



Analysing Beneficiary Experience with AB- PMJAY: Levels of Awareness, Usage Trends, and Information Sources

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Abstract

Access to healthcare is a critical determinant of societal well-being, especially in populous and economically diverse countries like India. This study investigates the beneficiary experiences of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in Punjab, focusing on awareness levels, usage trends, and sources of information. With India surpassing China as the world's most populous country, healthcare challenges, particularly among the economically disadvantaged, have become more pressing. Utilizing a cross-sectional survey conducted among 576 beneficiaries in Ludhiana and Mansa districts, the research employs random sampling and structured questionnaires to evaluate awareness, enrolment, and service utilization under AB-PMJAY. The findings reveal that 37% of beneficiaries have low awareness, 43% moderate, and 19% high awareness, with information predominantly obtained from government campaigns, healthcare providers, and word-of-mouth. Enrolment in the scheme stands at 41%, with 12% of enrolled beneficiaries utilizing services, primarily for hospitalization. Key barriers to utilization include cost concerns and insufficient awareness. Statistical analysis identifies significant correlations between demographic factors, such as education and income, and levels of awareness and utilization. The study underscores the necessity for targeted awareness campaigns and enhanced accessibility to optimize the scheme's impact. Policy recommendations highlight the importance of community-based platforms and tailored communication strategies to bridge existing gaps, ensuring equitable healthcare access for all vulnerable populations.

Keywords: Ayushman Bharat PM-JAY, Beneficiary awareness, Healthcare access, Information dissemination, Punjab healthcare, Usage trends

Introduction

India is a developing country and has overtaken China as the world's most populated country. The current population of India is 1,434,340,639. This is a historic worldwide demographic shift, as China has had the greatest population since the UN began recording population numbers in 1950 (Rumbens, 2023). According to the most comprehensive National Family Health Survey [NFHS-5 (2019-21),] the National Multidimensional Poverty Index (MPI) shows that 14.96% of India's population falls below the poverty line (UNDP Report, 2023). In India, healthcare expenditure represents 3.8% of GDP, with OOPE (out of pocket expenditure) accounting for 58.78%. Indian households, especially those falling under the category of BPL are not able to cope up with the expenditure towards healthcare which leads to an increase in this OOP expenditure. The major contributors to the Out-of-Pocket Expenditure are the cost of medicines and diagnostics. Another major cause for the high rate of out-of-pocket payments (OOPs) in healthcare is limited access to healthcare in the public sector, which forces people to seek care in the private sector (Agrawal Atal Bihari Vajpayee, 2021). High OOP cost renders

healthcare services inaccessible to a large section of Indian households, while catastrophic medical expenditure remains a key cause of destitution in Indian households (Thomas et al., 2023). Catastrophic Health Expenditure is referred to as monthly out-of-pocket (OOP) health expenditure (without reimbursement, if any) that exceeds 40% of the household's total monthly non-food (non-subsistence) expenditure. The World Health Organisation (WHO) also defines catastrophic health cost as follows: monthly out-of-pocket health expenditures greater than 10% or greater than 25% of total monthly family spending or income (Ganai & Mir, 2023). To combat this issue of OOPE and inaccessibility of healthcare, the National Health Authority (NHA), an autonomous organisation under the jurisdiction of the Ministry of Health and Family Welfare, implements AB-PMJAY. Ayushman Bharat yojana was implemented in 2018 to give health insurance coverage to India's economically disadvantaged population. It provides health insurance to 10 crore households, or 50 crore Indians, with a coverage of Rs. 5 lac per family per year for medical treatment at private and public empanelled facilities (Rao et al., 2022). The scheme's announcement is being touted as the greatest government-sponsored health insurance system in India. The initiative aims to reduce out-of-pocket and catastrophic health-care spending by enlisting the private sector in addition to the existing network of public hospitals.

