhat aware of the PMJAY scheme, there is still a significant portion (17%) with inadequate knowledge, highlighting the need for increased awareness and educational initiatives about the scheme and its benefits.

3. Frequency and percentage distribution of Utilization of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana.

The data indicates that a significant majority (78%) of participants had used the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) health card for treatment, while 20.5% had not used it and 1.5% were unaware of it. Usage frequency varied, with 41% using it 2–3 times, 36.5% once, 8% more than three times, and 14.5% never utilizing the benefits. The card was primarily used for hospital admissions (28.5%), emergency care (29%), and diagnostic services (28%), showing diverse application. Most beneficiaries sought care from government hospitals (63.5%), while others accessed services in private empanelled (20.5%) and AYUSH hospitals (16%). Satisfaction was generally high, with 66.5% satisfied and 26.5% very satisfied; however, 7% expressed dissatisfaction. Despite the scheme’s promise of cashless services, 53.5% reported paying over ₹5,000, and 7.5% incurred minor expenses, while only 39% received fully cashless treatment. Major barriers included long waiting times (34%), lack of information (26%), and denial of benefits (17.5%), though 22.5% faced no difficulties. Awareness was mainly spread through government advertisements (41.5%) and health workers like ASHA/ANM (36.5%), with lesser influence from social media (9.5%) and family/friends (12.5%). During hospital visits, help was mostly provided by hospital helpdesks (45.5%) and government officials (34.5%), while 20% received no assistance. Encouragingly, 91.5% of participants intended to use AB-PMJAY again if needed, showing trust in the scheme. Knowledge levels were moderate to good, with 48.5% having average knowledge and 34.5% demonstrating good knowledge. While the scheme is well-known and widely used, especially in rural areas, challenges like out-of-pocket expenses, limited information, and implementation issues must be addressed to ensure its effectiveness and improve healthcare access across communities.

DISCUSSION:

The findings of this study reveal a relatively high level of awareness and utilization of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) among the participants, particularly in rural areas. A vast majority (90.5%) were aware of the scheme, and 87% had utilized the PMJAY card at least once, indicating successful outreach. Knowledge levels were generally satisfactory, with 48.5% showing average knowledge and 34.5% demonstrating good knowledge, although 17% still lacked basic understanding—highlighting the need for targeted educational efforts. The scheme was primarily used for essential health services like emergency care, hospital admissions, and diagnostic services, suggesting it plays a crucial role in covering common health needs.

Despite these positive trends, challenges in utilization remain evident. Over half (53.5%) of the respondents reported out-of-pocket expenses exceeding ₹5,000, which contradicts the scheme's objective of providing completely cashless services. This discrepancy may point to lapses in implementation or lack of transparency in certain hospitals. Further, issues such as long waiting times (34%), lack of information (26%), and denial of benefits (17.5%) were commonly reported and could discourage full utilization of the scheme. Interestingly, most participants accessed treatment in government hospitals (63.5%), reflecting either higher trust or better availability compared to private empanelled and AYUSH hospitals.

Awareness was mainly spread through government advertisements and frontline health workers like ASHA and ANM, emphasizing their role in effective public health communication. Assistance during hospital visits was generally available, with 45.5% reporting help from the helpdesk, though 20% received no support, indicating a gap in patient navigation and grievance redressal systems.

CONCLUSION:

The study concludes that Ayushman Bharat PMJAY is a widely known and fairly well-utilized health insurance scheme, especially in rural settings. A significant proportion of the population is aware of and benefits from its services, with government hospitals being the most preferred facilities. However, challenges such as partial knowledge, unexpected charges despite the promise of cashless care, and service accessibility issues remain key barriers. While satisfaction with services is generally high, these limitations hinder the scheme's full potential. Therefore, to improve the overall effectiveness and equity of AB-PMJAY, it is essential to strengthen community-level awareness, ensure proper implementation of cashless treatment across all empanelled hospitals, reduce waiting times, and provide consistent support through hospital helpdesks. Addressing these areas will help the scheme better serve its purpose of providing affordable and accessible healthcare to the economically vulnerable population.

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