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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

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ABSTRACT: Providing affordable adequate primary, secondary and tertiary-level care is a major challenge in India, where the majority pay from pocket or rely on their assets. The government sought to prevent healthcare indebtedness through a nationwide health assurance scheme Ayushman Bharat - Pradhan Mantri Jan Arogya Yojana (AB – PMJAY) covering Rs. 5 lakhs per annum for Below Poverty Line (BPL) families per Socio-Economic Caste Census under which >50 crores Indians have been covered. Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY), the Government of Maharashtra's flagship health insurance scheme, covers Rs. 1.5 lakhs annually to BPL and APL families covering >60 lakh beneficiaries. Assess the level of knowledge, awareness and utilization of AB - PMJAY and MJPJAY. Data collection tool: Predesigned, validated, and standardized questionnaire. Sample size: 383. Rural area of Rahata Taluka, Maharashtra. Families who are beneficiaries or have not availed of the scheme to date. Cross-sectional descriptive. Multi-stage sampling - Cluster Sampling technique for villages and sample selection using simple random sampling technique. Out of the 383, among the cardholders, 6.27% and 14.36% of households had availed of the AB-PMJAY and MJPJAY schemes in the last 1 year. For AB-PMJAY: 0.5% and MJPJAY: 0% cardholders had to pay an additional amount for registration. Out-of-pocket expenditure reduction on healthcare is sardonic due to a lack of awareness about the facilities that can be prevailed in the government and empanelled private hospitals under the schemes. Promotion regarding self and facility registration on the scheme's portal through Community health workers and the government's digital platforms is needed to increase knowledge, awareness and utilization. Many people denied participating in the study as we were not generating the Ayushman Bharat and MJPJAY cards on the spot. We faced difficulty getting written consent from the participants as we were not the representatives of their society.

Keywords: Ayushman Bharat Yojana, Knowledge, Utilization, Health assurance scheme, Out of pocket expenditure.

INTRODUCTION

In India, Providing affordable adequate primary, secondary and tertiary-level care is a major challenge in India where the majority of the population pay from their pocket or rely on their assets to avail of healthcare services (Sriee and Maiya 2021). Efficient, Accessible, Inclusive and Affordable healthcare was needed by the population. The government sought to reduce the Out of pocket expenditure (OOP) of the population on healthcare through a nationwide health assurance scheme (Tabish, n.d.). On 15th August 2018 Government of India launched The Ayushman Bharat - Pradhan MantriJan Arogya Yojana (AB – PMJAY) (Dhaka *et al.,* 2018). The programme consists of two initiatives: (a) The Pradhan Mantri Jan Arogya Yojana (PMJAY); and (b) The establishment of 1.5 lakh Health and Wellness Centres (HWCs). Ayushman Bharat is based on an ambitious programme of transforming India's 150000 public peripheral health centres into health and wellness centres (HWCs) delivering universal, free comprehensive primary health care by the end of 2022 (Ved *et al*., 2019). National Health Authority is the Nodal Agency which runs this scheme efficiently in coordination with State health agencies. This scheme has an annual coverage of Rs. 5 lakhs for Below Poverty Line (BPL), Scheduled Caste and Scheduled Tribe families and deprived urban occupational categories in accordance with the Socio-Economic and Caste Census. According to the Union Ministry of Health and Family Welfare, under the scheme more than 50 crore Indians have been covered, Over 21.1 crore Ayushman cards have been generated, more than 4.2 crore authorized hospital admissions have been done and 50,207 crores worth of treatment amount has been spent in authorized hospitals. The total number of hospitals empanelled under the scheme is 26,052. A total of 1578 Medical and Surgical

