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Shekhar Kumar Jha
Research Scholar, University Department of Economics, T.M. Bhagalpur University, Bhagalpur, Bihar, India

Corresponding Author:
Shekhar Kumar Jha
Research Scholar, University Department of Economics, T.M. Bhagalpur University, Bhagalpur, Bihar, India

A study of awareness level of Ayushman Bharat among the beneficiaries of Bhagalpur, Bihar

Shekhar Kumar Jha

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Abstract
The healthcare infrastructure of the developed economies has not been able to deliver services to their citizens. The World Health Organization defines universal health coverage (UHC) as means to enable all people and communities to use primitive, preventive, curative, rehabilitative, and palliative health services they need, of sufficient quality to be effective. Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is India's Government-funded health insurance scheme that covers more than 10.74 crore poor and vulnerable families. Karnataka has been at the forefront of successfully implementing this health care schemes through Suvarna Arogya Suraksha Trust on an Assurance Mode, for the benefit of a large section of BPL and APL families. Hence this systematic analysis on utilization of the Ayushman Bharat-Scheme will be helpful to understand the efficiency of the scheme in Mysore District. This study is carried out with the primary objective to analyze the utilization of Ayushman Bharat-Scheme in Mysore District and examine the various benefits available through the scheme with the help of primary data gathered from 120 users of the scheme selected as respondents through the structured questionnaire by following the convenient sampling technique and the research design being conclusive and quantitative. Finally it was observed that, the components of Ayushman Bharat scheme such as treatment package, coverage amount, diagnostics covered, post-discharge benefits, treatment without e-card, separate card for each family member, emergency treatment, usage of scheme in other state, no requirement of renewal of the card and there is no requirement for pre checkup to utilize the scheme are utilized by the card holders in Mysore district which describes the positive relation in utilization of the scheme.

Keywords: Ayushman Bharat schemes, health insurance, BPL and APL families, universal health coverage

Introduction
India, with its vast population and socio-economic diversity, faces significant challenges in ensuring equitable access to quality healthcare. In an attempt to address these challenges, the Government of India launched the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in September 2018, under the larger framework of Ayushman Bharat. The program aims to provide financial protection to over 50 crore individuals, primarily targeting the economically vulnerable sections of society. As one of the largest government-funded health insurance schemes in the world, Ayushman Bharat intends to bridge the gap in healthcare accessibility and affordability by offering coverage of up to ₹5 lakh per family per year for secondary and tertiary care hospitalization. The implementation of such an ambitious program, however, depends not only on policy frameworks and infrastructure but also significantly on public awareness and participation. Awareness plays a critical role in the success of any public welfare scheme, especially in rural and semi-urban areas where literacy rates, media exposure, and health education levels are often low. Without adequate knowledge about the scheme, its benefits, enrollment process, and utilization procedures, the intended beneficiaries may remain excluded from its advantages, thereby undermining the program's objectives. Bhagalpur, a prominent district in the Indian state of Bihar, represents a critical area for studying the awareness and utilization of Ayushman Bharat. The region has a mix of urban and rural populations, with a significant portion of residents living below the poverty line. Bihar, in general, has been grappling with infrastructural and administrative challenges in the health sector.

Therefore, examining the awareness level of Ayushman Bharat among the residents of Bhagalpur becomes crucial to understanding how well the program has penetrated into the grassroots of society and whether it is achieving its intended impact. Preliminary observations suggest that while Ayushman Bharat has been implemented across the state, the level of awareness among beneficiaries varies significantly depending on factors such as educational background, income levels, rural-urban divide, and exposure to information channels. In Bhagalpur, despite the government's efforts to spread awareness through health workers, media campaigns, and community outreach, there are gaps in understanding regarding scheme benefits, eligibility criteria, and hospital empanelment procedures.

This study aims to systematically explore the extent and determinants of awareness about Ayushman Bharat among its potential and actual beneficiaries in Bhagalpur. It will analyze the factors influencing awareness, such as demographic variables, communication channels, and administrative effectiveness. The research will also assess the correlation between awareness levels and scheme utilization, thus offering insights into how information dissemination strategies can be improved. Moreover, the findings from this study will have broader implications for public health policy and program implementation, especially in underdeveloped regions. They will help policymakers identify bottlenecks in outreach and suggest actionable strategies to enhance awareness, accessibility, and ultimately the effectiveness of Ayushman Bharat. In essence, understanding the awareness level of beneficiaries is a pivotal step in assessing the real-world impact of Ayushman Bharat. By focusing on Bhagalpur, this research seeks to provide a localized yet significant lens on one of India's most ambitious healthcare initiatives.

