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Awareness, Knowledge And Challenges Faced By Beneficiaries Of Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana With Reference To Coimbatore District

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Abstract

It's crucial to prioritize a person's health for several reasons, including preventing illness and disease, promoting well-being, and improving quality of life. Along with preventive measures like screening tests, vaccinations, and controlling risk factors, regular health checkups help in increasing life expectancy. In case of uncertainty, securing our health is critical. To face the uncertainties, several health insurances have been introduced. As several health insurance schemes do, Ayushman Bharat, officially named Pradhan Mantri Jan Arogya Yojana (PM-JAY), is a flagship health insurance scheme in India that aims to provide financial protection against healthcare costs for the poor and vulnerable population. This scheme aims to provide comprehensive healthcare coverage to the economically weaker sections of society, making quality medical services accessible and affordable for millions of underprivileged individuals and families. In Coimbatore City a vibrant city where contemporary economic development comes together with ancient cultural values the degree of awareness and understanding of the (PM-JAY) scheme is the determining factor in the impact it will have on securing medical uncertainties. It used a mixed-methods research design, combining the quantitative data collected from standardized questionnaires from 180 respondents from mixed socio-economic backgrounds with qualitative information obtained through journals and primary and secondary data. The results show that although a moderate level of consciousness exists among the urban masses, there are wide gaps in the detailed comprehension of the outstanding features of the scheme. As a result, it is observed by the study that awareness has a positive correlation. By addressing the areas, the scheme can provide better healthcare access and satisfaction for beneficiaries, and it is also observed that many have benefited from hospitalization services, with most saving between 1 and 2 lakhs rupees.

Keywords: Scheme, Insurance, Claim, Coverage, Factors.

INTRODUCTION

Ayushman Bharat Yojana, also known as Pradhan Mantri Jan Arogya Yojana (PM-JAY), is a landmark health initiative launched by the Government of India in 2018. This scheme aims to provide comprehensive healthcare coverage to the economically weaker sections of society, making quality medical services accessible and affordable for millions of underprivileged individuals and families. As one of the world's largest government-funded healthcare programs, Ayushman Bharat represents a significant step toward achieving universal health coverage in India. The genesis of Ayushman Bharat lies in the

government's vision of creating an inclusive and equitable healthcare system that caters to the needs of all citizens, especially those residing in rural and economically backward areas. This scheme is part of a broader strategy to address the healthcare challenges faced by the country, including high out-of-pocket expenses, limited access to medical facilities, and the burden of non-communicable diseases.

Ayushman Bharat operates under two main components. The first component, the Health and Wellness Centers (HWCs), focuses on preventive, promotive, and primary healthcare services. These centers aim to strengthen the primary healthcare infrastructure by upgrading existing sub-centers and primary health centers into HWCs. The services offered at these centers include maternal and child health, non-communicable disease screening, immunization, and essential medications. The second component, PM-JAY, provides financial protection for secondary and tertiary healthcare services. Under this component, eligible families are entitled to an annual health cover of up to INR 5 lakh per family for hospitalization and medical treatment. The scheme covers a wide range of medical procedures and ensures cashless and paperless access to healthcare services at empanelled public and private hospitals across the country.

The eligibility criteria for Ayushman Bharat are determined based on the Socio-Economic and Caste Census (SECC) data of 2011. The scheme targets families belonging to the bottom 40% of the population, categorized as deprived households in rural and urban areas. Beneficiaries are identified based on predefined deprivation criteria, ensuring that the scheme reaches those who need it the most. One of the key features of Ayushman Bharat is its focus on leveraging technology to streamline operations and enhance service delivery. The scheme employs a robust IT platform for beneficiary identification, hospital empanelment, and claims processing. Additionally, the Ayushman Bharat Health Account (ABHA) ensures the portability of benefits, allowing beneficiaries to avail services anywhere in the country.

Ayushman Bharat has made a significant impact on India's healthcare landscape since its inception. Millions of families have benefited from free medical treatments, reducing the financial burden associated with healthcare expenses. The scheme has also encouraged private sector participation, leading to increased investment in healthcare infrastructure and improved service quality. Despite its successes, Ayushman Bharat faces several challenges, including limited awareness among beneficiaries, insufficient healthcare infrastructure in remote areas, and the need for better monitoring and grievance redressal mechanisms. Addressing these challenges requires coordinated efforts from the government, healthcare providers, and other stakeholders. In conclusion, Ayushman Bharat Yojana is a transformative initiative that embodies the principles of equity, accessibility, and inclusivity in healthcare. By bridging the gap between demand and supply, this scheme has the potential to revolutionize India's healthcare system and improve the quality of life for millions of citizens. As the program continues to evolve, it is imperative to focus on strengthening its implementation and addressing the barriers to its success to achieve the goal of universal health coverage.