procedures and 183 follow-up procedures have been covered under the package (Mantri Jan Arogya Yojana -Ayushman Bharat Vinoth Gnana Chellaiyan *et al.*, 2020). 3 days Pre – hospitalization and 15 days Post – hospitalization expenses are covered under the scheme. The programme covers costs associated with hospitalisation, nursery procedures, follow-up care, pre- and post-hospitalization benefits, and new-born child services. According to the plan's recommendations, hospitals should be empanelled based on package bundles in order to keep expenses under control (*SUMMARY & ANALYSIS HIGHLIGHTS*, n.d.). States have the freedom of choice to run the scheme through three models: 1: The Trust Model, 2: The Insurance Model, and 3: The Mixed Model (https://pmjay.gov.in/about/pmjay). The cost of treatment packages has been standardized in all empanelled hospitals. The government of India and State Governments bear the cost of treatment packages in a ratio of 60:40 for High performing states and 90:10 for Low performing states. (Angell *et al.*, 2019).According to the National Health Authority, under the Ayushman Bharat Digital Mission (ABDM) which is the next step in the digitalization of the Ayushman Bharat Yojana a total of 30.26 crore ABHA Number, 1.18 Lakh registration of Healthcare professionals, 1.86 Lakh Health facilities registration and 5.75 Health Records have been linked till date.

Mahatma Jyotiba Phule Jan Arogya Yojana (MJPJAY), the flagship health insurance scheme earlier known as Rajiv Gandhi Jeevandayee Arogya Yojana (RGJAY), flagship health insurance scheme was relaunched on 1st April 2017 by the Government of Maharashtra (Sapkal and Deshpande 2019). The scheme has an annual insurance cover of Rs. 1.5 lakhs, amount of Rs. 2.5 Lakh in case of Renal Transplant to Category A: Families having Yellow, Orange, Antyodaya, and Annapurna ration cards. Category B: Farmers from Agriculturally distressed districts of Maharashtra bearing White ration cards with 7/12 extract bearing the name of the beneficiary/head of the family or certificate from the neatest Revenue Officer.(*IDPROOFLIST MPJAY*, n.d.) The scheme has covered more than 60 Lakh beneficiaries till date. A total of 996 Medical and Surgical procedures with 121 follow-up procedures have been covered under the scheme. (*MJPJAY_PMJAY_Package_Costs*, n.d.). The government of Maharashtra bears the whole cost of the packages under the Mahatma Jyotiba Phule Jan Arogya Yojana. Mahatma Jyotiba Phule Jan Arogya Yojana works in flexibility with the Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (AB – PMJAY). Achievements under PM-JAY: As of 7 April 2022, more than 3.28 crore people had received free medical care. As of 7 April 2022, more than 18 crore Ayushman cards had been distributed. As of 14.11.2021, the inter-State portability function had authorised 2.92 lakh hospital admissions to a total of more than Rs. 644.5 crore. Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) scheme's new Health Benefit Package (HBP) 2022 was introduced by the National Health Authority (NHA). The overall number of processes in the updated version has increased by 365, bringing it to 1949. Differential pricing is being implemented for the first time under the plan based on the HBP 2022 (Ministry of Health and Family, 2022). Ayushman Bharat Yojana caters to the developmental action plan not only in economic terms but also in social terms (Board *et al*., 2022). COVID–19 pandemic had a huge impact on the utilization of schemes as all the hospitals were converted for the treatment of COVID–19 patients. All other surgical procedures for chronic health conditions were being postponed and hence there was a gap in research studies to assess the utilization of AB-PMJAY & MJPJAY. Many researchers have focused on writing articles about AB-PMJAY and MJPJAY, but very little research has been conducted to know the on ground utilisation of the schemes in the rural areas of Maharashtra.

MATERIALS AND METHODS

Study Tool: A predesigned validated standardized questionnaire was used to collect data. Data was collected by visiting houses that were selected using the sampling technique. The head of the family or available member more than 18 years of age was chosen as the respondent. The questionnaire included different sections including socioeconomic, demographic, knowledge, registration process, additional amount paid for registration, utilization and willingness to get enrolled in the Ayushman Bharat Yojana and Mahatma Jyotiba Phule Jan Arogya Yojana.

Study area: The study was conducted in the rural area of Rahata Taluka of Maharashtra. The sample size is calculated using Open Epi and cluster size is calculated using proportionate. The total population size is 335547 out of which 35% of the Below Poverty Line people that is 1174410 (Maharashtra Survey Report) is taken for sample size and anticipated frequency (p) is taken as 50%. The confidence limit is taken as 95% and the design effect is taken as 1.0 in the Open Epi. Type 2 error/level of significance is taken as 0.05. The proportion of those who are knowledgeable or utilising services is taken as 0.50 (We do not know the correct percentage of people as perfect statistical data is not found so 0.50 is taken so that we can get a large sample size and the least amount of error) So the sample size is calculated as 383.