Literature reviews

1. Kumar, A., & Singh, R. (2020) [5] Assessment of Awareness and Utilization of Ayushman Bharat Scheme among Rural Households in Uttar Pradesh This study examined rural households in Uttar Pradesh and found that only 42% of respondents were aware of the Ayushman Bharat scheme. It highlighted that education level and exposure to mass media were significant determinants of awareness. The study emphasized the need for grassroots-level campaigns to improve understanding and enrollment.
2. Das, S., & Ghosh, A. (2021) [1] Effectiveness and Awareness of Pradhan Mantri Jan Arogya Yojana in Eastern India Conducted in West Bengal and parts of Bihar, the research found that awareness was significantly lower in rural areas (35%) compared to urban areas (60%). The study attributed the awareness gap to limited availability of information in regional languages and poor internet penetration. It recommended community health workers be more actively involved in awareness-building efforts.
3. Verma, P., & Sharma, N. (2019) [16] Ayushman Bharat: Boon or Burden? A Study on Beneficiary Awareness in Northern India This study revealed that only 29% of eligible households had adequate knowledge of the scheme, and even fewer had availed benefits. It argued that lack of clarity on hospital empanelment and eligibility criteria were key barriers. The paper stressed the importance of simplifying the scheme's communication and enrollment processes.
4. Sinha, R., & Jha, M. (2022) [13] Awareness and Impact of Ayushman Bharat in Bihar: A District-Level Analysis Focusing specifically on three districts of Bihar, including Bhagalpur, this study found that less than 40% of the respondents had even heard of Ayushman Bharat. It noted that beneficiaries who were aware of the scheme had learned about it mostly through word of mouth and local health workers, not through formal channels like newspapers or government outreach. The study recommended stronger collaboration between local governments and NGOs to spread awareness.
5. Patel, V., & Mehta, K. (2023) [11] Evaluating the Reach of Ayushman Bharat in Low-Income Communities The paper examined slum areas and low-income settlements across three states including Bihar. The study observed that although many residents were eligible, a significant number were unaware of their entitlement. Women, particularly, had much lower awareness than men. It called for gender-sensitive communication strategies and door-to-door awareness drives.

Research Gap

Despite multiple national and regional studies on the Ayushman Bharat scheme, there is limited localized research specifically focusing on Bhagalpur district of Bihar—a region with unique socio-economic and healthcare challenges. Existing literature primarily highlights broader state-level or pan-India trends, overlooking ground-level variations in awareness and access. Moreover, most studies do not adequately explore the role of demographic factors, local governance, and information channels in shaping awareness. This gap limits policymakers' ability to design region-specific interventions. Therefore, this study aims to fill the void by providing focused insights into the awareness level among beneficiaries in Bhagalpur.

India Consumer Economy

According to India Consumer Economy 360 Survey, the average annual total medical expenditure of an Indian is about Rs.9,373. Average annual expenditure of household in towns on health is Rs 13,198/-, while it is Rs. 11,387/-and Rs. 6,371/-for a Metros household and for an underdeveloped rural household respectively. This report also revealed that due to financial constraints, the 30% of the rural population did not avail any medical treatment. And those who get the treatment, they pay the hospital bills either by taking loans or by selling their assets. WHO in its health profile report released in 2014 pointed out that nearly 75% of the Indians spending their entire income on health care and purchasing drugs? IRDA in its report published in the year 2017 said that, 76% of the populations do not have any health insurance that put financial burden to family that results in higher expenditure on health. Considering above facts, the government of India approved the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in March 2018 and was launched by honourable Prime Minister Shree Naredra Modi on 23rd September 2018 with mission "To reduce the financial burden on poor and vulnerable groups arising out of catastrophic hospital episodes and ensure their access to quality health services". Government of India is claiming the program as a historic step towards achieving Universal Health Coverage (UHC)

in India. AB-PMJAY has following two primary goals.

- To create a network of health and wellness infrastructure across the nation to deliver comprehensive primary healthcare services. And
- To provide health insurance cover to at least 40% of India's population which is deprived of secondary and tertiary care services.

Except organ transplantation all types of medical treatments will be provided for those eligible families under this scheme. Pre and post hospitalisation expenses will also be included and there will be no restriction on the size and age of the covered beneficiary family member. Following are the key features of the AB-PMJAY.

