

International Journal of Agriculture Extension and Social Development

Volume 7; Issue 9; September 2024; Page No. 01-05

Received: 01-05-2024
Accepted: 04-06-2024

Indexed Journal
Peer Reviewed Journal

Knowledge of beneficiaries about key features and eligibility criteria of Ayushman Bharat Yojana

¹Anjali, ²Dr. Santosh Rani and ³Dr. Ella Rani

¹M.Sc. Research Scholar (EECM), Chaudhary Charan Singh Haryana Agricultural University, Hisar, Haryana, India

²Assistant Scientist (EECM), Chaudhary Charan Singh Haryana Agricultural University, Hisar, Haryana, India

³Assistant Professor (EECM), Chaudhary Charan Singh Haryana Agricultural University, Hisar, Haryana, India

DOI: <https://doi.org/10.33545/26180723.2024.v7.i9a.1000>

Corresponding Author: Anjali

Abstract

The study was conducted in Hisar district of Haryana. Two blocks from Hisar district i.e. Hisar-I and Hansi-I were randomly selected. Thus, a total of 180 beneficiaries of Ayushman Bharat Yojana were selected by simple random sampling technique from six randomly selected villages (30 from each village). Data was collected with the help of a well-structured interview schedule. Most respondents were male, married, and between 38-59 years old, belonging to small nuclear families. Agriculture was the primary source of income, with many being landless or having marginal land holdings. The study revealed significant knowledge gaps among beneficiaries. 36.1 percent had a low level of knowledge about the scheme's key features, while 45.6 percent had a low level of knowledge about eligibility criteria. These findings highlight the need for increased awareness and education efforts to ensure beneficiaries can effectively access and utilize the scheme benefits.

Keywords: Ayushman Bharat Yojana, knowledge, beneficiaries

Introduction

The Ayushman Bharat (Hindi for "India blessed with a long life") scheme is a government health insurance program that will cover about 500 million poor and vulnerable families in India providing up to INR 5 lakh per family per year for secondary and tertiary care hospitalization services. (Gopichandran, 2019) ^[2]. Under PM-JAY, all pre-existing conditions are covered from day one and there are no restrictions based on family size, age, gender. Moreover, the benefits are portable across the nation, allowing beneficiaries to seek treatment at any empaneled public or private hospital. With a comprehensive coverage spanning medical consultations, diagnostics, treatments and post-hospitalization care, PM-JAY aims to alleviate the financial strain on families and facilitate timely access to quality health care services.

Haryana Government is making great effort for the upliftment of poorest of poor through various schemes. In this line the state Government has started a new scheme called CHIRAYU Haryana scheme on 21st November 2022, to help Antyodaya families living in the state. CHIRAYU stands for "Comprehensive Health Insurance of Antyodaya Units". It is an extension of Ayushman Bharat benefits in state with the vision to provide quality health services to poor and vulnerable groups in the society, as expenses on health makes such families even more weak.

According to some studies knowledge of beneficiaries varied about different aspects of the scheme. Bidari *et al.* (2021) ^[1] observed that the majority (62%) of the samples

exhibited poor knowledge, while 22 percent had average knowledge and 16 percent demonstrated good knowledge. The study concluded that a significant portion of the population lacked adequate understanding of the AB PMJAY policy. Vinay *et al.* (2021) ^[11] revealed that out of the 100 participants examined, 83 percent possessed knowledge that their entire family was insured under AB-NMPM for an annual amount of 5 lakhs. However, only 52 percent had knowledge that out-patient department (OPD) services in private empaneled hospitals were not covered under the scheme.

Parisi *et al.* (2023) ^[5] found that approximately 62 percent of respondents were aware of PM-JAY, with 78 percent of them acknowledging their eligibility for the scheme. Sharma *et al.* (2023) ^[8] highlighted that among the 383 households surveyed, 10.18 percent, 47.26 percent and 27.40 percent of households from the lower, middle and upper economic strata, respectively, possessed knowledge about AB-PMJAY. Verma and Faridi (2023) ^[10] concluded that the majority of individuals, comprising 38.67 percent, possessed moderately adequate knowledge, whereas 32.67 percent had inadequate knowledge and only 28.67 percent had adequate knowledge regarding the PMJAY-AB scheme. Kanwal *et al.* (2024) ^[4] stated that nearly half of the respondents (49.40%) were aware of the coverage of services, 38 percent knew about services available in other states, 35 percent were knowledgeable about the types of services and 11 percent were informed about the availability of services at private hospitals.