Study population: Families who are beneficiaries or have not availed of the scheme till date.

Study design: This is a community-based Cross-sectional descriptive type of study.

Sampling techniques: Multi-stage sampling technique was used - Cluster Sampling technique was used for the selection of villages and the Simple random sampling technique was used for choosing the households. An expert-validated written consent having the Title of the study, confidentiality, voluntary participation clauses and the printed name of the Principal Investigator in Marathi and English both languages for better understanding was given to the respondent to sign.

Inclusion Criteria: The study includes all the families who are eligible for the Ayushman Bharat and MJPJAY schemes.

Exclusion Criteria: Families who are not consenting to be a part of the study and respondents below 18 years of age are excluded from the study.

Study period: The study was carried out between the months of April 2022 – April 2023. The total study period is 1 year.

Ethical approval and informed consent: The proposal no. (PIMS/SPHSM/RC/2022/24) was approved by the Institutional Ethical Committee of the Pravara Institute of Medical Sciences, Loni. All the participants gave their written consent before the study took place.

Statistical Analysis. The collected data was entered in MS Excel and the data sheet was then imported into data analysis software - RStudio Version 2023.03.0-386 (Posit PBC, Vienna, Austria). All the necessary results were tabulated and graphically represented using the same. Descriptive analysis was done to know about the overall characteristics of the study data. Some numeric variables were changed into categorical variables like the Sociodemographic category, and Age category according to the (Modified Kuppuswamy scale) to know the difference between the knowledge, awareness, and utilization of both the schemes among various age groups as well as economic groups. The continuous variables were expressed as mean and Standard Deviation. The score between the knowledge, awareness and utilization across different age categories and income categories was calculated using the Chi-square test and Fisher's exact test. To correlate the knowledge, awareness and utilization, Pearson's product-moment correlation "r" was used. Multiple linear regression was used to assess the relationship between the knowledge, awareness and utilization scores. A *P* value less than 0.05 was taken as statistically significant.

RESULTS AND DISCUSSION

This study was conducted to assess the knowledge, awareness and utilization of Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana and Mahatma Jyotiba Phule Jan Arogya Yojana in the rural area of Rahata Taluka among 383 households. The findings of the study are described in the coloured boxplot Fig. 1.

Socioeconomic and demographic characteristics of the respondents: It is evident from the study that the majority of the study population belongs to the lower middle class (53.8%) according to the Modified Kuppuswamy's Scale. Clerical, Shop owner and Farmer were the main occupations among the study participants. The sociodemographic characteristics have been described in Table 1.

Knowledge, awareness and utilization of Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana and Mahatma Jyotiba Phule Jan Arogya Yojana among the study population: Among the 383 study households, a total of 10.18%, 47.26%, and 27.4% of households belonging to the lower, middle, and upper economic classes knew about AB-PMJAY, respectively. 7.05, 40.21, and 25.07 households belonging to the lower, middle, and upper economic classes were aware of the AB-PMJAY scheme, respectively, and 0.78 and 6.27 households belonging to the lower and middle economic classes have utilised the AB-PMJAY scheme. The knowledge, awareness and utilization of Ayushman Bharat Yojana has been described in Table 2.

For Mahatma Jyotiba Phule Jan Arogya Yojana, out of the 383 study households, a total of 6.79%, 38.64%, and 16.97% households belonging to the lower, middle, and upper economic classes knew about the MJPJAY scheme, respectively. 10.44%, 47.0%, and 27.15% of households belonging to the lower, middle, and upper economic classes were aware of the AB-PMJAY scheme, respectively, and 1.57% and 14.36% of households belonging to the lower and middle economic classes have utilised the AB-PMJAY scheme, respectively. The knowledge, awareness and utilization of Ayushman Bharat Yojana has been described in table no. 3.

Pearson's product-moment correlation 'r' was conducted to know the relationship between knowledge, awareness and utilization, therefore for the Ayushman Bharat Yojana, the correlation 'r' between knowledge ~ awareness was 'r' = 0.75, awareness ~ utilization 'r' = 0.062, and knowledge ~ utilization was 'r' = 0.03. For the Mahatma Jyotiba Phule Yojana, Pearson's correlation between knowledge ~ awareness was 'r' = 0.61, awareness ~ utilization 'r' = 0.28, and knowledge ~ utilization 'r' = 0.19.