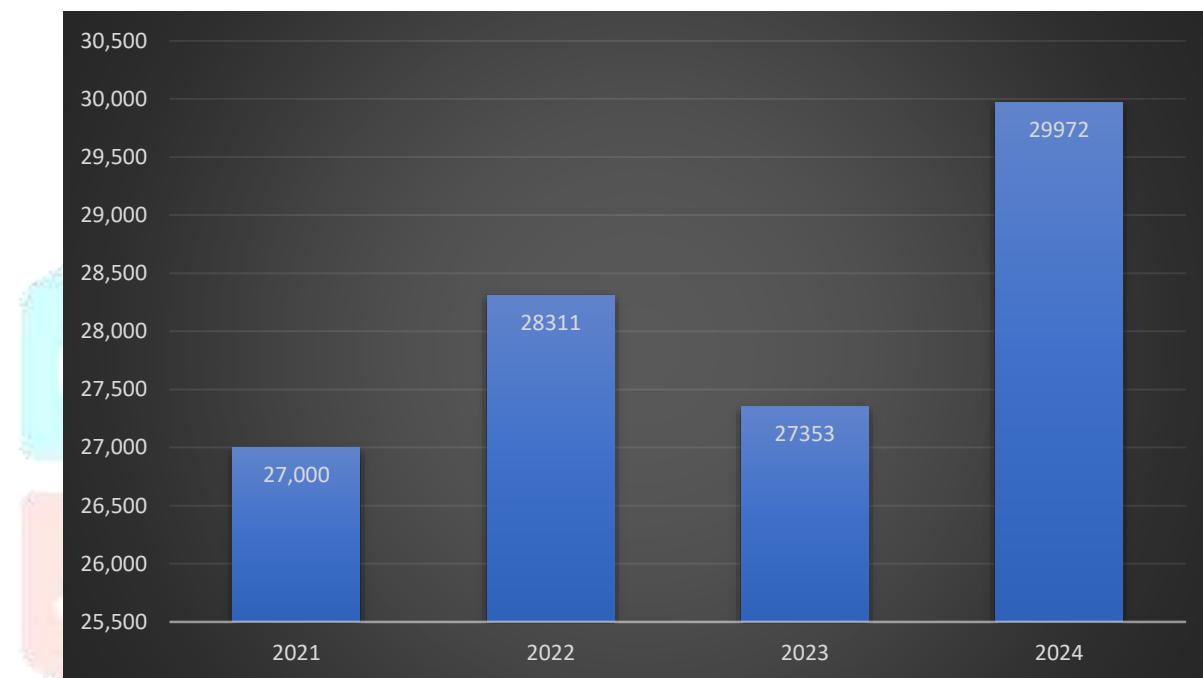


Figure 1: Hospitals empanelled under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana

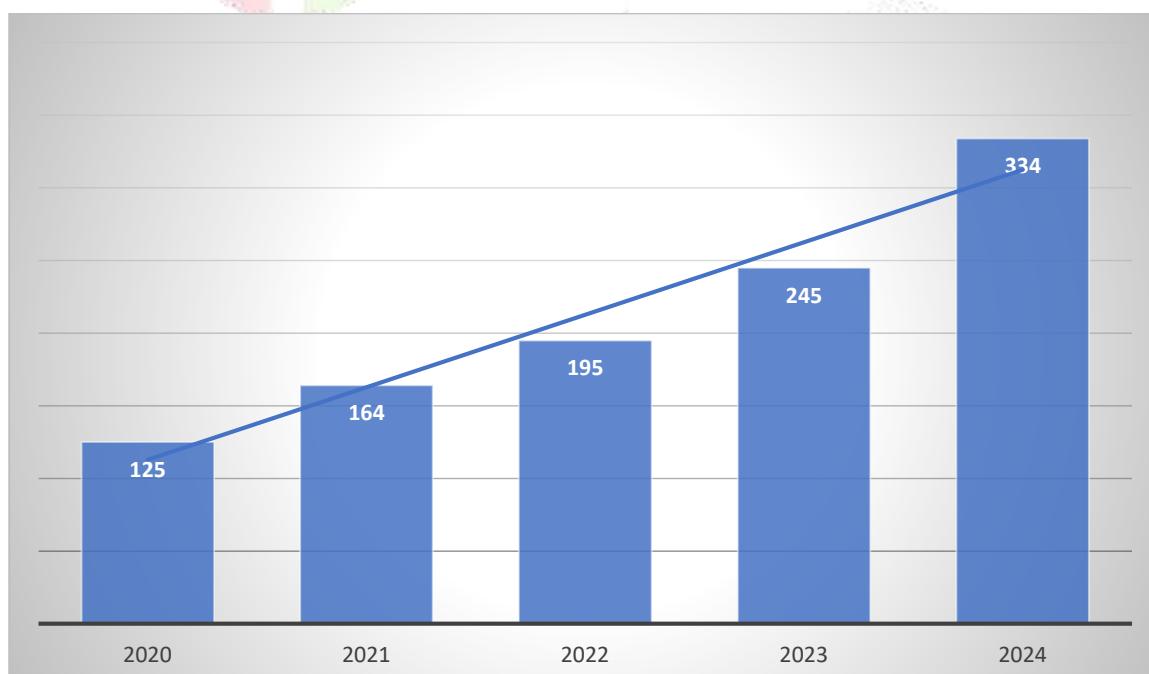


Figure 2: Ayushman Bharat Pradhan Mantri Jan Arogya Yojana – e-Cards Issued (in million)

This scheme is also a significant and audacious step towards achieving Universal Health Coverage (UHC) and the Third Sustainable Development Goal (SDG3). The UHC movement gained prominence after the United Nations designated it as one of the Sustainable Development Goals (SDGs) in 2015. SDG 3 strives for Universal Health Coverage in order to secure everyone's health and well-being (Goal 3: Good health and well-being)(Prinja et al., 2020). UHC highlights the significance of equity in access to quality health care for everyone without putting themselves in financial jeopardy. The main objective is to give high-quality, timely health-care services, without putting people in financial jeopardy (WHO, 2018), hence the government of India has initiated universal healthcare programs(Prakash, 2023). Overall, 193 countries, including India, overwhelmingly have reaffirmed their strong political commitment to universal health coverage (UHC) at United Nations high-level summit. The World Health Organisation defines universal health coverage (UHC) as the ability for all people and communities to access the necessary preventive, curative, rehabilitative, and palliative health care. Universal Health Coverage (UHC) assures that all people have access to adequate health care without financial hardship (Dubey et al., 2023).

The objective of the present study is to focus upon the outreach and the awareness level of the scheme amongst the beneficiaries of Punjab. To check the awareness level, study will be carried out with the help of a questionnaire in 2 major districts of the state of Punjab. There have been a few studies in healthcare for government schemes especially related to the newly launched scheme A.B.- PMJAY. Also, very few studies have been found on the level of awareness. Research-based evidence is scanty in Punjab, so the researcher will target the beneficiaries of 2 major districts of Punjab. Due to scarcity of literature on community-level assessments of Ayushman Bharat-PMJAY awareness in India, this study will be using majorly primary data (field study). Primary data will be collected using Random Sampling Technique and Secondary data will be collected from the past literature and government database.

Objectives

The objectives of the study are

1. To evaluate the current state of AB-PMJAY by assessing awareness levels, card possession, and usage among beneficiaries in the state of Punjab.
2. To explore the various channels through which beneficiaries receive information and support within their communities regarding AB-PMJAY.
3. To pinpoint the key factors associated with beneficiaries' awareness levels.

Methods

This cross-sectional study aimed to critically assess the awareness and understanding of the ABPMJAY scheme among its beneficiaries in Ludhiana and Mansa districts of Punjab. These districts were chosen randomly from both the highest and lowest performing areas to account for potential differences and intradistrict variations. Simple random sampling and Probability Proportional to Population Size (PPPS) were employed to select households, reaching a total sample size of 576. Data collection utilized a structured and validated questionnaire, covering two urban and three rural tehsils. A total of 576 beneficiaries were interviewed after securing informed consent, conducted via household surveys from January to March 2024. The interview schedule encompassed demographic details, awareness, enrolment, and utilization of AB-PMJAY cards. The head of the family or the eldest adult in households, upon obtaining consent, served as respondents.

Inclusion criteria involved all households in the study area selected through the sampling method, while exclusion criteria comprised individuals who didn't provide consent, households lacking members above 18 years, or those inaccessible during the survey. Data collection employed a structured and internally validated questionnaire, administered through household visits to either the head of the family or the eldest educated adult. This questionnaire covered sociodemographic characteristics, awareness and coverage of AB-PMJAY, healthcare expenditure, utilization, and willingness to avail the scheme.

Data management was conducted in MS Excel and analysed using SPSS v21, with responses to awareness statements categorized as yes, no, or don't know. The level of awareness was determined based on correct responses, classifying respondents into low, moderate, and high awareness levels. Cross tabulations and chi-square tests were utilized to explore the extent of awareness and its associations with demographic variables.

