SJIF Impact Factor: 6.711

WORLD JOURNAL OF ADVANCE HEALTHCARE RESEARCH

ISSN: 2457-0400
Volume: 9.
Issue: 8
Page N. 254-258
Year: 2025

Original Article www.wjahr.com

A STUDY TO ASSESS THE KNOWLEDGE REGARDING AYUSHMAN BHARAT-PRADHAN MANTRI JAN AROGYA YOJANA (AB-PMJAY) AMONG PEOPLE IN SELECTED RURAL COMMUNITY OF JAIPUR DISTRICT WITH A VIEW TO DEVELOP AN INFORMATIONAL BOOKLET

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Article Received date: 13 June 2025 **Article Revised date:** 03 July 2025 **Article Accepted date:** 24 July 2025

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ABSTRACT

Background: Health is a holistic concept encompassing physical, mental, and social well-being, and access to healthcare is essential to achieving this state. Present study was conducted with aims to assess the knowledge of adults in Samod village, Jaipur district, regarding AB-PMJAY, focusing on awareness of its eligibility, benefits, and application process. **Methods:** A non-experimental descriptive research design was adopted. The study included 100 adults aged 18 years and above, selected through non-probability convenience sampling. Data was collected using a self-structured questionnaire with two sections: socio-demographic profile and knowledge assessment on AB-PMJAY. **Results:** The study revealed that 72% of participants had poor knowledge, 12% had average knowledge, and only 16% demonstrated good knowledge of AB-PMJAY. Educational status showed a significant association with knowledge levels ($\chi^2 = 52.69$, $p < 0.05$), while other variables like age, gender, occupation, income, and information source showed no significant association. **Conclusion:** Knowledge regarding AB-PMJAY in this rural community was generally low, with education emerging as a key determinant.

KEYWORDS: Ayushman Bharat, AB-PMJAY, knowledge, rural health, health insurance, Jaipur district.

INTRODUCTION

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. It encompasses a holistic approach to well-being, recognizing that a person's health is influenced by a variety of factors including lifestyle, environment, genetics, and access to healthcare.[1] Health insurance plays a vital role in protecting this right. It serves as a financial safety net that helps individuals manage the high costs associated with medical care.[2]

In India, the importance of health insurance has led to the implementation of various government schemes like Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). Such schemes aim to provide health coverage to millions of poor and vulnerable families, ensuring that financial constraints do not prevent individuals from accessing necessary medical care.[3] In Rajasthan, the scheme is implemented as the Ayushman Bharat Mahatma Gandhi Rajasthan Swasthya Bima Yojana (AB-MGRSBY). Ayushman Bharat Yojana, a government health scheme, provides Rs 5 lakh annual health coverage per family.[4]

The scheme, particularly for the underprivileged section, issues cashless facilities through a card called-'Ayushman card' for secondary and tertiary care hospitalisation. Till December 20, 2023, 284.50 million such cards have been issued, with one-third of them issued in 2023 itself.[5] This ensures that the benefits of the program reach those who need them the most, aligning with the broader vision of Universal Health Coverage (UHC) in India.[6] The Ayushman Bharat PM-JAY program plays a pivotal role in achieving this goal by providing the necessary financial protection for secondary and tertiary care, thereby reducing the burden on individuals and families seeking specialized treatments and hospital care.[7] This study makes an

initial attempt to assess public knowledge about Ayushman Bharat-PMJAY, focusing on awareness of its eligibility, benefits, and application process. Understanding community knowledge is vital to identify gaps that hinder access to healthcare and financial protection. The findings may help policymakers improve the system, enhance transparency, and ensure effective implementation of Ayushman Bharat, thereby advancing its goal of delivering comprehensive healthcare to vulnerable populations.

METHODOLOGY

Research Design: This study adopted a non-experimental descriptive research design to systematically describe the knowledge levels regarding Ayushman Bharat-PMJAY without manipulation of variables, ensuring a clear depiction of the phenomenon in the target population.

Sample and Sample Size: A sample of 100 individuals aged 18 years and above was selected from Samod village, Jaipur district. Non-probability convenience sampling was used, allowing recruitment of participants who were readily available and willing to participate.

Setting: The study was conducted in Samod village, Jaipur district, chosen for its accessibility and relevance. The familiar environment facilitated comfortable participation and smooth data collection.

Criteria for Sample Selection: Participants were included if they were residents of the selected community, aged 18 years or older, and willing to participate. Those who were non-residents, below 18 years, or unwilling to participate were excluded.

Tool of the Study: A self-structured questionnaire was used as the tool for data collection. It comprised two sections: Section A captured socio-demographic details (6 items), and Section B contained 25 items assessing knowledge about AB-PMJAY. The tool was developed after literature review and expert consultation.

