

Research Article

A Study to Assess the Knowledge and Utilization of Benefits Under PM JAN Arogya Yojna Among Adults Residing in Rural Community in New Delhi

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A B S T R A C T

Background: In India, the government-sponsored health schemes serve as a change agent for strengthening the health care system and achieving universal health coverage. The primary objectives of PM JAN Arogya Yojna include safeguarding the health of the underprivileged, improving the education and care of girls, offering affordable health insurance to the general public, enhancing healthcare facilities universally, and ensuring access to high-quality, affordable healthcare for all. The current study was undertaken to assess the knowledge and utilization of benefits under PM JAN Arogya Yojna among adults residing in a rural community in New Delhi.

Method and materials: The research approach adopted for the study was a quantitative approach with a descriptive research design. The tool developed for the data collection was a self-structured knowledge questionnaire. This tool is validated by seven experts, and reliability was also assessed. The sample consisted of 300 people from the rural community of Mehrauli, New Delhi. Samples were selected by purposive sampling.

Results: A maximum of 52.6% belonged to the age group 18-30 years; most of them were secondary qualified, i.e., 35%; the majority were housewives, i.e., 30%; and the majority of them had previous knowledge about PM-JAY social media, i.e., 22.7%. Out of 300 adults, 241 (80.33%) had fair knowledge, 52 (17.33%) had good knowledge, and 7 (2.33%) had poor knowledge and utilization of benefits under PM JAN Arogya Yojna.

Conclusion: Although a large number of people from the rural community had fair knowledge related to utilization of benefits under PM JAN Arogya Yojna, further educational and awareness programs could be conducted to spread the message among both urban and rural communities to adopt the benefits under PM JAN Arogya Yojna.

Keywords: PM JAN Arogya Yojna, Adults, Rural Community

Introduction

The PM Jan Arogya Yojna, a flagship healthcare program of the Indian government, aims to provide affordable and quality healthcare to marginalized communities. Despite its potential, the program's utilization and effectiveness in community areas like Mehrauli remain understudied. Mehrauli, a rapidly urbanizing area with a significant low-income population, faces numerous healthcare challenges, including limited access to quality healthcare services. Therefore, the researcher aims to evaluate the program's reach and coverage in the area, including the number of beneficiaries and the types of services utilized. By investigating the utilization of PM Jan Arogya Yojna in Mehrauli, this study aims to contribute to the development of targeted interventions and policy recommendations to enhance the program's impact and improve healthcare outcomes in marginalized communities, and in the future, it can also help to identify the barriers and facilitators to program utilization, including socio-economic factors, healthcare infrastructure, and perceived quality of care.

Kamalpreet, Beri S (2024) conducted a cross-sectional survey among 576 beneficiaries in Ludhiana and Mansa districts, the research employs random sampling and structured questionnaires to evaluate awareness, enrollment, and service utilization under AB-PMJAY. The findings reveal that 37% of beneficiaries have low awareness, 43% moderate, and 19% high awareness, with information predominantly obtained from government campaigns, healthcare providers, and word-of-mouth. Enrollment in the scheme stands at 41%, with 12% of enrolled beneficiaries utilizing services, primarily for hospitalization. Key barriers to utilization include cost concerns and insufficient awareness. Statistical analysis identifies significant correlations between demographic factors, such as education and income, and levels of awareness and utilization. The study underscores the necessity for targeted awareness campaigns and enhanced accessibility to optimize the scheme's impact. Policy recommendations highlight the importance of community-based platforms and tailored communication strategies to bridge existing gaps, ensuring equitable healthcare access for all vulnerable populations.¹

India has taken major strides towards achieving Universal Health Coverage (UHC) by implementing government-funded health insurance programs aimed at reducing out-of-pocket healthcare expenses for its poor and marginalized populations. One of the earliest initiatives was the Rashtriya Swasthya Bima Yojana (RSBY), launched in 2008, which laid the foundation for future public health financing reforms. Building on this framework, the Government of India launched the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in 2018, which is today recognized as the largest publicly funded health insurance

scheme in the world. PM-JAY aims to provide financial protection for secondary and tertiary health care services to more than 500 million economically disadvantaged Indians. It is designed to reduce catastrophic healthcare expenditures and increase healthcare access among the vulnerable. Despite its promise, achieving UHC in India remains a challenge due to infrastructural deficits, a limited healthcare workforce, and low awareness among beneficiaries. Although the government has committed to scaling up these schemes, utilization remains inconsistent across regions. On September 23, 2018, Prime Minister Narendra Modi officially launched the Ayushman Bharat initiative from Ranchi, Jharkhand. This initiative aims to not only address hospitalization costs but also strengthen primary and secondary healthcare through health and wellness centers across India. It also emphasizes health promotion and disease prevention strategies, making it a holistic model for public health improvement.²

Methodology

The objective of the present study was to assess the knowledge and utilization of benefits under PM Jan Arogya Yojna among the adults residing in the rural community in New Delhi. The quantitative research approach with a descriptive research design was used for the current study. A purposive sampling technique was used to select the sample of 300 people from the rural community of Mehrauli, New Delhi. Formal written permission was obtained from the MLA of the rural community of Mehrauli prior to commencing the task of data collection. The duration of the data collection was from 5th May 2024 to 6th June 2024. The purpose of the study was explained to the community people. Confidentiality was assured to all the subjects to get the cooperation, and informed consent was taken. Each participant gave their agreement once the researcher built a strong rapport with them. To assess the knowledge of the community about PMJAY, the self-structured questionnaire was prepared with 26 items, and the data was collected using the paper-pencil method. The average time taken for completing the questionnaire by each participant was around 10-15 minutes. The data analysis was done using descriptive statistics based on the objectives of the study.