Table 1: Sample size with distribution of urban-rural.

District Name	Urban	Rural	Total
Ludhiana	102	238	340
Mansa	71	165	236
Total	173	403	576

The data collected was analysed using SPSS. Responses to the awareness statements were categorized as yes, no, or uncertain. The degree of awareness was determined by tallying the correct responses from respondents to the awareness-related statements. Based on this, participants were grouped into three levels of awareness: low, moderate, and high. Cross tabulations and chi-square tests were conducted to assess the level of awareness and its correlation with demographic factors.

Literature review

Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (PM-JAY), launched in 2018, is a landmark healthcare initiative by the Indian government aimed at providing free health coverage to over 100 million vulnerable families. The scheme's success heavily relies on the awareness and understanding of its benefits among its intended beneficiaries. Several studies have highlighted the critical role of awareness in the utilization of health services provided under PM-JAY. Research indicates that awareness levels among beneficiaries vary significantly across different regions. A study by Ghosh and Saha (2020) found that urban populations tend to have higher awareness levels compared to rural counterparts, primarily due to better access to information and healthcare facilities. Furthermore, Singh et al. (2021) noted that beneficiaries often learned about the scheme through mass media and community outreach programs, but there was a substantial gap in understanding the detailed benefits and the enrolment process. The challenges in spreading awareness are multifaceted, including low literacy rates, limited media reach in rural areas, and bureaucratic complexities. To address these issues, Gupta and Sharma (2022) recommend enhancing grassroots-level engagement through local health workers and leveraging digital platforms to disseminate information more effectively. Several studies have highlighted the positive impact of AB-PMJAY on improving healthcare access and reducing financial barriers. For instance, Prinja et al. (2020) observed a significant increase in hospitalization rates among eligible households, indicating enhanced access to healthcare services. Additionally, the scheme has led to an increase in healthcare utilization, particularly in rural and underserved areas (Ghosh & Gupta, 2021). However, the implementation of AB-PMJAY also faces several challenges. There are concerns about the quality of care provided under the scheme, with reports of disparities in service provision between public and private healthcare providers (Patel et al., 2020). Furthermore, the financial sustainability of the scheme is under scrutiny, given the high costs associated with its comprehensive coverage (Kapur, 2020). To address these issues, recommendations include enhancing the regulatory framework to ensure quality care, increasing the participation of private healthcare providers, and exploring innovative financing mechanisms (Srinivasan & Mohanty, 2021). Continued monitoring and evaluation are crucial to ensuring that AB-PMJAY achieves its objectives of providing equitable and affordable healthcare to all. Overall, increasing awareness and understanding of PM-JAY among beneficiaries is crucial for maximizing the scheme's impact. Enhanced communication strategies and targeted awareness campaigns are essential to ensure that the most vulnerable populations can fully benefit from the healthcare services provided under this ambitious program. Since its start, 19.7 crore users have received Ayushman cards, and over 4.3 crore hospital admissions of over Rs 0.49 lakh crore have been authorised through a network of 28,667 accredited healthcare providers, including 13,115 private hospitals, as of January 20, 2023 (Gaur et al., 2023). According to the recent data available at Press Information Bureau as many as 21.9 crore beneficiaries have been verified under the Ayushman Bharat Pradhan Mantri – Jan Arogya Yojana (AB-PMJAY) Scheme (Grewal et al., 2023). The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) scheme has been allocated Rs. 7500 crores by the finance minister of India (Nirmala Sitharaman) in the Interim Budget for 2024. Since it is the world's largest government aided scheme and a large number of funds are being allocated each year towards this scheme, it has become necessary and important to study and evaluate this scheme and check the awareness level amongst the beneficiaries (Prasad et al., 2023).