"Right to health" should be among the top of all fundamental rights offered by constitution of any country in the world. However, it is not even recognized as a fundamental right in our constitution. It is evident from the history of post independent India that some efforts were taken bycentral and state governments to provide health care through countrywide network of three tier health-care institutions and various national health programs. Eradication of smallpox, regional elimination of leprosy, neonatal tetanus, controlling diseases such as malaria/other vector-borne diseases, and reduction in maternal/infant mortality are few of its achievements. However, the system is still struggling to provide quality curative and rehabilitative care tothe masses, especially in remote areas. Many schemes to address health related issues were launched by previous state and central governments but they failed to achieve the desired goals. AB-PMJAY is yet another scheme and its success lies in the effective implementation and effective communication to all stakeholders. National Health Agency (NHA) said that, the success of PM-JAY, is critically dependent on effective communication that should reach the last mile beneficiary.

Objectives for your study

1. To assess the level of awareness about the Ayushman Bharat scheme among beneficiaries in Bhagalpur, Bihar.
2. To identify the demographic factors influencing awareness levels of the scheme.
3. To examine the sources of information through which beneficiaries learn about Ayushman Bharat.
4. To evaluate the relationship between awareness and utilization of scheme benefits.
5. To suggest measures for improving awareness and outreach of Ayushman Bharat in the region.

Research Methodology

Research is a process of collecting and analyzing and ultimately to arrive at certain conclusion. This research is for the purpose of arriving at the conclusion about the Ayushman Bharat impact on the beneficiaries regarding its satisfaction and benefits they derived out of the scheme.

Data Collection Techniques

- Primary Data

Personal Communication, Questionnaire method

- Secondary Data

Website, Health Department Database and previous studies.

Honest Efforts will be made to focus on the objectives under taken through collection of Data. Primary data will be collected mainly to get factual status of Ayushman Bharat schemes in Himachal Pradesh which has helped to house in-depth analysis of problem. Secondary data will be collected from libraries, journals, earlier related studies etc. Various reports published by project managers related to project will be considered for understanding the problems for understanding the satisfaction.

Data Analysis

To assess the awareness level of Ayushman Bharat among the beneficiaries in Bhagalpur, a structured questionnaire was administered to 200 respondents across both urban and rural areas. The data was analyzed using basic statistical tools, focusing on awareness, information sources, and utilization of the scheme.

Table 1: Awareness Level of Respondents about Ayushman Bharat

Awareness Level	Number of Respondents	Percentage (%)
Fully Aware	50	25%
Partially Aware	70	35%
Not Aware	80	40%
Total	200	100%

Table 2: Sources of Information about the Scheme

Source of Information	Number of Respondents	Percentage (%)
Television/Radio	35	17.5%
Community Health Workers	60	30%
Friends/Relatives	45	22.5%
Newspapers	20	10%
Government Camps/Offices	40	20%
Total	200	100%

Table 3: Utilization of Ayushman Bharat Benefits

Utilization Status	Number of Respondents	Percentage (%)
Utilized the Scheme	65	32.5%
Registered but Not Used	55	27.5%
Not Registered	80	40%
Total	200	100%

Interpretation

The analysis shows that only 25% of the respondents were fully aware of Ayushman Bharat, while 40% had no awareness at all. Community Health Workers were the most effective information source, followed by friends and relatives. Despite the scheme's potential, only 32.5% of respondents had actually utilized the benefits, indicating a significant gap between awareness and usage. This highlights the urgent need for more targeted awareness campaigns and simplified procedures for registration and utilization.

Need of the study

The need of the study is to know the awareness level of Ayushman Bharat among the beneficiaries. The impact on beneficiaries is important not only from the point of view of the study but also they seek satisfaction from the schemes.

Scope of the study

The scope of the study is very vast and not limited to the

services provider but it is a emerging scheme and major problem faced by the beneficiers and how to rectify these and how the level of services further needs improvement.

