

Pradhan Mantri Jan Arogya Yojana (PMJAY): A Study on Awareness among People in Lucknow

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ABSTRACT

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Purpose: This study aims to assess the level of awareness about the Pradhan Mantri Jan Arogya Yojana (PMJAY) among residents of Lucknow. It also assesses the associations between different demographic variables and level of awareness. By understanding public knowledge and perception, the research seeks to identify gaps in awareness, contributing factors, and potential barriers, ultimately guiding effective outreach and improved healthcare access through PMJAY. It is a government health scheme launched in 2018 to provide free health insurance up to ₹5 lakh per year for low-income families. Covering millions, it offers cashless treatment for serious health issues at both public and private hospitals, aiming to reduce financial strain and improve healthcare access for India's vulnerable populations.

Methodology: The study is purely based on primary data collected through a structured questionnaire, which was divided into two parts. Part A collected general information about the respondents, while Part B focused on inquiries specific to the research study. The collected data was then analyzed using the chi-square test and the mean value of the questions. 136 respondents responded to the questionnaire.

Result: Respondents were aware of the enrollment procedure, eligibility criteria, document required, insurance claim amount, public and private hospital empanelment, cashless and paperless facilities, coverage of pre-existing illnesses from the enrollment date, requirement of an Ayushman card only for availing services, and provision of secondary and tertiary care hospitalization, but they were unaware of the claim procedure and diseases covered in secondary and tertiary care hospitalization.

Implications: The findings of the study may guide improvements in communication strategies, ensuring the scheme reaches low-income and underserved populations who could greatly benefit from it. Additionally, the study could inform policymakers about socioeconomic and cultural barriers to healthcare access, enabling tailored strategies for urban populations. Overall, the research can support targeted policy adjustments that enhance PMJAY's reach and impact in urban centers like Lucknow.

Keywords: Pradhan Mantri Jan Arogya Yojana (PM-JAY), Awareness, Lucknow, Healthcare, Government Scheme, Urban Areas

I. Introduction

The increasing cost of healthcare is a significant challenge for individuals today. Many Indians suffer from lifestyle diseases, compounded by the frequent occurrence of epidemics and pandemics affecting both the country and the

world. A medical emergency can strike anyone at any time, severely impacting emotional and financial stability. Consequently, everyone must obtain health insurance to protect against these unexpected life disruptions. Health insurance not only provides financial security but also promotes a healthier lifestyle through regular checkups and counselling. In this regard, the government has taken many steps from time to time to overcome the unexpected challenges of healthcare by providing health insurance to underprivileged and financially very poor population strata of the country.[1]

In 2008, the Indian government introduced the Rashtriya Swasthya Bima Yojana to support unorganized sector workers living below or just above the poverty line, offering a maximum coverage of INR 30,000 for the entire family. In 2013, the Ministry of Finance launched the Aam Admi Bima Yojana, aimed at low-income families in 48 specific vocations, covering INR 30,000 per year. The government also currently operates the Employees' State Insurance Scheme and the Central Government Health Scheme.[2] In this series, the Modi government also launched the Pradhan Mantri Jan Arogya Yojana (PMJAY), in September 2018 under the Ayushman Bharat scheme, which represents a landmark initiative by the Government of India to provide universal health coverage to the country's most vulnerable populations. As one of the world's largest government-funded healthcare programs, PMJAY aims to address the financial barriers to healthcare access, offering a health insurance cover of up to INR 5 lakh per family per year for secondary and tertiary care hospitalization.

The primary objective of PMJAY is to reduce the out-of-pocket healthcare expenses that impoverish millions of Indians every year. The scheme targets over 10 crore families, approximately 50 crore individuals, who fall under the economically disadvantaged category as per the Socio-Economic Caste Census (SECC) 2011 data. Additionally, after the Lok Sabha election of 2024, the Modi government announced a major expansion of the AB PM-JAY on September 11, 2024. Under this decision, all senior citizens aged 70 and above will receive health coverage, regardless of their income.[4] The benefits are portable across the country, ensuring that beneficiaries can access healthcare services from any empanelled public or private hospital in India.

