

A Study to Assess the Knowledge Regarding Pradhan Mantri Jan Arogya Yojana (PM-JAY) Among the General Public in a Tertiary Care Teaching Hospital, Kuppam

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Abstract

Background: Ayushman Bharat, the flagship scheme of the Government of India, was launched to achieve Universal Health Coverage (UHC) as per the National Health Policy 2017. It aims to address healthcare needs comprehensively by transitioning from fragmented approaches toward a holistic system. Pradhan Mantri Jan Arogya Yojana (PM-JAY) is a pivotal component of this scheme, striving to achieve UHC by providing comprehensive healthcare services to underprivileged families. Assessing public awareness and understanding of PM-JAY is crucial for its successful implementation. This study aimed to evaluate the knowledge regarding PM-JAY among the general public in a tertiary care teaching hospital in Kuppam. **Methods:** A descriptive cross-sectional research design was employed over a three-month period from November 2023–January 2023. The study population comprised visitors to a tertiary care teaching hospital in Kuppam, with a sample size of 386 selected using purposive sampling. Data on demographic variables and PM-JAY knowledge levels were collected using structured questionnaires containing 25 items. Statistical analysis, including frequency, percentage distribution, and chi-square tests, were conducted using SPSS to describe the data and determine associations between demographic factors and PM-JAY knowledge levels. **Results:** The majority of participants were females (73.8%) and aged over 25 years (59.8%). A significant proportion were daily wage laborers (29.3%) and had a family income of ≤ Rs. 15,000 (64%). The study revealed that 83.7% of the general public had inadequate knowledge regarding PM-JAY, while only 16.3% had moderate knowledge. Statistical analysis showed a significant association between the level of

knowledge and age, gender, occupation, family income, area of residence, and type of family ($p < 0.05$ or $p < 0.001$). However, there was no significant association between the level of knowledge and previous knowledge about PM-JAY or current registration status with PM-JAY. **Conclusion:** The study highlights significant demographic disparities in the knowledge of PM-JAY among the general public visiting a tertiary care teaching hospital in Kuppam. These findings underscore the need for targeted interventions to improve awareness and understanding of the scheme, particularly among younger individuals, males, those in certain occupations and income groups, and residents of rural areas. Enhanced awareness is crucial for the effective utilization of PM-JAY and the achievement of universal health coverage.

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INTRODUCTION

Liberty in a society is inherently linked to the knowledge its people possess. In the realm of healthcare, informed citizenry is crucial for the success of public health initiatives. India, committed to achieving Universal Health Coverage (UHC) as outlined in the National Health Policy 2017, launched Ayushman Bharat as its flagship scheme. This initiative aims to move away from fragmented healthcare delivery toward a comprehensive and holistic system that addresses the diverse healthcare needs of the population [1].

A central pillar of the Ayushman Bharat mission is the Pradhan Mantri Jan Arogya Yojana (PM-JAY). As the world's largest government-sponsored health insurance scheme, PM-JAY was launched in 2018 with the ambitious goal of providing financial protection and access to quality healthcare services for approximately 500 million beneficiaries. The scheme aims to reduce the burden of out-of-pocket expenditure on vulnerable families, which has been a significant cause of financial hardship. PM-JAY offers a coverage of INR 500,000 per family per year for secondary and tertiary care hospitalization [2].

Despite the scheme's broad reach and potential benefits, its successful implementation hinges on public awareness and understanding. Studies have indicated a moderate level of awareness among beneficiaries regarding PM-JAY, with persistent gaps in understanding the scheme's benefits and coverage. Furthermore, challenges related to effective communication, addressing hospital concerns, and ensuring full coverage have been reported. The effectiveness of PM-JAY in achieving its objectives relies heavily on effective scheme management and the informed participation of its intended beneficiaries [3].