REVIEW OF LITERATURE

Shailender Kumar Hooda, (2020), HWCs aim to upgrade primary healthcare facilities, while PMJAY provides insurance coverage to economically vulnerable families. Key challenges include inadequate funding, human resource shortages, and the potential undermining of public health infrastructure in favor of private sector dominance. The paper critiques the scheme for promoting a public-private partnership model and shifting healthcare financing dynamics, raising concerns about equity, regulatory mechanisms, and long-term sustainability.

Dhrubajit Gogoi, Amanisha Borah, et al (2022), The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a government-funded health insurance scheme launched in 2018, aiming to provide financial protection for healthcare to over 500 million vulnerable Indians. Covering up to ₹5 lakh per family annually, it ensures access to secondary and tertiary care in public and private hospitals, with features like cashless treatment, portability, and no family size restrictions. Challenges include limited rural awareness, potential misuse, funding inadequacies, and privacy issues, requiring robust reforms for effectiveness.

Rohit Dhaka, Ramesh Verma, et al (2018), Ayushman Bharat Yojana, launched in 2018, aims to provide accessible healthcare and reduce financial barriers for vulnerable populations in India. The scheme offers comprehensive health insurance coverage of ₹5 lakh per family annually for secondary and tertiary care, benefiting over 10 crore families (about 40% of India's population). It promotes cashless, paperless treatment at empanelled public and private hospitals nationwide. The initiative also establishes 1.5 lakh Health and Wellness Centres by 2022 to deliver primary care, addressing diseases like diabetes and

hypertension. By minimizing out-of-pocket expenses and improving healthcare access, the program enhances health equity and socioeconomic stability.

Nur Samima Begum, (2024), Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PMJAY), launched in 2018, is one of the world's largest government-funded health insurance schemes, aimed at achieving universal health coverage in India. It provides cashless health insurance coverage of up to ₹5 lakhs per family annually for secondary and tertiary care, targeting approximately 100 million economically disadvantaged families. The scheme includes over 1,500 health and wellness centers for primary healthcare services, ensuring access to both public and private hospitals. Challenges such as limited awareness, resource constraints, and service delivery gaps persist, but its potential to reduce out-of-pocket expenditures and promote equitable healthcare is significant.

Samir Garg, Kirti Kumar Bebartta and Narayan Tripathi, (2024), The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY), launched in 2018, aims to provide universal health coverage through cashless insurance of up to ₹5 lakhs per family annually, covering 100 million poor households. Despite its large-scale implementation, studies indicate that after four years, it has not significantly improved inpatient care utilization, patient satisfaction, or financial protection. Private hospitals, which are key service providers, continue to impose high out-of-pocket costs, limiting financial relief for insured patients. Challenges such as insufficient regulation of private providers and persistent catastrophic expenditures highlight the need for better governance and public healthcare investment.

STATEMENT OF THE PROBLEM

The Ayushman Bharat Yojana, also known as the Pradhan Mantri Jan Arogya Yojana (PM JAY), aims to address the critical issue of accessibility and affordability of healthcare for India's economically vulnerable population. Despite the scheme's promise to provide health coverage of up to ₹5 lakh per family annually, challenges persist in its implementation. These include gaps in awareness among beneficiaries, delays in empanelling hospitals, fraud, and 2 disparities in service quality. Furthermore, the need to streamline digital infrastructure and ensure efficient fund utilization adds to the complexity. Addressing these problems is crucial to achieving equitable healthcare for over 50 crore citizens.

SCOPE OF THE STUDY

The Ayushman Bharat Yojana (ABY), also known as Pradhan Mantri Jan Arogya Yojana (PMJAY), offers significant scope for research as it addresses key aspects of healthcare access and affordability in India. A study could explore its implementation, including coverage, funding mechanisms, and administrative structure, while assessing its impact on reducing out-of-pocket expenses and improving health outcomes among economically vulnerable populations. Comparative analyses across states, highlighting variations in performance and challenges such as operational inefficiencies, fraud, and underutilization, could provide valuable insights. Research could also focus on the role of technology in facilitating the scheme, particularly in beneficiary identification and claim processing, and evaluate the financial sustainability of this large-scale initiative. Additionally, the study could propose reforms to address existing bottlenecks, integrate other healthcare programs, and pave the way for achieving universal health coverage (UHC). This research would contribute to policymaking for enhancing healthcare equity and efficiency.