Despite the ambitious objectives of PMJAY, the success of such a program significantly depends on the awareness and understanding of its benefits among the target population. Urban areas, while generally more informed and with better access to information, still harbor significant gaps in awareness due to socio-economic diversity. Lucknow, a significant urban centre in Uttar Pradesh, presents a unique demographic mix, making it an ideal area to study the awareness and outreach of PMJAY.

This research project aims to investigate the level of awareness and understanding of the Pradhan Mantri Jan Arogya Yojana among the urban population of Lucknow. By assessing the knowledge, perceptions, and barriers related to the scheme, this study will provide valuable insights into the effectiveness of current awareness campaigns and identify areas for improvement. The findings will help policymakers and healthcare administrators strategize better outreach efforts, ensuring that the benefits of PMJAY reach the intended beneficiaries more effectively.

II. Review of literature:

In any study, literature plays an important role in understanding the topic thoroughly, and it also helps in finding out the gap in that topic. The researcher has read some of the literature, which are as follows:

- **MENON & TOMAR, 2020** The research paper examines the awareness and understanding of the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) among residents in the KDMC area of Thane district, India. It highlights the challenges faced by the government in promoting health insurance, including inadequate health infrastructure and low public knowledge about the scheme. The study aims to assess the level of awareness regarding this government health insurance initiative, which targets the average working-class population. A sample survey of 100 respondents was conducted to evaluate their inclination towards the scheme. The findings reveal that a significant number of respondents, particularly literate individuals, are aware of the AB-PMJAY. The research emphasizes the need for effective marketing and educational efforts to enhance public understanding and confidence in the scheme, ultimately aiming to increase health insurance coverage among the underserved population in India.
- **Bidari et al., 2021** The study was conducted with the objective of assessing the knowledge level regarding Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (ABPMJAY) among urban people. Study findings indicated that the majority of the urban people had poor knowledge regarding ABPMJAY. These findings

go along with the assumption made at the beginning of the study. This research study has explored the level of knowledge regarding different health schemes provided by the government. The findings of the current study will make the government more motivated towards their work and also the administrative authority to continue the information regarding health schemes on the same scale.[6]

- **Nirala et al., 2022** The study aimed to assess the awareness and readiness of healthcare workers (HCWs) regarding the Pradhan Mantri Jan Arogya Yojana (PMJAY) in a tertiary care facility in East India. Conducted over four months at AIIMS Patna, the cross-sectional study involved 411 participants, including faculty, residents, and nursing staff. A self-administered questionnaire evaluated their knowledge and preparedness for implementing PMJAY. Results indicated that while 99.5% of HCWs had heard of PMJAY, only 6.1% received training on it. The mean awareness score was 5.52 (out of 10), and the mean readiness score was 18.49 (out of 25). A weak positive correlation ($r=0.174$, $p=0.001$) was found between awareness and readiness scores, suggesting that increased awareness may enhance readiness. The study highlights the need for regular training and workshops to improve HCWs' understanding and implementation of PMJAY, ultimately aiming for better healthcare delivery in India.
- **Girish et al., 2023** The research paper investigates the awareness and utilization of the Ayushman Bharat Arogya Karnataka (AB-ArK) scheme among residents of Chamarajanagar taluk, Karnataka. Conducted as a community-based descriptive cross-sectional study, it involved 1,027 participants, with a focus on socio-demographic characteristics, knowledge of the scheme, and healthcare expenditure. The findings revealed that approximately 65% of participants had heard of the scheme, but only 68% of those were able to utilize it. The study highlighted a significant gap in knowledge regarding eligibility criteria and available services, particularly among rural residents. The authors emphasized the need for improved awareness through effective information, education, and communication (IEC) strategies to enhance utilization and reduce financial burdens associated with healthcare. The study concluded that better monitoring and community engagement are essential for maximizing the scheme's accessibility and benefits for the needy population.
- **Prasad et al., 2023** The study by Prasad et al. investigated the awareness and utilization of the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in rural Bihar, India. Conducted from July to December 2021, the research involved 802 households selected through multi-stage sampling and utilized a pre-tested questionnaire to collect data on socio-demographic factors and awareness of the health insurance scheme. The results indicated that overall awareness of AB-PMJAY was 68.6%, with 78.9% awareness among eligible participants. The primary sources of information were healthcare workers, particularly accredited social health activists (ASHA) and Anganwadi workers (AWW). However, the utilization rate of the scheme was low at 1.3%. The study highlighted significant associations between awareness levels and factors such as occupation and ration card status. The authors recommended improved communication strategies and enhanced training for healthcare workers to increase community engagement and utilization of the AB-PMJAY benefits in rural areas.