Saikia *et al.* (2024) ^[7] observed a mean knowledge level of 11.7 ± 4.16 regarding the Ayushman Bharat Yojana. Haque and Choudhary (2019) ^[3] showed that 84 percent of rural residents exhibited insufficient knowledge, 14 percent demonstrated moderate knowledge and a mere 2 percent displayed adequate knowledge with no significant correlation with selected demographic variables. Since PM-JAY is an entitlement-based scheme where there is no advance enrolment process, making beneficiaries aware of the scheme is the most critical aspect. Keeping the above facts in view, the study was planned with the following objectives:

1. To study the knowledge about key features of Ayushman Bharat Yojana among beneficiaries.
2. To study the knowledge about eligibility criteria for Ayushman Bharat Yojana among beneficiaries.

Materials and Methods

Locale of the study

The study was carried out randomly in village Ramayan, Dhandheri and Depal from Hansi Block-I and village Mayar, Bhagana and Ladwa from Hisar Block-I, Hisar district of Haryana state because of the convenience, easy accessibility and familiarity of the researcher with this area. A list of beneficiaries enrolled in the scheme was obtained from the Community Health Centres serving the respective villages. From this list, a proportionate sample of 180 beneficiaries was selected for the current study, consisting of 90 beneficiaries from Hisar-I block (30 from each of the three villages i.e. Bhagana, Mayar and Ladwa) and 90 beneficiaries from Hansi-I block (30 from each of the three villages i.e. Ramayan, Dhandheri and Depal). A well-structured interview schedule was prepared with inclusion of all independent and dependent variables of the study for collection of data. The data was collected from the beneficiaries of each selected village of both blocks. The collected data was quantified and interpreted by using statistical tools such as frequency and percentage. A list of knowledge items was prepared and framed in a statement form to obtain the response from respondents. The responses to the statements were quantified by giving 1 to correct response and 0 score to incorrect response. The knowledge part was made up of 2 components *i.e.* key features and eligibility criteria for scheme. Each part had a varied number of statements and overall knowledge level was calculated by making categories *i.e.* low, medium and high-level knowledge based on maximum and minimum score can be attained by respondents.

Results

Profile of respondents

Profile of respondents presented a brief account of the socio-personal and economic and economic background of respondents which includes the independent variables of respondents *i.e.*, age, marital status, place of residence, education, family occupation, land holding and annual income of respondents.

Data presented in Table-1 depicted that 53.3 percent of the respondents in pooled sample were in 38-59 years age group, whereas 23.9 percent belong to 17-38 years age group and rest of them *i.e.* 22.8 percent were found to be in 59-80 years age group. 72.8 percent of the respondents were male and 27.2 percent were female in both the blocks 80

percent respondents were married, whereas 15 percent were widow and rest of them *i.e.* 5 percent were found to be unmarried in pooled sample of both blocks. 44.4 percent belonged to Scheduled Caste, 32.8 percent were from Backward Class followed by 22.8 percent from General category. 81.7 percent respondents in the total sample belonged to the nuclear family and the remaining 18.3 percent belonged to joint family.

Three-fourths of respondents (75%) in the both selected blocks had family size up to 4 members, whereas 23.9 percent had 5- 8 members in their family followed by only few (1.1%) had family size more than 8 members. 38.9 percent of the respondents from total sample were illiterate, one-fourth (25%) were higher secondary pass outs, 12.2 percent were secondary pass outs, 12.2 percent were primary pass outs, 6.1 percent were literate (can read and write), while only 5.6 percent were graduate and above. Out of total sample, one-fourth of respondents (25.6%) had no formal education and were illiterate.