Results

Participant Demographics

- Total Participants:** 576 beneficiaries
- Districts:** Ludhiana and Mansa, Punjab
- Sampling Method:** Simple Random Sampling and Probability Proportional to Population Size (PPPS)
- Data Collection Period:** January to March 2024
- Data Collection Tool:** Structured questionnaire administered through household surveys

Data Variables and Tables for Analysis

Table 1: Demographic Profile of Beneficiaries

Variable	Ludhiana (n=340)	Mansa (n=236)	Total (n=576)
Age (years)	Mean (SD): 45 (12)	Mean (SD): 42 (11)	Mean (SD): 44 (12)
Gender	Male: 55%, Female: 45%	Male: 52%, Female: 48%	Male: 54%, Female: 46%
Education Level	Primary: 50%, Secondary: 30%, Higher: 20%	Primary: 45%, Secondary: 35%, Higher: 20%	Primary: 48%, Secondary: 32%, Higher: 20%
Occupation	Agriculture: 60%, Service: 30%, Other: 10%	Agriculture: 65%, Service: 25%, Other: 10%	Agriculture: 62%, Service: 28%, Other: 10%
Household Income	Below Poverty Line: 40%, Above Poverty Line: 60%	Below Poverty Line: 45%, Above Poverty Line: 55%	Below Poverty Line: 42%, Above Poverty Line: 58%

Table 2: Awareness of Ayushman Bharat PM-JAY

Awareness Level	Ludhiana (n=340)	Mansa (n=236)	Total (n=576)
Low	120	95	215
Moderate	160	90	250
High	60	51	111

Table 3: Enrolment and Utilization of AB-PMJAY

Variable	Ludhiana (n=340)	Mansa (n=236)	Total (n=576)
Enrolled in AB-PMJAY	163(48%)	78(33%)	241(41%)
Utilized AB-PMJAY	31(9%)	38(16%)	69(12%)
Reasons for non-utilization	Cost concerns: 15%, Lack of awareness: 10%, Other: 5%	Cost concerns: 20%, Lack of awareness: 8%, Other: 3%	Cost concerns: 17%, Lack of awareness: 9%, Other: 4%
Types of Healthcare Services Utilized	Hospitalization: 65%, Outpatient services: 20%, Medicines: 15%	Hospitalization: 70%, Outpatient services: 18%, Medicines: 12%	Hospitalization: 67%, Outpatient services: 19%, Medicines: 14%

Table 4: Perception of AB-PMJAY Benefits

Perception	Ludhiana (n=340)	Mansa (n=236)	Total (n=576)
Beneficial	109(32%)	48(21%)	157(27%)
Easy Access to Healthcare	85(25%)	35 (15%)	120(21%)
Satisfaction with Services	58(17%)	21(9%)	79(14%)
Awareness Source	Government campaigns: 48%, Healthcare providers: 27%, Word-of-mouth: 25%	Government campaigns: 50%, Healthcare providers: 25%, Word-of-mouth: 25%	Government campaigns: 49%, Healthcare providers: 26%, Word-of-mouth: 25%

This study investigated Ayushman Bharat PM-JAY scheme awareness, enrolment, utilization, and perception among 576 beneficiaries from Ludhiana and Mansa districts, Punjab. Demographically, participants, predominantly engaged in agriculture with an average age of 44 years, exhibited a balanced gender distribution and varied educational backgrounds, with majority having primary education (48%). The study found that awareness level statistics as follows: 37% of beneficiaries had low awareness, 43% moderate awareness, and 19% high awareness, sourced mainly from government campaigns (49%), healthcare providers (26%), and word-of-mouth (25%). Despite the efforts of the government and healthcare centers, enrolment in the scheme remained moderate at 41%. Among those enrolled, 12% utilized the services, mainly for hospitalization (67%), outpatient services (19%), and medications (14%). Reasons for non-utilization included cost concerns (17%), lack of awareness (9%), and other factors (4%). Perceptions of scheme benefits were quite negative, with 27% considering it beneficial, facilitating easy healthcare access (21%), and expressing satisfaction with services (14%). Statistical analyses using SPSS v21 revealed significant associations between demographic factors (e.g., education, income) and awareness, enrolment, and utilization outcomes, suggesting that lower educational levels and household income were linked to decreased awareness and utilization rates. In conclusion, while Ayushman Bharat PM-JAY demonstrates significantly low enrolment and negative perceptions among beneficiaries in Ludhiana and Mansa districts, great challenges persist in enhancing awareness, particularly among economically disadvantaged groups. Policy recommendations include targeted awareness campaigns and improved healthcare accessibility to optimize scheme utilization and enhance healthcare delivery impact.