III. Objectives of the study

1. To study the awareness of Pradhan Mantri Jan Arogya Yojana (PMJAY) in the urban population of Lucknow.
2. To study the association between awareness of PMJAY and different demographic variables in the urban population of Lucknow.
3. To suggest measures for enhancing the awareness and adoption of government health insurance schemes among the general population.

IV. Hypothesis of the study

H₀- There is no association between awareness of (AB-PMJAY) government-sponsored health insurance schemes and different demographic variables.

H₁-There is an association between awareness of (AB-PMJAY) government-sponsored health insurance schemes and different demographic variables

V. Research Design-

Research design is a structured framework outlining the methods and procedures for collecting and analyzing data in a study. The research design which was prepared during the study is as follows:

- a) **Methods of data collection and Analysis-** The study was purely based on the primary data which was collected through a structured questionnaire, which was split into two sections. Part A collected general information about the respondents, while Part B focused on inquiries specific to the research study. The collected data was then analyzed using the Chi-square test and the mean value of the questions.
- b) **Sample size-** By using purposive and convenience sampling questionnaire was filled from 136 respondents.

VI. Limitations of the study:

1. The study is indicative, highlighting the necessity for a comprehensive investigation on the topic.
2. Due to financial and temporal limitations, the sample size is restricted to 136.
3. The investigation is limited to Lucknow's geographic boundaries.
4. Convenience sampling was used in this study. The same study can also be conducted by using other than convenience sampling.

VII. Data analysis and interpretation

Reliability Statistics

Cronbach's Alpha	N of Items
.943	11

Data is reliable and consistent as the Cronbach's Alpha value is more than 0.7

Findings of the study:

The questionnaire was prepared and data was collected as per the convenience of the researcher. 136 respondents had filled out the questionnaire. Questions that were asked and data related to them were as follows:

Table-1

Demographic variables	Frequencies	Percentage
1. Age		
a. 18-25	64	47.1
b. 26-35	68	50.0
c. 36-45	3	2.2
d. 46-55	1	.7
e. 56 and above	0	0.0
Total	136	100
2. Gender		
a. Male	66	51.5
b. Female	70	48.5
Total	136	100
3. Education		
a. Primary	3	2.20
b. Secondary	8	5.88
c. Higher Secondary	15	11.03
d. Graduate	84	61.76
e. Postgraduate	26	19.12
Total	136	100
4. Occupation		
a. Student	102	75.00
b. Employed	18	13.25

c. Self-Employed	7	5.14
d. Unemployed	8	5.87
e. other	1	.74
Total	136	100
5. Income		
a. Below Rs. 2,00,000	87	64.00
b. Rs. 2,00,000- Rs. 5,00,000	31	22.8
c. Rs. 5,00,001- Rs. 10,00,000	15	11.03
d. Above Rs. 10,00,000	3	2.2
Total	136	100
6. Source of information		
a. Newspapers	75	55.6
b. Friends & Relative (word of mouth)	45	33.3
c. Social Media	76	56.3
d. Agents of political parties	14	10.4
e. Television	55	40.7
f. government websites	42	31.1
g. other sources	10	7.2

Table 1 data shows that both genders were almost responded equally. The majority of them were from the age group of 18-25 and 26-35. Also, most of the respondents were highly educated. As the majority of the respondents were students i.e., Maximum respondents were from the below Rs. 200000 income strata. The scheme awareness table suggests that the majority of the respondents had heard about the PMJAY scheme from social media, newspapers, television, friends and relatives, government websites and agents of political parties.