Multiple linear regression was done to calculate change regarding knowledge, awareness and utilization for both schemes. The linear regression model demonstrated that the *p*-value of the knowledge, awareness and utilization of the AB-PMJAY and MJPJAY in relation to socioeconomic status is highly significant. Therefore the knowledge, awareness and utilization of both schemes vary with socioeconomic status. The regression analysis summary has been described in Table 4.

Our cross-sectional study is trying to assess the knowledge, awareness, and utilisation of Ayushman Bharat Yojana, a central government-sponsored assurance scheme, as well as Mahatma Jyotiba Phule Jan Arogya Yojana, the government of Maharashtra's sponsored insurance scheme. Our study tries to find out the difficulties faced by the people for whom schemes are meant, the shortcomings of the people related to eligibility documents, the lack of promotion, and the on-field coverage of schemes by both governments. Ayushman Bharat Yojana is meant for the people who are below the poverty line, a large portion of the population is eligible for both programmes. According to our assessment, very few people know about both schemes. People who do not have awareness regarding various aspects of the schemes are an impediment that leads to failure in enrolling in the health schemes and their utilisation by the beneficiaries. Both the schemes are meant to reduce the out-of-pocket expenditure on the health of the people in both government and private empanelled hospitals, but the schemes are not performing up to expectations in our study area. There are many reasons that hinder the utilisation of schemes by eligible people; some of them are: less promotion of schemes through IEC materials and the government's

digital platforms; and less field registration of eligible people by workers who are assigned the task due to various causes. Some people had their 'Rajiv Gandhi Jeevandayee Arogya Yojana' card made some years ago, but they did not know that it is an eligibility document for the scheme and just needs to be shown at an empanelled registration facility. These factors account for the underperformance of the schemes in our study area. While performing the study, knowledge about various aspects of both schemes was given to the investigator and the study population so that they could have all the needed documents with them while going to the registration facility. Apart from this, mobile applications based on the Ayushman Bharat scheme eligibility check and registration were described to the people. People who had their documents with them were helped in getting their ABHA (Ayushman Bharat Health Account) cards on the spot. Sapkal and Deshpande (2019) conducted a cross-sectional study among the residential population of an urban community in Maharashtra to assess the awareness of the MJPJAY scheme and concluded that only 51.7% of people were aware of various aspects of the scheme. When compared with our study results in rural areas, only 14.3% of people were aware of the scheme (Sriee and Maiya 2021) conducted a cross-sectional study in the state of Tamil Nadu and assessed that 42.33 percent of the 300 homes were part of the Ayushman Bharat programme and 47.24% of households have availed of the Ayushman Bharat scheme in the past 1 year, whereas our study shows that only 6.2% of households have availed of the scheme. When compared with the above two studies, our study population has less knowledge, awareness, and utilisation. Therefore, necessary steps need to be taken by both governments to promote the scheme on digital platforms as well as through IEC materials. Apart from promotion, increased on-field activities by the health workers to cover a large amount of the eligible population with the help of local Panchayat Raj institutions by organising programmes to give information to the people regarding the scheme and on-site scheme registration by health workers using mobiles and laptops A large chunk of the eligible population might be going through a financial burden to avail themselves of healthcare. Even after there are health schemes run by governments for them, this is not a good sign in regards to achieving universal health care, which is an aspiration of our government as well as the people.

