

# An Empirical Study on Citizen Perception, and Satisfaction Towards Ayushman Bharat Yojna (PM-JA1Y no rv (1))

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## **Abstract:**

Good health service is the right of every citizen in India. But due to being expensive, the poor used to stay away from it. India, the world's largest democracy and sixth-biggest economy, has been steadily humanizing its health services for the last few years. On 1- Feb-2018, the central government launched a health protection scheme named "Ayushman Bharat Yojna" by hon'ble prime minister Mr. Narendra Modi. In this scheme, approximately 10 corers of poor families are availing the free health service up to 5 lakhs rupees per annum per family. The objective of this research paper is to find the awareness, perception, and satiation of the citizens who are availing of this service.

The success of this scheme depends on how many people can take advantage of this scheme and it is possible only through monitoring.

**Keywords:-** Ayushman Bharat Service, Health service, Indian Government. Health Insurance, PMJAY.

## **Introduction:**

For this study, we have chosen Uttar Pradesh because it has a very high population, and low literacy rate. From the experience of the UP citizens here, we will know what effect this scheme has on the poor. If they are satisfied then this rate will be more in India also.

The partial accesses, inadequate availability of health services, and highly expensive for the poor's is the major health challenges in India. To overcome these challenges the central government of India launched the Ayushman Bharat scheme under Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in March 2018. (2018, [Harsh Bakshi, Rashmi Sharma, and Pradeep Kumar](#)). The Government of India has included this Ayushman scheme in the Health and Wellness Center, and National Health Protection Scheme renamed as Pradhan Mantri Jan Arogya Yojana or PMJAY. The benefit of this scheme has been made to cover the health insurance of 10 crore poor families. About 50 crores poor can get free treatment up to Rs 5 lakh per family per year. under this scheme, All government and few private hospitals are included in this scheme. ( March 2019, Indrani Gupta). The main problem with this scheme is that it does not cover any opd (outpatient department). The patients pay the whole opd fees to private doctors. (2020, Natasha Agnes D'cruze). The user has to login with his mobile number and finds out if his family is involved in Pradhan Mantri Jan Arogya Yojana. If the family is included in the list then visit the nearest CSC center and ask them to make a new ayushman card. (<https://mera.pmjay.gov.in/search/login>). According to the government, around 1 crore 50 lakh one thousand four hundred forty people have availed this facility by 31 Dec 2020. And the approximate 12.96 million Ayushman cards have been made. 24 thousand one hundred forty hospitals are empanelled since the launch. This is the biggest achievement of the government. (<https://pmjay.gov.in/>). This scheme has been implemented in more than 30 states and union territories. (2019, Owen Smith, Di Dong, and Sheena Chhabra). (<https://pmjay.gov.in/research-report>). To create awareness among citizens, the government is adopting many techniques, such as sending correspondence to the entitled families, attentiveness movements at the village level, and use of digital and traditional media have been implemented. (2020, Prof. Umakant Dash, Prof. V R Muraleedharan, Mr.Rajesh M). This scheme provides a boost for the poor family who keens to take medical facilitates but unable to afford it due to the out of pocket expenses. The government aims to provide approx 1,50,0000 Health centers to reach poor families. The Universal Health Coverage expenditure in India is very less approx 16 US\$ per capita while in the US and Canada it is approx \$8,078 and \$3074. (2019, Yogita Bhatia.)

## **Objective:**

- To know the perception and awareness of Ayushman service among the Citizens
- To examine the satisfaction level of entitled citizens.
- To identify the problem faced by the citizens to avail of this service.

## **Statistical Null Hypothesis:-**

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## Null Hypothesis (Ho)

- 1-Users are aware of the Ayushman service offered by the government.
- 2- Entitled users are satisfied with the Ayushman service offered by the government..

### Literature Review:

Yogita Bhatia conducted her study in 2019; she emphasized universal health coverage and stated that we need to improve the primary health system in India. We require to increase the medical facilities and health centers at the village level. If we compare our medical facilities with other countries, then we are far behind and we are in vast need of medical infra and facilities. There is an immense need to work in this field. (Bhatia,2019)

Swagata Yadawar, 2018, found that there are regional disparities in health facilities in the county. According to her west Bengal has only 10.6% ayushman beneficiaries and 588 hospitals are empanelled. While in Delhi it is only .6%. and 510 private hospitals are empanelled and this scheme in India and need more consciousness and stipulate generations. India is the lowest spender on health services and needs to increase on healthcare. The government has started an insurance-based Ayushman Bharat scheme for healthcare for poor people. (2018, Yadawar).