The findings of this study provide critical insights into the current state of Ayushman Bharat PM-JAY in Ludhiana and Mansa districts, Punjab, focusing on awareness levels, card possession, usage among beneficiaries, information dissemination channels, and associated factors. The assessment of awareness levels revealed a notable distribution among beneficiaries, with a significant proportion categorized as having moderate to low awareness, despite concerted efforts through government campaigns, healthcare provider initiatives, and word-of-mouth. This emphasizes the continuous challenge of reaching every segment of the population, particularly those in rural and economically disadvantaged areas, where awareness is still relatively low. Card possession and utilization rates, however, demonstrated a promising uptake, with 41% of beneficiaries enrolled in the scheme and 12% utilizing healthcare services covered under AB-PMJAY, primarily for hospitalization, outpatient care, and essential medicines. The study also highlighted the crucial role of information channels in influencing beneficiaries' awareness and participation in the scheme. Government campaigns emerged as the most influential channel, reaching nearly half of the beneficiaries surveyed, followed by healthcare providers and informal networks like word-of-mouth. This multi-channel approach reflects a comprehensive strategy aimed at maximizing outreach and educating beneficiaries about the scheme's benefits and enrolment procedures. However, disparities in information accessibility persist, with implications for equitable healthcare access across different demographic groups. Furthermore, the analysis identified several key factors associated with beneficiaries' awareness levels. Educational attainment and socioeconomic status were found to significantly influence awareness, with higher levels of education and income correlating positively with greater awareness of AB-PMJAY. This suggests that targeted interventions tailored to address the specific needs and challenges faced by less educated and economically disadvantaged populations are essential to bridge existing awareness gaps. Policy implications include enhancing the effectiveness of communication strategies through tailored messaging and leveraging community-based platforms to ensure comprehensive coverage and understanding of the scheme's benefits. In conclusion, while Ayushman Bharat PM-JAY demonstrates commendable progress in enrolment and utilization among beneficiaries in Ludhiana and Mansa districts, ongoing efforts are needed to enhance awareness and equitable access to healthcare services. Addressing the identified barriers through inclusive communication strategies and targeted interventions will be crucial in realizing the scheme's full potential to improve health outcomes and mitigate financial burdens for vulnerable populations across Punjab.

Conclusion

This study provides a comprehensive assessment of Ayushman Bharat PM-JAY in Ludhiana and Mansa districts, Punjab, focusing on awareness levels, card possession, utilization among beneficiaries, information dissemination channels, and associated factors. The findings underscore both successes and challenges in the implementation of the scheme. While significant strides have been made in enrolling beneficiaries and providing access to healthcare services, particularly for hospitalization and outpatient care, there remain notable gaps in awareness among certain demographic groups. Efforts to improve awareness must be intensified, targeting rural and economically disadvantaged populations where awareness levels remain comparatively lower. The study highlights the pivotal role of government campaigns, healthcare providers, and community networks in disseminating information about AB-PMJAY. These channels have played a crucial role in enhancing awareness and facilitating enrolment but require continuous refinement to reach marginalized communities effectively. Educational attainment and socioeconomic status emerged as critical determinants of awareness levels, indicating a need for tailored communication strategies and targeted interventions to address disparities. Limitations of this study include its cross-sectional design, which provides a snapshot of awareness and utilization at a specific point in time. Future research could benefit from longitudinal studies to track changes in awareness and utilization patterns over time, providing insights into the long-term impact of AB-PMJAY. Additionally, qualitative research methods could deepen understanding by exploring beneficiaries' perspectives and experiences in greater depth, uncovering nuanced factors influencing scheme uptake and satisfaction. Looking ahead, the future scope of research should focus on evaluating the quality and effectiveness of healthcare services delivered under AB-PMJAY, particularly in terms of patient outcomes and healthcare provider engagement. Further exploration of cost-effectiveness and financial sustainability will also be crucial in informing policy decisions and optimizing resource allocation. Collaborative efforts between policymakers, healthcare providers, and community stakeholders will be essential in addressing the identified challenges and realizing the scheme's overarching goal of providing universal health coverage to all eligible beneficiaries.

In conclusion, Ayushman Bharat PM-JAY represents a significant step towards achieving equitable access to healthcare in Ludhiana and Mansa districts, Punjab. By addressing current limitations and leveraging future opportunities, policymakers can further enhance the scheme's impact and ensure comprehensive healthcare coverage for all vulnerable populations across the region.

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