Ethical Considerations: Written permission was obtained from the institutional and local authorities. Informed consent was secured from each participant, with assurance of confidentiality and voluntary participation in compliance with ethical research practices.

Data Analysis: Data analysis included descriptive statistics such as frequency, percentage, mean, and standard deviation to summarize participant characteristics and knowledge levels. Chi-square test was applied to examine associations between knowledge levels and socio-demographic variables.

RESULT

Table: Distribution of Samples According to Socio-Demographic Variables (N=100)

Variable	Category	Percentage (%)
Age	Below 25 years	23.0
	26 – 35 years	27.0
	36 – 45 years	27.0
	46 years and above	23.0
Gender	Male	67.0
	Female	33.0
Educational Status	Illiterate	20.0
	Primary	27.0
	Secondary	23.0
	Senior Secondary	17.0
	Graduate and above	13.0
Occupation	Daily wages worker	47.0
	Self-employed	13.0
	Private sector employees	40.0
Monthly Income	Below □ 10,000	10.0
	□10,001 – □ 20,000	53.0
	□20,001 – □ 30,000	37.0
	Above □ 30,000	0.0
Source of Information	Mass media	59.0
	Health care worker	27.0
	Friends / Relatives	7.0
	Social media	7.0

Table 1 show that largest proportion of participants were aged 26–45 years (27% each age group), predominantly male (67%). Most had primary education (27%) or secondary education (23%), with 20% illiterate. The main occupations were daily wage workers (47%) and private sector employees (40%). Over half of the

participants (53%) had a monthly income between □ 10,001–□ 20,000. Mass media was the most common source of information (59%) followed by health care workers (27%).

Table 2: Frequency and percentage of sample according to their level of knowledge score.

S. N.	Level of Knowledge	Scoring criteria	Percentage (%)
1.	Poor	1 – 12	72.00
2.	Average	13 – 18	12.00
3.	Good	19 –25	16.00

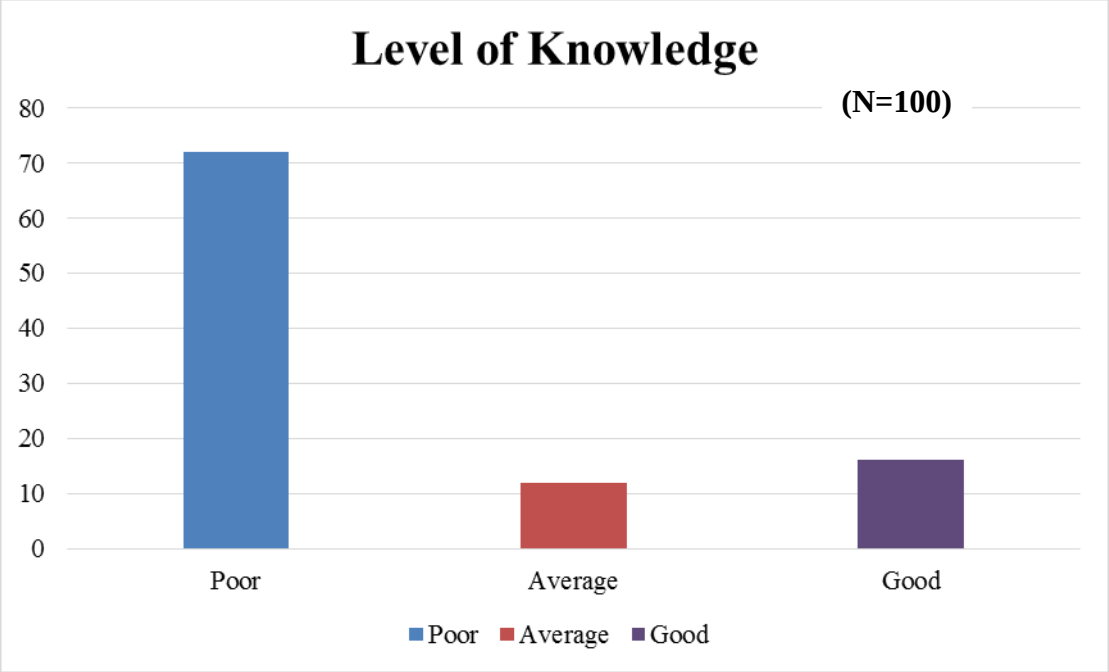

Figure 1: Bar graph showing of level of Knowledge regarding Ayushman Bharat-pradhan mantri jan arogya yojana.

Table 2 and figure 1 Show the frequency and percentage of participants according to their level of knowledge regarding Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). Among the 100 participants, maximum participants i.e.72% had a poor level of knowledge, with scores ranging from 1 to 12. A total of 12% participants has an average level of knowledge, scoring between 13 and 18 Meanwhile 16% participants has a good level of knowledge, achieving scores within the range of 19 to 25.