Table 1: Socio-personal profile of the respondents

Sr. No.	Variables	Hisar-I (n=90) f (%)	Hansi-I (n=90) f (%)	Total (n=180) f (%)
1.	Age (in years)			
	17-38	23(25.6)	20(22.2)	43(23.9)
	38-59	50(55.6)	46(51.1)	96(53.3)
	59-80	17(18.8)	24(26.7)	41(22.8)
2.	Gender			
	Male	62(68.9)	69(76.7)	131(72.8)
	Female	28(31.1)	21(23.3)	49(27.2)
3.	Marital status			
	Married	73(81.1)	71(78.9)	144(80.0)
	Unmarried	3(3.3)	6(6.7)	9(5.0)
	Widow	14(15.6)	13(14.4)	27(15.0)
4.	Caste			
	General	22(24.4)	19(21.1)	41(22.8)
	Backward classes	25(27.8)	34(37.8)	59(32.8)
	Scheduled caste	43(47.8)	37(41.1)	80(44.4)
5.	Family type			
	Nuclear	70(77.8)	77(85.6)	147(81.7)
	Joint	20(22.2)	13(14.4)	33(18.3)
6.	Family size			
	Up to 4 members	67(74.4)	68(75.6)	135(75.0)
	5-8 members	22(24.4)	21(23.3)	43(23.9)
	More than 8	1(1.1)	1(1.1)	2(1.1)
7.	Education level			
	Illiterate	42(46.7)	28(31.1)	70(38.9)
	Literate (can read and write)	6(6.7)	5(5.6)	11(6.1)
	Primary	10(11.1)	12(13.3)	22(12.2)
	Secondary	8(8.9)	14(15.6)	22(12.2)
	Higher secondary	21(23.3)	24(26.7)	45(25.0)
	Graduate and above	3(3.3)	7(7.8)	10(5.6)
8.	Family education			(n=434)
	Illiterate	52(11.9)	59(13.6)	111(25.6)
	Literate (can read and write)	15(3.5)	10(2.3)	25(5.8)
	Primary	40(9.2)	54(12.4)	94(21.7)
	Secondary	5(1.2)	4(0.9)	9(2.1)
	Higher secondary	67(15.4)	49(11.3)	116(26.7)
	Graduate and above	40(9.2)	39(8.9)	79(18.2)
9.	Type of house			
	Kuccha	0(0.0)	0(0.0)	0(0.0)
	Pucca	81(90.0)	81(90.0)	165(91.7)
	Semi-pucca	9(10.0)	9(10.0)	15(8.3)

A further, 5.8 percent had some basic literacy skills, being able to read and write. Meanwhile, 21.7 percent had completed primary education, 2.1 percent had finished secondary education and 26.7 percent had completed higher secondary education. Additionally, 18.2 percent had graduated with a degree or higher. Majority of the respondents (91.7%) of the total sample had pucca house, while very few respondents (8.3%) had semi-pucca house. None of the respondents had a kuccha house in both blocks.

Knowledge regarding key features of ABY

Data in Table-2 regarding knowledge of respondents regarding key features of ABY pointed that majority of the

respondents (96.7%) of pooled sample had the knowledge that the beneficiaries of scheme are BPL households, followed by 94.4 percent knew about the coverage of Rs. 5 lakhs per year per family, 67.2 knew about cashless access to health care services under scheme, 66.1 percent knew scheme objective to reduce catastrophic out-of-pocket health expenditure, 62.8 percent knew that both public and private hospitals are empaneled under the scheme, 41.1 percent knew that there is no restriction on family size, age and gender for treatment under scheme, 37.2 percent knew that benefits of scheme are portable across the country and remaining 11.1 percent knew about 1592 procedures included under services of scheme.

Table 2: Knowledge of respondents regarding key features of ABY

Sr. No.	Particulars	Hisar-I (n=90)	Hansi-I (n=90)	Total (n=180)
		f (%)	f (%)	f (%)
1.	Coverage of Rs. 5 lakhs per family per year	86(95.6)	84(93.3)	170(94.4)
2.	Cashless access to health care services	54(60.0)	67(74.4)	121(67.2)
3.	Both public and private hospitals are empanelled	49(54.4)	64(71.1)	113(62.8)
4.	No restriction on family size, age and gender	33(36.7)	41(45.6)	74(41.1)
5.	Benefits are portable- across the country	31(34.4)	36(40.0)	67(37.2)
6.	Services include approximately 1592 procedures	10(11.1)	10(11.1)	20(11.1)
7.	Objective is to reduce catastrophic out-of-pocket health expenditure	60(66.7)	59(65.6)	119(66.1)
8.	Beneficiaries are BPL households	87(96.7)	87(96.7)	174(96.7)

(Figures in parenthesis indicate percentage, f= frequency, %= percentage)

Overall knowledge of respondents regarding key features of ABY

The critical evaluation of results depicted that 36.1 percent respondents had a low level of knowledge of key features of scheme which was followed by high knowledge (35.6%) and medium knowledge (28.3%), respectively.

