



Creating Awareness of Ayushman Bharat Yojana Among Rural Stakeholders

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Article Information:

Type of Article: *Short Research Article. (Original).*

Received On: *10th May 2023.*

Accepted On: *21st June 2023*

Published On: *3rd July 2023*

Abstract:

Background: Ayushman Bharat Yojana is a centrally sponsored scheme launched in 2018, under the National Health Policy 2017, in order to achieve the vision of Universal Health Coverage (UHC) in India. The scheme aims to undertake path-breaking interventions to holistically address health (covering prevention, promotion, and ambulatory care), at the primary, secondary and tertiary levels, covering both preventive and promotive health, to address healthcare holistically. The study was conducted to assess the perception and knowledge of patients and their relatives regarding the Ayushman Bharat Yojana.

Material and Methods: In this research study a quantitative research approach with a descriptive survey research design is used. The sampling technique was nonprobability convenience sampling to collect the 100 samples of people visiting Tertiary care Hospitals. Data were collected by administering a structured questionnaire. The collected data were analyzed by using descriptive and inferential statistics such as standard deviation, and chi-test.

Result: The Study obtained a pre-test mean score was 14.3 with a standard deviation was 4.10592. With regards to the pre-test assessment, the score was 14(14%) participants had poor knowledge, however, 86 (86%) samples had average level of knowledge, and nobody was found a and knowledge of on Ayushman Bharat Yojana. So, this indicates participants have deficit knowledge regarding Ayushman Bharat Yojana. **Conclusion:** Ayushman Bharat yojana needs to be educated among the population for the poor and vulnerable beneficiary provided by the government. The study concluded that the majority of people were having an average level of knowledge regarding Ayushman Bharat yojana.

Key Words: **Assess, Knowledge, Ayushman Bharat Yojana**



Introduction:

The global community faces a double challenge: significant parts of the world's population still lack access to even the most basic medicines. And still, health care costs and the financial burden on societies and individuals continue to rise. Sandoz's own research on global access to healthcare has led us to group these challenges into three district areas. They believe that all societies need to: Build medical capacity, increase access to medicine, Improve access to medical information. They believe that each of these challenges demands a unique approach. And each approach must be multifaceted because societies must search for solutions on several levels.¹In India, Indians have registered a 50% increase in the prevalence of ischemic heart disease and strokes over a period from 1990 to 2016, with the number of diabetes cases climbing from 26 million to 65 million. In the same period chronic obstructive lung disease went up from 28 million to 55 million, the proportional contribution of cancer to the total health in India has doubled from 1990 to 2016, but the incidence of different types of cancer varies widely between states.²

Several studies have revealed that risk owing to a low level of health security is endemic for informal sector workers. The vulnerability of the poor informal worker increases when they have to pay fully for their medical care with no subsidy or support. On the one hand, such a worker does not have the financial resources to bear the cost of medical treatment, on the other; the health infrastructure leaves a lot to be desired. Large numbers of people, especially those below the poverty line, borrow money or sell assets to pay for the treatment in private hospitals. Thus, Health Assurance could be a way of overcoming financial handicaps, improving access to quality medical care, and providing financial protection against high medical expenses.³

Literature Review:

Priyanka Jalal (2018) a descriptive study at lunkar Ansar block of Bikaner District of Rajasthan to assess the knowledge about the Mid-Day Meal scheme which was selected by lottery method. Aiming at improving nutritional status and school enrolment it was launched as a centrally sponsored program. The sample size is students studying in the sixth, seventh and eighth classes 50 parents and 30 teachers which were selected randomly. The study revealed that most school children (78.5%), parents (80.0%), and teachers (70%) had a medium level of knowledge about the mid-day meal scheme whereas a maximum number of respondents had less knowledge about a year of the, the dietary requirement of the children per day and revised guideline the of the government of India. It concludes that most school children, parents, and teacher belong to a medium level of knowledge regarding the mid-day meal scheme.⁴



Glorious International Journal of Nursing Research

(An International Peer-Reviewed Refereed Journal)