Manjuram Mannuru, 2018, His study recognized some clauses which ought to be amended to improve the quality and accessibility of the yojna. He observed that OPD is not cover in this scheme and the beneficiary can avail the benefit from impaneled hospitals only. As per the clause, the claim should be settled within 15 days but sometimes it takes more time to settle. He suggested that for some unrelenting ailments OPD should be allowed with medicines. For any emergency, the beneficiary should be visited the nearest hospital, and reimbursement policy should be there in non empanelled hospitals also (2018, Mannuru)

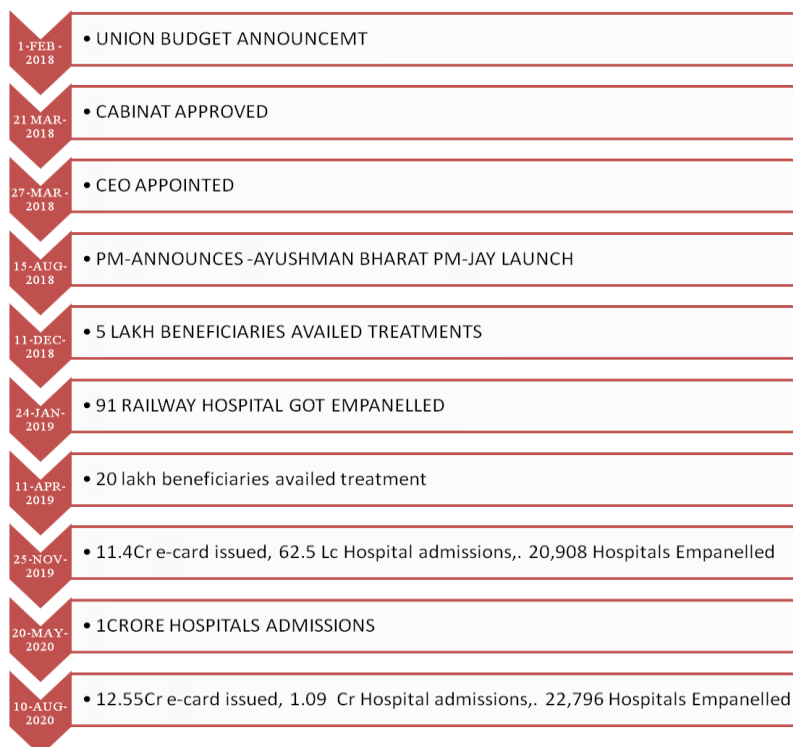
(Blake J. Angell, Shankar Prinja, Anadi Gupt, Vivekanand Jha, and Stephen Jan 2019). They analyzed some challenges in healthcare insurance (PMJY). These challenges are the lack of hospitals in the village area. Corruption in doctor training and investments. Careful monitoring is required in quality control and health system. Private hospitals can play a major role in the success of this scheme because the numbers of public and government hospitals are less as compare to Private hospitals. (20129, Angell,1, Prinja, Gupt, Jha and Jan)

Mita Choudhury and Pritam Datta, 2019. observed that the number of private hospitals empanelled by an insurance company in India is large as compared to private hospitals empanelled by the government. And the success of Ayushman services in India is chiefly reliant on the endowment of insured health care services through private hospitals only. (2019,Choudhary, Datta)

Chandrakant Lahariya,2017 The author analyzed that Ayushman bharat program is a good initiative taken by the government. This program helps India make progress towards Universal health services. It also helps to provide a quality health service to poor Indian citizens. (2017, Lahariya).

(HT Times,2019), Around 30,000 beneficiaries have been treated for covid 19 during the period April 2020 to September 2020 across India. Union minister harsh vardhan said that Ayushman Bharat Yojna is a successful project of the Central Government. (2019 ,Ht)

### PM-JAY (Ayushman Bharat Yojna Milestones)



Source: - <https://pmjay.gov.in/about/pmjay>

**Methodology:-**

**Study design:-** To access the level of perception, awareness, and satisfaction a brief survey of beneficiaries has been conducted online and visited various CSC centers and hospitals. A cross-sectional survey of approximately 529 families of target beneficiaries was 2021 conducted during Aug 2020-March.2021

**Sample Size:-** This research study was carried out in different districts of UP state. We selected two blocks, of which one was rural, and another was an urban block. Approximately 529 household beneficiaries from the Different districts of UP were chosen. An online survey was conducted to collect the data.

**Method and Data collection:** The questionnaires were translated into the Hindi language and collect information based on the demographic profile of the families. The questionnaires were shared with CSC centers and hospitals online.