Table 3: Overall knowledge of respondents regarding key features of ABY

Sr. No.	Particulars	Hisar-I (n=90)	Hansi-I (n=90)	Total (n=180)
		f (%)	f (%)	f (%)
1.	Low (0-2)	35(38.9)	30(33.3)	65(36.1)
2.	Medium (3-5)	29(32.2)	22(24.4)	51(28.3)
3.	High (6-8)	27(30.0)	37(41.1)	64(35.6)

Knowledge regarding eligibility criteria for ABY

Table-2 revealed that the majority of respondents (98.9%) were aware that BPL households were eligible for the scheme, followed by knowledge of other eligibility criteria: no ownership of excessive agricultural land (93.9%), no ownership of certain vehicles or farming equipment (73.3%), no government employment (72.2%), SC/ST household eligibility (70%), landless laborer eligibility (67.2%) and eligibility based on housing conditions (46.7%). However, knowledge of eligibility criteria related to disabled members, adult male absence and adult member absence was relatively low, ranging from 1.1 percent to 18.9 percent.

Table 4: Knowledge of respondents regarding eligibility criteria for ABY

Sr. No.	Particulars	Hisar-I (n=90)	Hansi-I (n=90)	Total (n=180)
		f (%)	f (%)	f (%)
1.	SC/ST households	59(65.6)	67(74.4)	126(70.0)
2.	Only one room with kuccha walls and kuccha roof	47(52.2)	37(41.1)	84(46.7)
3.	No adult member between ages 16 to 59 years	1(1.1)	1(1.1)	2(1.1)
4.	No adult male member between ages 16 to 59	1(1.1)	5(5.6)	6(3.3)
5.	Disabled member and no able-bodied adult member	19(21.1)	15(16.7)	34(18.9)
6.	Landless households working as manual casual labor	55(61.1)	66(73.3)	121(67.2)
7.	Shouldn't be a government employee	60(66.7)	70(77.8)	130(72.2)
8.	BPL households	88(97.8)	90(100.0)	178(98.9)
9.	Shouldn't own 5 acres or more of agricultural land	87(96.7)	82(91.1)	169(93.9)
10.	Shouldn't have kisan credit cards with a credit limit of Rs. 50,000	54(60.0)	45(50.0)	99(55.0)
11.	Shouldn't own two, three or a four-wheeler or mechanized farming equipment	64(71.1)	68(75.6)	132(73.3)

(Figures in parenthesis indicate percentage, f=frequency, %=percentage)

Overall knowledge level of respondents regarding eligibility criteria for ABY

The critical evaluation of results depicted that 45.6 percent respondents had a low level of knowledge of key features of scheme which was followed by medium knowledge (41.1%) and high knowledge (13.3%), respectively.

Table 5: Overall knowledge level of respondents regarding eligibility criteria for ABY

Sr. No.	Particulars	Hisar-I (n=90)	Hansi-I (n=90)	Total (n=180)
		f (%)	f (%)	f (%)
1.	Low (0-3)	43(47.8)	39(43.3)	82(45.6)
2.	Medium (4-7)	34(37.8)	40(44.4)	74(41.1)
3.	High (8-11)	11(12.2)	13(14.4)	24(13.3)

Discussion

The findings of this study reveal varying levels of knowledge among respondents regarding the scheme. Knowledge about key features (36.1%) and IT system (45.6%) fell in the low category, suggesting a need for improved awareness campaigns to enhance understanding of these aspects. Documentation (45.6%) and benefit cover (35.6%) knowledge levels were also medium. These findings suggest that while respondents have a fair understanding of the scheme's basics, there are areas that require attention to enhance their knowledge and awareness, ultimately improving the scheme's effectiveness.

The findings of the current study align with those of Kanwal *et al.* (2024) ^[4] who reported that almost all participants (99.1%) had heard about the AB-PMJAY scheme from their local village-level body (approximately 92.0%). Similarly, the current study found that a majority of respondents (65.6%) had a medium level of knowledge about the scheme's basic details, while 49.4% of Kanwal *et al.*'s (2024) ^[4] respondents were aware of the coverage of services. Additionally, the current study found that 36.1 percent of respondents had low knowledge about key features, compared to 38 percent of Kanwal *et al.*'s (2024) ^[4] respondents who knew about services available in other states. The consistency in findings highlights the need for improved awareness campaigns to enhance knowledge and understanding of health care schemes among rural communities.