OBJECTIVES OF THE STUDY

- To examine the impact of the scheme on healthcare accessibility in India.
- To analyse the benefits provided under the scheme, including health coverage and financial assistance.
- Examine patient satisfaction and treatment outcomes under the scheme.
- To suggest improvements for better effectiveness and reach of the scheme.

RESEARCH METHODOLOGY

To choose a mixed methods approach to gather both quantitative and qualitative data. This will provide a comprehensive understanding of the scheme's impact. Use software like SPSS or SAS for quantitative data analysis, including descriptive statistics, regression analysis and Anova test. The study is done through the period of December 2024 to May 2025.

Research Design

- **Sampling Size:** 130 respondents
- **Sampling Technique:** Random Sampling Technique
- **Statistical Tools used:** Percentage Analysis, Likert scale analysis, Frequency Table, Simple Percentage analysis.
- **Primary Data:** Collected , 130 respondents through the questionnaire.
- **Secondary Data:** Journals, books and websites.

LIMITATIONS

- The study was limited to specific number of respondents.
- The sample size limited to 130 respondents.
- The survey out is fully based on the respondent's opinion.

FINDINGS

- The majority of the respondents over 59% (74) are between 18-30 years old.
- The majority 56% (71) of the respondents are female.
- The majority 48% (60) of the respondents are "Undergraduate level of education".
- The majority 33% (42) of respondents are self-employed.
- The majority 51% (64) of the respondents from the urban areas.
- The majority 48% (60) of the respondents are 4 in a family.
- The majority 73% (92) of respondents are aware of the scheme.
- The majority of respondents 25% (32) learned about the Ayushman Bharat Scheme through friends and relatives.
- Majority 53% (67) of the respondents have enrolled the scheme.
- Majority 40% (50) of the respondents have received the Ayushman Bharat e-card.
- Majority 43% (54) of the respondents use private hospitals.
- Majority 40% (50) of the respondents accessed hospitalization services.
- Majority of the respondents are saved between 1 lakh to 2 lakhs.
- Majority 77% (97) of the respondents reported satisfaction with hospital facilities.
- The majority of respondents (37%) believe that increased use of social media would be the most effective way to improve awareness about the scheme.
- The majority 41.3% (52) of respondents found the enrolment process easy.
- Majority 50 respondents (39%) were neutral but still reported a somewhat positive perception.
- The majority of respondents, 56 (44%), rated the healthcare as Good. 38
- The majority of respondents (53 respondents, or 42%) were satisfied with the behavior of healthcare staff.
- Majority of 56 respondents (44%) rated the healthcare as Good.

SUGGESTIONS

- Leverage social media platforms like Facebook, Instagram, and WhatsApp to increase awareness about the Ayushman Bharat Scheme.
- Simplify the enrollment process by providing step-by-step guides and helping through helplines or online support.
- Increase the number of private hospitals associated with the scheme and ensure easier access to these healthcare facilities.
- Improve communication about how to obtain and use the Ayushman Bharat e-card to increase awareness and utilization.
- Tailor the scheme to offer more flexible family packages, catering to different household sizes.
- Enhance the quality of healthcare by reducing wait times, providing timely services, and improving patient care.
- Promote the financial benefits of the scheme and offer incentives for early enrolment or loyalty to encourage greater participation.

- Focus on improving hospital infrastructure, cleanliness, and comfort to enhance patient experiences and improve satisfaction.

CONCLUSION

The study highlights that a significant number of respondents are aware of and enrolled in the Ayushman Bharat Scheme. Many have benefited from hospitalization services, with most saving between 1 to 2 lakhs. While the majority are satisfied with hospital facilities and staff behaviour, there is still room for improvement. Simplifying the enrolment process, expanding private hospital partnerships, and leveraging social media for awareness can further enhance the scheme's effectiveness. By addressing these areas, the scheme can provide better healthcare access and satisfaction for beneficiaries.

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WEBSITE

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