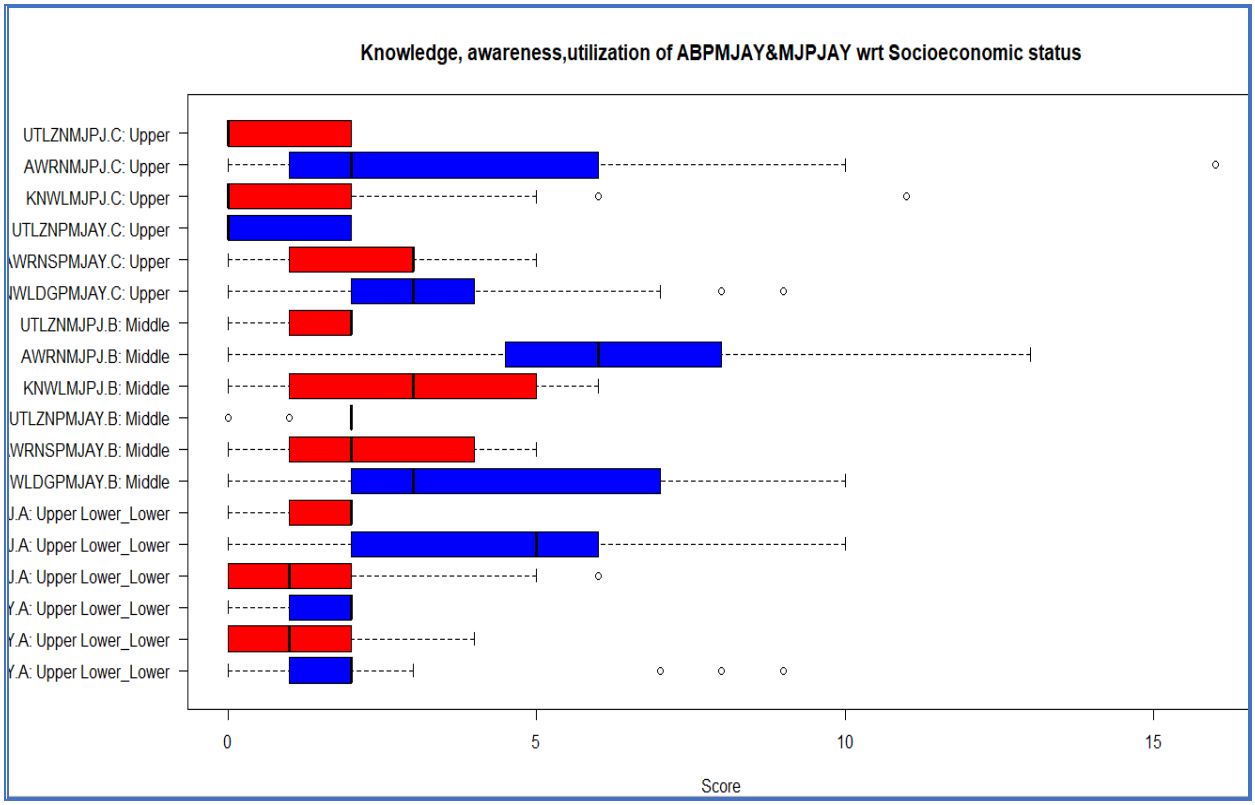

Fig. 1.

Table 1: Sociodemographic Characteristics of the study population.

Socio Demographic Status Age group	Fig. 2 Frequency [n=383]	%	Socio E. Status (Modified Kuppuswamy Scale)	Frequency [n=383]	%
18>35 years	149	38.9	=>18229	30	7.83
36-55 years	199	51.96	9115-18229	62	16.19
>55 years	35	9.14	6836-9114	178	46.48
GENDER			4557-6835	67	17.49
Male	226	59.01	2734-4556	18	4.7
Female	157	40.99	921-2733	14	3.66
			=<920	14	3.66
OCCUPATION Unemployed Professional	14 118	3.66 30.81	**OCCUPATION** Skilled worker	39	10.18
Semi-Professional	10	2.61	Semi-skilled worker	13	3.39
Clerical, Shop owner, Farmer	169	44.13	Unskilled worker	20	5.22

Table 2: Knowledge, Awareness and Utilization of AB-PMJAY and its association with Demographic Variables.