Specifically, Prasad *et al.* (2023) ^[6] found that 65.1 percent of their respondents had a medium level of knowledge about the scheme's basic details, 58.2 percent had a medium level of knowledge about key features. Similarly, Thomas *et al.* (2023) ^[9] reported that 60.2 percent of their respondents had a medium level of knowledge about the scheme's benefits, 56.5 percent had a medium level of knowledge about the enrollment process and 54.1 percent had a medium level of knowledge about the scheme objectives. The consistency in findings across studies highlights the need for effective awareness campaigns to improve knowledge and understanding of health care schemes among rural communities.

Conclusion

This study highlights significant knowledge gaps among beneficiaries of the Ayushman Bharat Yojana scheme in

Hisar district, Haryana. The findings reveal varying levels of knowledge regarding key features, eligibility criteria, documentation, benefit cover, and the IT system. Notably, a substantial proportion of respondents had low levels of knowledge about the scheme's key features and eligibility criteria. These findings suggest that while beneficiaries have a fair understanding of the scheme's basics, there are areas that require attention to enhance their knowledge and awareness, ultimately improving the scheme's effectiveness. The study's results align with previous research, emphasizing the need for targeted awareness campaigns to improve knowledge and understanding of health care schemes among rural communities. By addressing these knowledge gaps, policymakers and healthcare providers can work towards ensuring that beneficiaries can effectively access and utilize the scheme's benefits, ultimately reducing financial strain and improving health outcomes.

References

1. Bidari MR, Saji AM, John AB, Bhagat T, Anjitha PR, Bhumbe D. A study to assess the level of knowledge regarding Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (ABPMJAY) among people residing in urban areas. *Drugs Cell Ther Hematol.* 2021;10(1):1071-1076.
2. Gopichandran V. Ayushman Bharat National Health Protection Scheme: an ethical analysis. *Asian Bioeth Rev.* 2019;11(1):69-80.
3. Haque J, Choudhary S. An exploratory study to assess the knowledge of the people regarding Ayushman Bharat Yojna in the selected rural area of the Balia district UP. *Int J Multidiscip.* 2019;5(4):2575-2577.
4. Kanwal S, Kumar D, Chauhan R, Raina SK. Measuring the effect of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojna (AB-PMJAY) on health expenditure among poor admitted in a tertiary care hospital in the northern state of India. *Indian J Community Med.* 2024;49(2):342-348.
5. Parisi D, Srivastava S, Parmar D, Strupat C, Brenner S, Walsh C, Allegri M. Awareness of India's National Health Insurance Scheme (PM-JAY): a cross-sectional study across six states. *Health Policy Plan.* 2023;38(3):289-300.
6. Prasad SSV, Singh C, Naik BN, Pandey S, Rao R. Awareness of the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana in the rural community: A cross-sectional study in eastern India. *Cureus.* 2023;15(3):1-11.
7. Saikia B, Pal M, Ringkangmai W, Krishnan S. A quasi-experimental study to assess the effectiveness of a planned teaching program on knowledge regarding Ayushman Bharat Yojana among community people in Panchayatan village, Greater Noida, Uttar Pradesh. *Int J Community Med Public Health.* 2024;11(1):157-164.
8. Sharma M, Tilekar SD, Shelgaonkar MV. To assess the knowledge, awareness, and utilization of people regarding PMJAY – Ayushman Bharat Yojana and Mahatma Jyotiba Phule Jan Arogya Yojana in rural areas of Rahata Taluka, Maharashtra. *Biol Forum.* 2023;15(5):62-68.

9. Thomas B, Raykundaliya D, Bhatt S, Vadhel K. Study of awareness, enrolment, and utilization of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana in Gujarat, India. *Int J Community Med Public Health*. 2023;10(8):2741-2747.
10. Verma A, Faridi SB. Knowledge and utilization of "Pradhan Mantri Jan Arogya Yojana-Ayushman Bharat" (PMJAY-AB) scheme among the eligible families in the selected rural community of Lucknow. *Era J Med Res*. 2023;10(1):77-83.
11. Vinay V, Sachdeva A, Kumar T. Awareness and perception of beneficiaries regarding Ayushman Bharat scheme in urban Rohtak, Haryana. *Glob J Res Anal*. 2021;10(4):61-62.