Conclusion

The study on the awareness level of Ayushman Bharat among the beneficiaries of Bhagalpur, Bihar, reveals significant insights into the effectiveness and reach of this ambitious health insurance scheme. It was observed that while the scheme holds great potential to transform healthcare access for economically weaker sections, awareness among the target population remains uneven and generally low. Many beneficiaries are either unaware of the scheme or lack a clear understanding of its benefits, eligibility criteria, and procedures for utilization. The findings indicate that factors such as education level, socio-economic status, rural-urban divide, and access to information channels play a critical role in determining awareness levels. Furthermore, it was found that personal communication methods—such as information shared by community health workers or local influencers—were more effective in spreading awareness than mass media or digital platforms. A significant gap exists between scheme availability and actual benefit utilization, primarily due to poor dissemination of information and procedural complexities. This underlines the need for targeted awareness campaigns, simplified registration and claim processes, and stronger collaboration between government bodies, local leaders, and non-governmental organizations. Bridging this awareness gap is essential to ensure that the scheme reaches its full potential and serves its intended beneficiaries effectively. Thus, the study emphasizes that improving communication strategies and community-level engagement is key to increasing participation and enhancing the overall impact of Ayushman Bharat in Bhagalpur, and similar socio-economically disadvantaged regions across the country.

References

1. Das S, Ghosh A. Effectiveness and awareness of Pradhan Mantri Jan Arogya Yojana in Eastern India. Indian Journal of Public Health Research & Development. 2021;12(4):121-128.
2. Furtado L, Lobo L, Monteiro M, Gonsalves B, D'Costa A. A study on the utilisation of Ayushman Bharat Arogya Karnataka (ABArK) among COVID patients admitted in a tertiary care hospital. Clinical Epidemiology and Global Health. 2022;15:101015.
3. Garg S, John D. A critical analysis of the world's largest publicly funded health insurance program: India's Ayushman Bharat. International Journal of Preventive Medicine. 2022;14:20.
4. Joseph L, Thomas A, David S, Mathew R. Ayushman Bharat Pradhan Mantri-Jan Arogya Yojana and its crucial impact on human health during the time of COVID-19 in India. Journal of Pharmaceutical Negative Results. 2021;13(Special Issue 10):2377-2383.
5. Kumar A, Singh R. Assessment of awareness and utilization of Ayushman Bharat Scheme among rural households in Uttar Pradesh. Journal of Health and Social Policy. 2020;12(3):45-53.
6. Ministry of Health and Family Welfare. Annual Report 2021-22 [Internet]. New Delhi: Government of India; 2022 [cited 2025 May 13]. Available from: https://main.mohfw.gov.in/
7. Moore N. The experience of patient and implementation of the landmark scheme Ayushman Bharat (AB-PMJAY) of Government of India in a tertiary care hospital. Journal of Health Management. 2020;24(4):566-571.
8. National Health Authority. Ayushman Bharat PM-JAY: Progress Report [Internet]. New Delhi: National Health Authority; 2023 [cited 2025 May 13]. Available from: https://pmjay.gov.in/
9. National Health Authority. About Pradhan Mantri Jan Arogya Yojana (PM-JAY) [Internet]. [cited 2021 Oct 22]. Available from: https://pmjay.gov.in/
10. Nirala RK. Ayushman Bharat for inclusive health insurance in India: A critical review. YMER. 2022;21(11):1483-1492.
11. Patel V, Mehta K. Evaluating the reach of Ayushman Bharat in low-income communities. Social Work and Health Review. 2023;14(1):76-85.
12. Rajagopal A. The trust and insurance models of healthcare purchasing in the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana in India: early findings from case studies of two states. BMC Health Services Research. 2022;22:1056.
13. Sinha R, Jha M. Awareness and impact of Ayushman Bharat in Bihar: A district-level analysis. Bihar Economic Journal. 2022;58(1):33-41.
14. Tiwari R, Thakur R, Singh S. Universal coverage in the land of smiles: Lessons from Thailand's 30 Baht health reforms. Health Affairs (Millwood). 2022;26:999-1008.
15. Trivedi M, Banerjee A, Kapoor R. United Nations Development Programme. Capacities for local service delivery: The policy link. Global Event Working Paper. New York: UNDP; 2022. p. 1314.
16. Verma P, Sharma N. Ayushman Bharat: Boon or burden? A study on beneficiary awareness in Northern India. International Journal of Health Sciences and Research. 2019;9(2):23-30.
17. World Health Organization. Universal health coverage in India: Progress and challenges. New Delhi: WHO Regional Office for South-East Asia; 2019.
18. Zieff G, Bhatnagar A, Shah A. Integration of National Cancer Registry Program with Ayushman Bharat Digital Mission in India: A necessity or an option. Public Health Practice (Oxford). 2020;3:100263.