Demographic Variables	Knowledge				Awareness			Utilization
Socio - Economic Status (N)	**Full form**	**Eligible**	**Docs required**	**Renewal Period**	**Diseases Covered**	**Private Hospitals**	**Pre-existing Diseases**	**Utilized Scheme**
Lower (51)	15	2	4	1	1	4	7	2
Middle (205)	124	43	39	45	6	52	83	1
Upper (127)	192	49	45	57	5	53	75	
***P* values**	**<0.001**	**<0.001**	**0.001(S)**	**<0.001**	**0.182**	**0.101**	**0.309**	**0.690**
GENDER								
Male (226)	199	46	53	54	9	68	73	2
Female (157)	132	46	31	49	2	68	65	3
***P* values**	**0.0002**	**0.027**	**0.60**	**0.087**	**0.21**	**0.0002**	**0.008**	**0.64**
AGE GROUP								
18-35 (149)	149	36	29	37	5	65	59	2
36-55 (199)	169	53	52	62	6	72	69	3
>55 (35)	13	3	3	4	1	4	5	1
***P* values**	**<0.001**	**0.366**	**0.064**	**0.10**	**0.10**	**0.72**	**0.979**	**1**

Table 3: Knowledge, Awareness and Utilization of MJPJAY and its association with Demographic Variables.

Demographic Variables	Knowledge				Awareness			Utilization
Socio - Economic Status (N)	**Full form**	**Eligible**	**Docs required**	**Renewal Period**	**Diseases Covered**	**Private Hospitals**	**Pre-existing Diseases**	**Utilized Scheme**
Lower (51)	4	1	1	3	92	7	3	15
Middle (205)	94	47	38	71	75	78	75	47
Upper (127)	128	51	45	71	7	111	72	
***P* values**	**0.0009**	**<0.001**	**0.001(S)**	**<0.001**	**0.459**	**0.034**	**<0.001**	**<0.001**
GENDER								
Male (226)	146	47	53	84	119	137	86	15
Female (157)	80	52	31	61	55	59	64	5
***P* values**	**0.01(S)**	**0.003**	**0.60**	**0.50**	**0.001(S)**	**<0.001**	**0.599**	**<0.001**
AGE GROUP								
18-35 (149)	101	42	29	62	5	96	62	10
36-55 (199)	114	54	52	79	5	90	81	22
>55 (35)	11	3	3	4	1	10	7	4
***P* values**	**0.490**	**0.717**	**0.064**	**0.401**	**0.007**	**0.054(*S*)**	**0.44**	**<0.001**

Table 4: Regression analysis summary for knowledge, awareness and utilization scores.

	Estimate	Std. Error	t value
Knowledge PMJAY Intercept	2.29	0.40	5.65 ***
Middle	1.90	0.44	4.25 ***
Upper	1.03	0.45	2.25 *
Awareness PMJAY Intercept	1.31	0.21	6.21 ***
Middle	0.82	0.23	3.54 ***
Upper	0.99	0.23	4.16 ***
Utilization PMJAY Intercept	1.53	0.12	11.95 ***
Middle	0.10	0.14	0.75
Upper	-0.6	0.14	-4.34 ***
Knowledge MJPJAY Intercept	1.46	0.32	4.45 ***
Middle	1.24	0.36	3.44 ***
Upper	-0.19	0.37	-0.51
Awareness MJPJAY Intercept	4.58	0.44	10.21 ***
Middle	1.22	0.49	2.47 *
Upper	-0.90	0.50	-1.78
Utilization MJPJAY Intercept	1.46	0.12	11.58 ***
Middle	0.00	0.13	0.05
Upper	-0.66	0.14	-4.65 ***
Reference Category: Lower as per Modified Kuppaswammy Scale			
P value = '***' 0.001 '**' 0.01 '*' 0.05 '.' 0.1 ' ' 1			

CONCLUSIONS

Out-of-pocket expenditure reduction on healthcare is not up to the mark due to a lack of awareness about the facilities that can be prevailed in the government and empanelled in private hospitals under the schemes. Knowledge about various characteristics of both the schemes is very less among the population due to less reach of the IEC materials in the villages and on the digital platforms of the state and central governments regarding the information about the schemes. Promotion regarding self and facility registration on the scheme's portal through Community health workers and the government's digital platforms is needed to increase knowledge, awareness and utilization.

FUTURE SCOPE

Our study was only limited to the tehsil level population with a limited sample size as this study was conducted per the completion of a Post-Graduation Degree due to which there was a limited period to conduct the study on a large scale. The study results cannot be generalised to a large population. Ayushman Bharat targets the poor, socioeconomically disadvantaged rural families and an interventional study can be conducted targeting both the urban and the rural areas. A comparative study can also be conducted regarding the knowledge, awareness and utilisation of both the schemes in urban and rural areas.

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Conflict of Interest. None.

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