Results

SECTION I:-Finding related to the demographic data of the subjects

Table -1 depicts the frequency and percentage distribution of adults by their age, gender, qualification, occupation, and source of information about PM-JAY. The study results showed that 158 (52.6%) out of 300 subjects were in the age group of 18-30 years, and 142 (47.4%) were in the age group of 30-60 years. A total of 138 (46%) subjects were male and 162 (54%) were females. Out of all subjects, 65

(21.5%) subjects were educated up to primary school, 105 (35%) were secondary school qualified, 76 (25.5%) were graduates, and 54 (18%) were postgraduates. In terms of occupation, 70 (23.4%) subjects were laborers, 90 (30%) were housewives, 11 (3.6%) were government employees, 63 (21%) were private employees, 10 (3.3%) had self-startups, and 56 (18.7%) were in business. 68 (22.7%) got information from social media, 40 (13.3%) from newspapers, 25 (8.3%) had PM-JAY membership

themselves/someone in their family, and 167 (55.7%) have no previous knowledge about PM-JAY.

SECTION II:-Finding related to assessment of the knowledge and utilization of benefits under PM-JAY among adults residing in rural community

Table-2, reveals that out of 300 adults, 52 (17.33%) had good knowledge, 241 (80.33%) had fair knowledge and 7 (2.33%) had poor knowledge and utilization of benefits under PM-JAY among adults residing in rural community.

Table I. Frequency and Percentage Distribution of Demographic Data of Subjects

n= 300				
S.No	Sample Characteristics	Category	Frequency (f)	Percentage (%)
1	Age (Years)	18–30 years	158	52.6%
		31–60 years	142	47.4%
2	Gender	Male	138	46.0%
		Female	162	54.0%
3	Qualification	Primary	65	21.5%
		Secondary	105	35.0%
		Graduate	76	25.5%
		Post-Graduate	54	18.0%
4	Occupation	Laborer	70	23.4%
		Housewife	90	30.0%
		Government Employee	11	3.6%
		Private Employee	63	21.0%
		Self-Startup	10	3.3%
		Business	56	18.7%
5	Source of Information about PM-JAY	Social Media	68	22.7%
		Newspaper	40	13.3%
		PM-JAY Membership (Self/Family)	25	8.3%
		No Previous Knowledge	167	55.7%

Table 2. Frequency and Percentage Distribution of Knowledge and Utilization of Benefits Under PM-JAY

n= 300		
Knowledge Category	Frequency (f)	Percentage(%)
Good (18-26)	52	17.33
Fair (9-17)	241	80.33
Poor (0-8)	7	2.33

Discussion

The major findings of the present study show that 241 (80.33%) had fair knowledge, 52 (17.33%) had good knowledge, and 7 (2.33%) had poor knowledge and utilization of benefits under PM JAN Arogya Yojna. The finding of the present study is similar to the study by Verma A. and Faridi S. B. (2023) carried out to evaluate the PMJAY-

AB scheme’s knowledge and usage among eligible families in a chosen rural community in Lucknow and to establish a correlation between the two. A non-experimental descriptive survey research design was used by employing a convenience sampling technique to collect the data from 150 samples through structured questionnaires, where the finding of the study reveals that the majority of people, 58 (38.67%), had moderately adequate knowledge, 49

(32.67%) had inadequate knowledge, and only 43 (28.67%) people had adequate knowledge regarding the PMJAY-AB scheme. The study concluded that the community people need awareness regarding the Pradhan Mantri Jan Arogya Yojana-Ayushman Bharat (PMJAYAB) scheme to ensure full coverage.³

The present study was also supported by another study that was conducted by Naveen R. Gowda and Hakim A. (2022) to assess the implementation and satisfaction of the AB-PMJAY scheme in the inpatient department of AIIMS, New Delhi. Data was gathered between January and June of 2019. All of the beneficiaries who used the services at AIIMS, New Delhi, were enrolled because the sample size was universal. The study included 120 patients in total. The participants' average age was 36.37 years, 45.83% of them lacked literacy, and 69.17% of them lived in a rural location. While 18% of patients were asked to buy their drugs from outside sources, 88% of patients had no trouble using the program.⁴

Conclusion

The current study suggests that coverage and utilization of the PM-JAY scheme among the targeted population were low. The adults in the rural community should be made aware regarding PM-JAY so as to have the optimum utilization of benefits under it.

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