ISSN: 2583-9713

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Neha Ande (2017) a cross-sectional study to assess the knowledge and attitude of antenatal and postnatal mothers about Janani Suraksha Yojana at tertiary care hospital Bharti hospital in Pune city. A structured questionnaire in the language was used and information was collected by interview method. Out of 65 participants, 45 (69.23%) was not aware of the yojana only 20 (30.76%) participants have knowledge about this yojana. 15 (75%) had received information about this yojana from television and newspaper and 5 (25%) participants were informed by ASHAs. This study received those inadequacies in the knowledge of antenatal and postnatal mothers regarding this yojana however, positive attitudes were found in those mothers who were about this scheme.⁵

Subhashini Revu (2017), an observational study to assess the impact of the Janani Shishu Suraksha Karyakram Scheme on institutional delivery in Visakhapatnam district with the objective to assess the impact of JSSK on institutional deliveries, maternal mortality, and morbidity and find out a drawback in the implication of this scheme, especially among the target population total of 464 delivered women during this period were given structured questionnaires. In that, 87.8% of delivered women in Vishakhapatnam hospital. 98.9% expressed their satisfaction with the service at VGH. It concludes that pregnant women die in India due to a combination of important factors like poverty, and unaffordable health care services. Maternal mortality rates and infant literature are high found because of a lack of awareness.⁶

Material and Method:

In This study, a Quantitative research approach was used and a descriptive research design was used. The main objectives were, to assess the perception and knowledge of patients and their relatives towards Ayushman Bharat yojana and find out the association the perception and knowledge of patients and their relatives towards Ayushman Bharat yojana with their selected demographic variables. The data collection procedure was conducted, from 22nd April to 26th April 2019. Before data collection permission was obtained from the medical superintendent, Tertiary care Hospital for study conduction. Ethical clearance was obtained from Institutional Ethical Committee and individual consent was taken from each participant. A total of 100 samples were collected among people visiting Tertiary care Hospitals. Demographic data include age, gender, qualification, occupation, types of family, currently holding any government scheme, family monthly income, heard about Ayushman Bharat Yojana, family member working in the health sector. Self-structured knowledge questionnaires were used which included 30 questions regarding Ayushman Bharat Yojana.



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ISSN: 2583-9713

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Results:

Section 1: Analysis and interpretation of demographic variable

Table: 1 Frequency and percentage distribution of samples, according to their demographic characteristics

n=100

| Sr. No | Variable | Category | N=100 (%) |
|--------|--|-----------------------|-----------|
| 1 | Age | <15 Years | 0 |
| | | 16 To 25 Years | 22 |
| | | Above 25 Years | 78 |
| 2 | Gender | Male | 39 |
| | | Female | 61 |
| 3 | Educational status | Illiterate | 13 |
| | | Secondary | 55 |
| | | Higher Secondary | 15 |
| | | Graduate | 17 |
| 4 | Type of family | Nuclear | 44 |
| | | Joint | 56 |
| 5 | Family income monthly | Below 5000 | 22 |
| | | 6000 - 10,000 | 37 |
| | | 11,000-20,000 | 33 |
| | | 21,000-30,000 | 6 |
| | | Above 31,000 | 2 |
| 6 | Occupation | Government Employee | 4 |
| | | Laborer | 9 |
| | | Household Work | 42 |
| | | Private Job | 28 |
| | | Self Employed | 17 |
| 7 | Previous use of Yojana | No Use | 32 |
| | | RashtriyaSwasthyaBima | 36 |
| | | Mama Card | 17 |
| | | Janani Suraksha | 12 |
| | | Others | 3 |
| 8 | Heard about Ayushman | Yes | 78 |
| | | No | 22 |
| 9 | If yes, through | Radio | 21 |
| | | Television | 12 |
| | | Newspaper | 7 |
| | | Friends | 36 |
| 10 | Family member working with the health sector | Yes | 20 |

Table 1: shows that most of the people, 78 (78%) were above the 25 years of age and 61 (61%) were female and 39 (39%) males male. 55(55%) had secondary education, 56(56%) belonged to a joint family and 44



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ISSN: 2583-9713

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(44%) belonged to nuclear family. Most of the participants 37 (37%) had a monthly income of 6000-10,000 and the majority 42(42%) belonged to household work as occupation. Most participants 36 (36%) were using RashtriyaSwasthyaBima Yojana Most participants 78 (78%) had heard about Ayushman Bharat Yojana mostly through their friends (36%).