**Analysis of Data:** The SPSS software has been implemented for the analysis process. The data has been analyzed using the graph, percentage, and t-test analysis. To determine the internal consistency, Cronbach's alpha tool is used, It will show how the set of variables are related to each other:

**Reliability Statistics**

Cronbach's Alpha	N of Items
.760	6

**Reliability Test:** The value of Cronbach's Alpha is .760 means reliability exists in the items. (as shown in table 1 )

Table1-

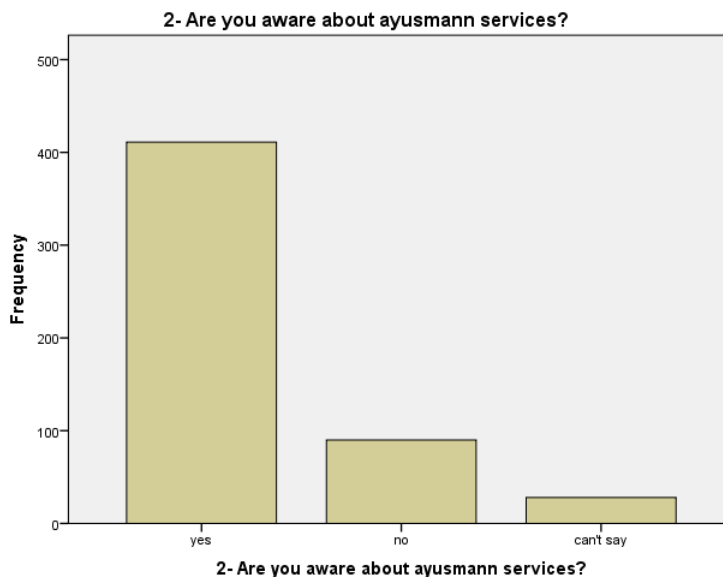
**Case Processing Summary**

		N	%
Cases	Valid	529	100.0
	Excluded <sup>a</sup>	0	.0
	Total	529	100.0

Question consisting of a three-point scale was administered to the respondents to aware of ayushman services. A descriptive test was used to judge their awareness level, out of 529 respondents 411 respondents answered “yes”. It indicates that people are aware of ayushman services. The percentage of awareness level is 77.7 %. (Refer Table 2 and graph1).

**2- Are you aware about ayushmann services?**

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	yes	411	77.7	77.7	77.7
	no	90	17.0	17.0	94.7
	can't say	28	5.3	5.3	100.0
	Total	529	100.0	100.0	



Graph1

A paired sample t-test was used to judge the perception of respondents towards their health expenditures before and after the card. As the p-value obtained from the t-test was 0.000, a significant difference was found in the pocket expenditure on health services before and after the availing ayushman service.(Refer Table 3).

**Paired Samples Correlations**

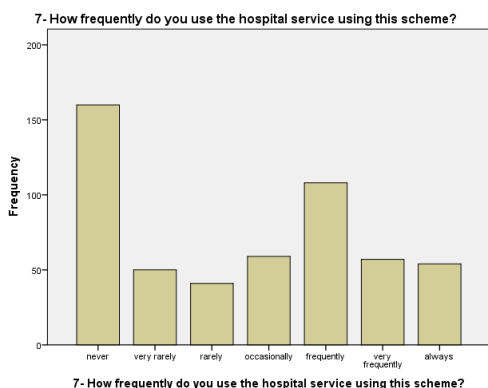
	N	Correlation	Sig.
Pair 1 9- Before availing the Ayushman Service the out of pocket expenditure on health services was very high * & 10- After availing the Ayushman Service the out of pocket expenditure on health services was continuous to be very high. *	529	.153	.000

Table-3

**Paired Samples Test**

	Paired Differences	t	df	Sig. (2-tailed)
	95% Confidence Interval of the Difference			
	Upper			
Pair 1 9- Before availing the Ayushman Service the out of pocket expenditure on health services was very high * - 10- After availing the Ayushman Service the out of pocket expenditure on health services was continuous to be very high. *	1.571	12.370	528	.000

The mean of How frequently do you use the hospital service using this scheme is 3.55. A seven-point Likert scale was used to know the perception of entitled citizens. The parameters used in the scale were never to always. A huge majority of the respondents are never (30.2%), very rarely (9.5%), rarely (7.8%), occasionally (11.2%), frequently (20.4%), very frequently (10.8%) and always (10.2%). It indicated that mostly entitled citizens approx (69.8%) are using ayushman card service in hospitals.(refer table 4 and graph2)



**Statistics**

7- How frequently do you use the hospital service using this scheme?