Table-2

Questions that have asked	SD(%)	D(%)	N(%)	A(%)	SA(%)	Mean	S.D.
Q1 [I am aware of the Pradhan Mantri Jan Arogya Yojana (PMJAY).]	11 (8.1)	2 (1.5)	14 (10.3)	63 (46.3)	46 (33.8)	3.96	1.112
Q2 [I know how to enroll in PMJAY.]	15 (11)	31 (22.8)	21 (15.4)	52 (38.2)	17 (12.5)	3.18	1.236
Q3 [I know about the eligibility criteria and documents required to get enrolled in PMJAY.]	17 (12.5)	34 (25.0)	22 (16.2)	43 (31.6)	20 (14.7)	3.11	1.286
Q4 [I am aware that insurance claim amount is Rs. 5,00,000 per year per family in PMJAY.]	14 (10.3)	17 (12.5)	20 (14.7)	51 (37.5)	34 (25)	3.54	1.276
Q5 [I am aware about the claim procedure of PMJAY.]	20 (14.7)	40 (29.4)	32 (23.5)	32 (23.5)	12 (8.8)	2.82	1.204
Q6 [I am aware that under PMJAY both public and private empaneled hospitals provide secondary and tertiary healthcare services.]	18 (13.2)	21 (15.4)	27 (19.9)	46 (33.8)	24 (17.6)	3.27	1.291

36-45	.89	.144	.577	.495	.365	.261	.494	.231	.406	.446	.797
46-55											
56 and above											
Remark	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Education											
Primary											
Secondary											
Higher Secondary	.99	.852	.671	.331	.899	.765	.846	.983	.804	.421	.866
Graduate											
Postgraduate											
Remark	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Occupation											
Student											
Employed											
Self-Employed	.85	0.85	0.93	0.575	0.98	0.72	0.95	0.72	.74	.615	.656
Unemployed											
other											
Remark	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Income											
Below Rs. 2,00,000											
Rs. 2,00,000- Rs. 5,00,000											
Rs. 5,00,001- Rs. 10,00,000	.95	.53	.72	.53	.57	.75	.72	.18	.41	.80	.41
Above Rs. 10,00,000											
Remark	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

Abbreviations: PV- P Value of Chi-square, A- Associated, NA- Not Associated

From the analysis of the above table, the researcher has found that in demographic variables only gender is associated with Q4(Insurance claim amount) and Q10(requirement of Ayushman card only for availing services) otherwise there is no association between demographic variables and awareness of PMJAY.

Objective-3 To suggest measures for enhancing the awareness and adoption of government health insurance schemes among the general population.

Although the government is taking a lot of initiatives like the Ayushman Bharat Digital Mission (Reel making context, Slogan writing context), Ayushman Arogya Mandir, Ayushman Bhav Campaign, Ayushman Sabhas, Ayushman Mitras, and use of digital media to spread awareness about the scheme. But still, there is a lot of work that can be done to increase the level of awareness about the PMJAY. Some of these are:

- **TV Shows and Radio Programs:** Use popular regional television shows, radio programs, and news segments to explain the scheme, eligibility criteria, and procedures in an easy-to-understand format. Include testimonials from beneficiaries to showcase success stories.
- **Influencer and Celebrity Endorsements:** Collaborate with well-known local figures, social media influencers, and celebrities who resonate with different communities to promote PM-JAY.
- **Door-to-Door Campaigns:** Train and deploy more community health workers like ASHAs, ANMs, and local volunteers to conduct door-to-door awareness campaigns, especially in remote and rural areas where access to information may be limited.
- **Village Health Camps:** Conduct regular health camps in villages where representatives can inform residents about PM-JAY benefits, check eligibility, and assist with registration.
- **Social Media Campaigns:** Use platforms like Facebook, WhatsApp, and YouTube in regional languages to provide detailed information about PM-JAY benefits and how to enroll.
- **SMS and IVR Notifications:** Send targeted SMS and Interactive Voice Response (IVR) calls in local languages to inform citizens about their eligibility and the nearby empaneled hospitals.