Table 3: Association Between Knowledge Scores and Selected Socio-Demographic Variables (N=100)

S.N.	Socio-demographic Variable	Chi-square (Calculated)	DF	Tabulated Value	Result
1	Age	1.545	6	12.59	NS
2	Gender	5.743	2	5.99	NS
3	Educational Status	52.69	8	15.50	S
4	Occupation	7.818	4	9.48	NS
5	Monthly Income	4.761	4	9.48	NS
6	Source of Information	6.837	6	12.59	NS

S = Significant; NS = Non-significant

Table 3 shows the association between participants' knowledge scores on AB-PMJAY and their socio-demographic variables. The **Chi-square test revealed a significant association with educational status (χ^2 = 52.69, p < 0.05)**, indicating that education significantly influences knowledge levels. No significant associations were found for age, gender, occupation, monthly income, or source of information (p > 0.05 for all).

DISCUSSION

The present study examined the knowledge levels regarding Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) among 100 participants, revealing that a significant majority (72%) demonstrated poor knowledge. The mean score (10.41) and a standard deviation of 6.202 suggest that overall awareness was low with moderate variability. Only 16% of participants achieved a good knowledge score, indicating substantial

gaps in understanding of the scheme. These findings are consistent with prior research across different regions of India. Verma and Farid (2023) observed that only 28.67% of participants in a rural Lucknow community had adequate knowledge of AB-PMJAY, while the majority lacked sufficient awareness.[8] Similarly, a study in Gujarat reported only 24% of households having high-level awareness and 47.8% having moderate awareness.[9]

Socio-demographic factors emerged as key determinants of knowledge. Our findings that education level was significantly associated with knowledge align with evidence from Moradabad, where awareness was notably higher among older and better-educated individuals. Likewise, Kumar et al. (2024) found that approximately 25% of eligible participants in Chhattisgarh were not enrolled, and gaps in awareness were apparent despite a relatively high overall awareness rate of 90%.[10] This evidence collectively suggests that while knowledge of AB-PMJAY exists in parts of the population, it is often superficial, with critical gaps regarding eligibility, benefits, and processes. These gaps persist despite substantial government efforts, underscoring the need for more effective, targeted educational interventions.

Utilization patterns further reflect this limited knowledge. Even when individuals are aware of AB-PMJAY, actual utilization remains modest: a study from Gujarat noted that only 43.3% of aware households used the scheme when needed[9] and a study from Chamarajanagar reported utilization as low as 3% despite awareness among 65% of residents.[11] These patterns suggest barriers beyond knowledge, including bureaucratic hurdles, mistrust, or poor communication between healthcare providers and potential beneficiaries. These findings highlight a critical gap between awareness and action that warrants policy attention.

Regarding association, lack of association between AB-PMJAY knowledge and demographic variables like age, gender, income, and occupation in our study mirrors findings from other regions. For instance, a study conducted in Moradabad revealed no significant association between gender or income and awareness levels, with only age showing a statistically significant relationship.[12] This suggests that while education can enhance knowledge about AB-PMJAY, demographic factors do not consistently predict awareness levels, emphasizing the universal need for improved communication strategies across population groups. Health workers and community influencers such as ASHA workers and Ayushman Mitras were identified as primary information sources in Gujarat, underscoring the importance of local intermediaries in disseminating information.[11]

Moreover, national evaluations of AB-PMJAY suggest that although the program has reached millions, it has not significantly reduced out-of-pocket expenditures or catastrophic health spending, particularly among users of private hospitals. Studies also suggest that inadequate regulation of private providers under the scheme contributes to poor financial protection.[13,14]

These national trends contextualize our finding that most participants lacked sufficient knowledge about the scheme's benefits and procedures. A critical implication is that improving awareness alone is unlikely to ensure equitable utilization unless accompanied by systemic reforms addressing implementation gaps. Several studies call for strengthening outreach and beneficiary education. For example, Sharma (2024) found that even among healthcare providers such as nursing staff, knowledge of AB-PMJAY was inadequate, suggesting that information deficits permeate both the demand and supply sides of healthcare.[15] Finally, this study reinforces the importance of education as a social determinant of health insurance literacy. As multiple studies confirm that education strongly predicts awareness and understanding of AB-PMJAY[12] promoting health insurance literacy through formal and informal educational channels could address persistent gaps.[16]

CONCLUSION

In summary, the current study highlights persistently low knowledge and awareness of AB-PMJAY among participants, with significant association only with education level. These findings are echoed by national and regional studies, suggesting that education remains a key determinant, while other demographic variables have inconsistent relationships with awareness. To improve equitable utilization of AB-PMJAY, future efforts must focus not only on broadening outreach but also on addressing systemic barriers to utilization and improving health insurance literacy among healthcare workers and the general public alike.

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