N	Valid	529
	Missing	0
Mean		3.55
Median		4.00
Mode		1
Std. Deviation		2.131
Minimum		1
Maximum		7

**7- How frequently do you use the hospital service using this scheme?**

	Frequency	Percent	Valid Percent	Cumulative Percent
never	160	30.2	30.2	30.2
very rarely	50	9.5	9.5	39.7
rarely	41	7.8	7.8	47.4
occasionally	59	11.2	11.2	58.6
frequently	108	20.4	20.4	79.0
very frequently	57	10.8	10.8	89.8
always	54	10.2	10.2	100.0
Total	529	100.0	100.0	

**Table-4**

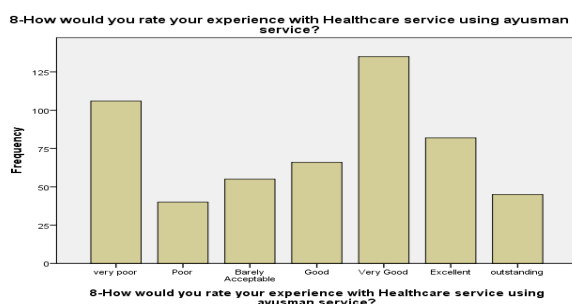
Another question consisting of a seven-point Likert scale was how would you rate your experience with healthcare service using ayushman service? The parameters used in the scale were very poor to outstanding. A huge majority of the respondents are excellent (15.5%), outstanding (8.5%), very good (25.5%), good (12.5%), barely acceptable (10.4%), poor (7.6%) and very poor (20%). It indicated that mostly entitled citizens approx (77.5%) are happy with health care services using ayushman services. Approx 28.2% users rated excellent to this service. (refer table5, graph3)

**8-How would you rate your experience with Healthcare service using ayushman service?**

	Frequency	Percent	Valid Percent	Cumulative Percent
very poor	106	20.0	20.0	20.0
Poor	40	7.6	7.6	27.6
Barely Acceptable	55	10.4	10.4	38.0
Good	66	12.5	12.5	50.5
Very Good	135	25.5	25.5	76.0
Excellent	82	15.5	15.5	91.5
outstanding	45	8.5	8.5	100.0
Total	529	100.0	100.0	

**Table-5**

**Graph-3**



**Results of Hypothesis Testing**

The following hypotheses are derived from the above analysis.

1. The uses are aware of the ayushman service of PMABY.
2. Entitled citizens are satisfied with ayushman service.

**Conclusion and Findings:** - From the above analysis and research, the researchers have concluded that the users are aware of Ayushman service. But they did not notice any advertisement or campaign of government about Ayushman services. Many of these people were asked by the staff of the Common service center that check their name in the government list and, if there is a name in the list, then make their Ayushman card. Many of these people are such that their income is very low and as per their income, they are entitled to the Ayushman service and even then their name is not listed in the government list. Some citizens are government employees and they are not entitled to this scheme but due to the listed name in the government list, they made their Ayushman card and availing of this service. Most of the entitled citizens are using this service very frequently. The citizens who are using this service are very satisfied and rated excellent. When they did not have this service, then they depend only on government hospitals for the health service and the private hospital was out of their expenses. But after this Ayushman service, they are also able to avail private hospital health services. Free health insurance worth Rs 5,000,00 is substantially enough for them. But the problem is that this service does not include the expense of OPD service. Below are some issues which are facing by the citizens to avail of this service. Also, advise some suggestions by the researchers..

- **Transparency:** There is a lack of transparency in this service. This scheme is only for the poor and rural households having been listed in the census report of 2011. This research has also revealed that some poor citizens are in great need of this scheme but their name is not listed in the government list and despite being needy, they are not able to take benefit of this scheme. And on the other side, some citizens' names were listed in the 2011 census and at this time they are in a job and earning huge. Even then their Ayushman card has been made and they are using this service. The Government should need to verify the credential of the

entitled citizens and remove the name of the citizens who are not supposed to need this scheme .whether their names should be listed or not.

- **OPD Services Not Included:** - An OPD service is not included in this scheme. The OPD fees in private hospitals range from Rs 500 to Rs 800, which is a huge amount for poor people. Some poor people are not using this Ayushman Bharat yojana scheme because they are not suffering from any critical disease for which they have to admit to the hospital and OPD is not included for minor illness in this scheme. The Government should be included OPD charges in this scheme. So that every entitled citizen can avail the benefit of this scheme.

- **Lack of Entitled Private Hospitals:-** The number of empanelled private hospitals is quite low. People of the villages have to go far for any emergency. If they have to go to a private hospital nearby, then they have to first check whether this hospital is empanelled or not. The government needs to increase the number of hospitals, especially in rural areas.

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