Table2: Knowledge score of people regarding Ayushman Bharat Yojana

n=100

| Knowledge Score | Frequency | Percentage (%) |
|-----------------|-----------|----------------|
| Poor | 14 | 14 |
| Average | 86 | 86 |
| Good | 0 | 0 |

Table:2 shows that, out of 100 participants 14% had poor knowledge regarding Ayushman Bharat Yojana, 86% had average and none had good knowledge regarding Ayushman Bharat Yojana.

Table: 3 Association between selected demographic variable and level of knowledge.

n=100

| Sr. No. | Variable | Chi-Square Value | Degree of Freedom | Level of significance at 0.05 level | |
|---------|-----------------------|---------------------|-------------------|-------------------------------------|------------------|
| 1 | Age | <15 Year | 1.254 | 1 | 1.254<3.84 NS |
| | | 16-25 Years | | | |
| | | <25 Years | | | |
| 2 | Gender | Male | 1.832 | 1 | 1.832<3.84 NS |
| | | Female | | | |
| 3 | Educational Status | Illiterate | 48.115 | 3 | 48.115>7.82 S |
| | | Secondary | | | |
| | | Higher secondary | | | |
| | | Graduates/masters | | | |
| 4 | Type of family | Joint | 1.707 | 1 | 1.707<3.84 NS |
| | | Nuclear | | | |
| 5 | Family Income Monthly | Below 5000 | 7.111 | 4 | 7.111<9.49 NS |
| | | 6000 - 10,000 | | | |
| | | 11,000-20,000 | | | |
| | | 21,000-30,000 | | | |
| | | Above 31,000 | | | |
| 6 | Occupation | Government Employee | 2.439 | 4 | 2.439<9.49 NS |



| | | | | | | |
|---|--|--------------------------|-------|---|------------|----|
| | | Labourer | | | | |
| | | House Hold Work | | | | |
| | | Private Job | | | | |
| | | Self Employed | | | | |
| 7 | Previous use of Yojana | No Use | 4.701 | 4 | 4.701<9.49 | |
| | | Rashtriya Swasthya Bima. | | | NS | |
| | | Maa Card | | | | |
| | | Janani Suraksha | | | | |
| | | Others | | | | |
| 8 | Heard about Ayushman Bharat Yojana | Yes | 1.254 | 1 | 1.254<3.84 | |
| | | No | | | NS | |
| 8 | If yes, | Radio | 2.365 | 3 | 2.365<7.82 | |
| | | Television | | | | NS |
| | | Newspaper | | | | |
| | | Friends | | | | |
| 9 | Family member working in the healthcare sector | Yes | 5.502 | 1 | 5.502>3.84 | |
| | | No | | | S | |

***Significant at 0.05 level**

NS-Non-Significant

The above table depicts that chi-square is used to identify the associations between selected demographic variables and level of knowledge. According to a demographic variable, people’s educational status is significant at the 48.115 level and people working with health care worker are significant at 5.502 levels. So, the H1 hypothesis in this study is partially accepted.

Discussion: The present study was conducted to assess the knowledge regarding Ayushman Bharat yojana among people visiting Tertiary care hospitals. In order to achieve the objectives of the study, a descriptive design was adopted. A nonprobability convenience sampling technique was used in practice. The data was collected from 100 respondents by using self-structured knowledge questionnaires.

Recommendations: The similar study could be carried out on a large sample to generalize the findings and a similar study can be performed in a community setting.



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ISSN: 2583-9713

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Conclusion: The findings of the study have been discussed with reference to the objectives, hypothesis, and findings of other studies the majority of people 86% of samples have an average level of knowledge of Ayushman Bharat Yojana. 14% of participants have poor knowledge regarding Ayushman Bharat Yojana. The chi-square was used to identify the association between selected demographic variables and the level of knowledge regarding Ayushman Bharat Yojana. This is an association between level of knowledge and participants' educational status, working with health workers at a 0.05 level of significance.

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