Previous research has explored various aspects of PM-JAY, including its impact on healthcare access for the poor, awareness among healthcare workers, beneficiary experiences, and hospital-based implementation processes. Assessing the knowledge of PM-JAY among the general public, particularly in diverse settings like tertiary care teaching hospitals, is essential for identifying areas where awareness campaigns and information dissemination efforts need to be strengthened. This study was undertaken to evaluate the level of awareness and understanding of PM-JAY among the general public visiting a tertiary care teaching hospital in Kuppam, Andhra Pradesh [4].

METHODS

A descriptive cross-sectional research design was employed to assess the knowledge regarding Pradhan Mantri Jan Arogya Yojana (PM-JAY) among the general public. The study was conducted over a three-month period from November 20, 2023–December 2, 2023, in a specific tertiary care teaching hospital located in Kuppam, Andhra Pradesh, India. The study population comprised the general public aged 18–60 years who were visiting the hospital. A sample size of 386 participants was selected using purposive sampling based on the inclusion and exclusion criteria. Data were collected using a self-structured questionnaire, which included a section on demographic variables (age, gender, occupation, income, area of residence, type of family, previous knowledge about PM-JAY, and registration status) and another section containing 25 items to assess knowledge about PM-JAY. The tool's content validity was ensured through expert consultation, and reliability was tested with a Cronbach's alpha of 0.82. Informed consent was obtained from all participants before data collection, and ethical clearance was secured from the Institutional Research Committee (IRC) & Institutional Human Ethics Committee of PESIMSR, Kuppam. The collected data were analyzed using descriptive statistics (frequency and percentage distribution) and inferential statistics (chi-square test) to assess the level of knowledge and its association with demographic variables using SPSS software [5–9].

RESULTS

Table 1 shows the demographic characteristics of the participants. The majority (59.8%) were older than 25 years, and 73.8% were female. A significant portion were daily wage laborers (29.3%) with a monthly family income of \leq Rs. 15,000 (64%). Most participants resided in rural areas (81.3%), and

the distribution between joint (49.5%) and nuclear (50.5%) families was almost equal. A substantial majority (73.6%) reported no previous knowledge about PM-JAY, and 78.8% were not already registered with the scheme.

Table 2 illustrates the level of knowledge regarding PM-JAY among the general public. The findings indicate that a large majority (83.7%) had inadequate knowledge, while only a small percentage (16.3%) demonstrated moderate knowledge.

Association of Level of Knowledge Regarding PM-JAY Among General Public With Their Demographic Variables

The association between the level of knowledge regarding PM-JAY and the selected demographic variables. Participants aged over 25 years exhibited significantly higher levels of knowledge compared to those aged 25 years or younger ($\chi^2 = 23.619$, $p < 0.001$). Females also showed significantly greater knowledge than males ($\chi^2 = 8.890$, $p = 0.004$). Occupation was significantly associated with knowledge levels ($\chi^2 = 6.893$, $p = 0.048$), with those in government jobs and private jobs showing better knowledge. Higher family income ($> \text{Rs. } 15,000$) was significantly associated with better knowledge ($\chi^2 = 12.482$, $p < 0.001$). Participants from urban areas had significantly higher knowledge levels compared to those from rural areas ($\chi^2 = 18.756$, $p < 0.001$). The type of family (joint or nuclear) also showed a significant association with knowledge ($\chi^2 = 6.386$, $p = 0.011$), with those from nuclear families showing better knowledge. However, previous knowledge about PM-JAY ($\chi^2 = 0.041$, $p = 0.839$) and already being registered with PM-JAY ($\chi^2 = 3.286$, $p = 0.070$) did not show a statistically significant association with the current level of knowledge [10–13].