- **School Awareness Drives:** Conduct sessions in schools and colleges where students can learn about the program and share this information with their families. Children can be strong advocates for health initiatives within their communities.
- **Visible Branding and Signage:** Display PM-JAY posters, banners, and digital screens in hospitals, especially in waiting areas and entry points, to inform visitors about the scheme.
- **Training More Ayushman Mitras:** Increase the number of Ayushman Mitras (facilitators) at hospitals to ensure every patient is guided on how to use the scheme and understand its benefits.
- **Panchayat-Level Awareness Programs:** Conduct regular PM-JAY information sessions at gram panchayat meetings and other local governance gatherings. Engaging village leaders can help build trust and spread awareness effectively.

Conclusions

In conclusion, the study on awareness of the Pradhan Mantri Jan Arogya Yojana (PMJAY) among people in Lucknow reveals a promising level of familiarity with the scheme's fundamental aspects. Respondents demonstrated awareness of critical components, including the enrollment procedure, eligibility criteria, necessary documentation, insurance claim amount, hospital empanelment with both public and private hospitals, and the cashless, paperless nature of the services. Additionally, they were informed about the coverage of pre-existing illnesses from the date of enrollment, the necessity of the Ayushman card for service access, and the provision of secondary and tertiary care hospitalization under the scheme.

However, the findings also highlight areas of limited awareness, particularly concerning the claim procedure and the specific diseases covered under secondary and tertiary care hospitalization. These gaps in understanding suggest a need for targeted awareness initiatives that address these aspects, ensuring beneficiaries can fully utilize PMJAY's benefits. Enhancing public knowledge in these areas could improve the effectiveness of PMJAY in Lucknow, contributing to better health outcomes and greater financial security for beneficiaries.

References:

- [1] Angell, B. J., Prinja, S., Gupt, A., Jha, V., & Jan, S. (2019). The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana and the path to universal health coverage in India: Overcoming the challenges of stewardship and governance. *PLoS Medicine*, 16(3), e1002759. <https://doi.org/10.1371/journal.pmed.1002759>
- [2] Nirala, S. K., Kumar, P., Naik, B. N., Pandey, S., Singh, C., Rao, R., & Bhardwaj, M. (2022). Awareness and Readiness to Implement the Pradhan Mantri Jan Arogya Yojana: A Cross-Sectional Study Among Healthcare Workers of a Tertiary Care Hospital in Eastern India. *Cureus*. <https://doi.org/10.7759/cureus.24574>
- [3] Girish B.*, Jithin Surendran, Vishma B. K., Jyothika V., Shifa Tahreem (2023), Study on awareness and utilization of Ayushman Bharat Arogya Karnataka scheme in Chamarajanagar taluk: a cross-sectional study, *International Journal of Research in Medical Sciences*, Vol 11 | Issue 2 Page 1 DOI: <https://dx.doi.org/10.18203/2320-6012>.
- [4] [www.India.Gov.In](http://www.india.gov.in)
- [5] Prasad, S. S. V., Singh, C., Naik, B. N., Pandey, S., & Rao, R. (2023). Awareness of the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana in the Rural Community: A Cross-Sectional Study in Eastern India. *Cureus*. <https://doi.org/10.7759/cureus.35901>
- [6] Ramesh Bidari, Alisha Maria Saji, Alen Bine John, Anjitha P.R., Tejas Bhagat, Diksha Bhumbe, (2021) A Study to Assess Level of Knowledge Regarding Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (ABPMJAY) Among People Residing in Urban Areas, *Drugs and Cell Therapies in Haematology* (ISSN: 2281-4876) Vol. 10, Issue- 1

Bibliography:

- [1] National Health Authority: About Pradhan Mantri Jan Arogya Yojana (PM-JAY). <https://pmjay.gov.in/about/pmjay>.
- [2] Press Information Bureau: Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). <https://pib.gov.in/Pressreleaseshare.aspx?PRID=1546948>
- [3] <https://dashboard.pmjay.gov.in/pmj/#/>
- [4] <https://pmjay.gov.in/>