Table 2. Frequency and percentage distribution of level of knowledge regarding PM-JAY among general public (N = 386)

S.N.	Study of Variables	Frequency(F)	Percentage (%)	
1	Age in years	a. > 25 Years	231	59.8
		b. ≤ 25 Years	155	40.2
2	Gender	a. Female	285	73.8
		b. Male	101	26.2
3	Occupation	a. Daily wages	113	29.3
		b. Government Job	63	16.3
		c. Health care worker	64	16.6
		d. Private job	146	37.8
4	Family income	a. > Rs.15000	139	36
		b. ≤ Rs.15000	247	64
5	Area of residence	a. Rural	314	81.3
		b. Urban	72	18.7
6	Type of family	a. Joint	191	49.5
		b. Nuclear	195	50.5
7	Previous knowledge regarding PM-JAY	a. No	284	73.6
		b. Yes	102	26.4
8	Already registered with PM-JAY	a. No	304	78.8
		b. Yes	82	21.2

Table 2. Frequency and percentage distribution of level of knowledge regarding PM-JAY among general public (N = 386)

S.N.	Level of Knowledge	Frequency (f)	Percentage (%)
1	Inadequate knowledge	323	83.70%
2	Moderate knowledge	63	16.30%

DISCUSSION

The findings of this study reveal a predominantly low level of knowledge regarding PM-JAY among the general public visiting a tertiary care teaching hospital in Kuppam, with 83.7% demonstrating inadequate knowledge. This finding is consistent with a systematic review that highlighted moderate levels of awareness among beneficiaries, despite gaps in understanding the scheme's details. The low level of awareness underscores the need for more effective strategies to disseminate information about PM-JAY to the target population [14].

The study identified several demographic factors significantly associated with the level of knowledge. Older individuals (> 25 years) exhibited higher knowledge levels compared to younger individuals. This could be attributed to greater life experiences, more exposure to health-related information, or increased healthcare needs with age. Females demonstrated greater knowledge than males, which could be due to their more frequent engagement with healthcare services or their role as primary caregivers in families [15].

Occupation also played a significant role, with government job holders and those in private jobs showing better awareness. This may be linked to higher levels of education, better access to information, or employment in sectors that provide health benefits or awareness programs. Similarly, higher family income was associated with better knowledge, likely reflecting better access to information sources and healthcare resources.

Residents of urban areas displayed significantly higher knowledge levels compared to those from rural areas. This disparity could be due to better infrastructure for information dissemination, higher literacy rates, and greater accessibility to healthcare facilities and related information in urban settings. The type of family also showed a significant association, with individuals from nuclear families exhibiting better knowledge. The reasons for this could be multifaceted and require further investigation.

Interestingly, previous knowledge about PM-JAY and current registration status with the scheme did not significantly influence the current level of knowledge. This suggests that prior exposure or enrollment alone may not guarantee a comprehensive understanding of the scheme's provisions and benefits. It is possible that the information received previously was incomplete or not well-retained.

These findings align with other studies that have reported varying levels of awareness regarding PM-JAY across different populations and geographical regions. For instance, a study in eastern India found moderate awareness among healthcare workers, while another study in a rural community also reported moderate awareness. However, the current study indicates a lower level of knowledge among the general public in the specific setting of Kuppam.

The implications of these findings are significant for the effective implementation of PM-JAY. Low levels of awareness can hinder the utilization of the scheme's benefits by eligible individuals and families, thereby undermining its goal of achieving universal health coverage and reducing out-of-pocket expenditure [16].

CONCLUSION

This study underscores notable demographic disparities in the knowledge regarding Pradhan Mantri Jan Arogya Yojana (PM-JAY) among the general public visiting a tertiary care teaching hospital in Kuppam. Age, gender, occupation, family income, area of residence, and family type significantly influenced knowledge levels, with older individuals, females, those in government and private jobs, higher-income groups, urban residents, and individuals from nuclear families demonstrating better understanding. However, previous knowledge and registration status did not show a significant association with the current level of knowledge.

The predominantly inadequate level of knowledge highlights a critical need for targeted awareness campaigns and improved information dissemination strategies to enhance public understanding of PM-JAY, particularly among vulnerable and less informed demographic groups. Strengthening interdisciplinary collaboration among healthcare providers, policymakers, and community organizations is essential to address knowledge disparities and ensure equitable access to and utilization of the PM-JAY scheme, ultimately contributing to the achievement of universal health coverage. Further research is warranted to explore the reasons behind the lack of significant association with previous knowledge and registration status and to develop effective interventions tailored to the specific needs of different demographic groups in this region.

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