

**A STUDY ON GOVERNMENT SCHEME AYUSHMAN BHARAT-PRADHAN MANTRI
JAN AROGYA YOJANA (AB-PMJAY) IN RURAL AREAS WITH SPEACIAL
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ABSTRACT

Good health service is the right of every citizen in India. But due to being expensive, the poor used to stay away from it. India, the world's largest democracy and sixth-biggest economy, has been steadily humanizing its health services for the last few years. On 23-Sep-2018, the central government launched a health protection scheme named "Ayushman Bharat Yojana" by honorable prime minister Mr. Narendra Modi. In this scheme, approximately 10 crores of poor families are availing the free health service upto 5 lakhs rupees per annum per family.

INTRODUCTION

Ayushman Bharat scheme, otherwise called as Pradhan Mantri Jan Arogya Yojana (PMJAY), is a National Health Protection scheme introduced on 23 September 2018 by the government of India to aid the economically disadvantaged families. It is essentially a health insurance scheme to cater to the poor, lower section of the society and the vulnerable population. The scheme offers financial protection in case of hospitalization due to medical emergencies.

AB - National Health Protection Mission will have a defined benefit cover of Rs. 5 lakh per family per year. Benefits of the scheme are portable across the country and a beneficiary covered under the scheme will be allowed to take cashless benefits from any public/private empaneled hospitals across the country. National Health Protection Mission will be an entitlement-based scheme with entitlement decided on the basis of deprivation criteria in the SECC database. The households included are based on the deprivation and occupational criteria of Socio-Economic Caste Census 2011 (SECC 2011) for rural and urban areas respectively. The beneficiaries can avail benefits in both public and empaneled private facilities.

OBJECTIVE OF STUDY

- To study the socio-economic factors of sample respondents
- To examine the awareness and satisfaction level of entitled citizens of scheme in rural areas
- To examine the growth rate of the beneficiaries of the scheme in rural areas
- To identify solutions for problems faced by applicants of the scheme Ayushman Bharat
- To offer valid suggestion based on the study

SCOPE OF THE STUDY

This study reveals the awareness, accessibility and adaptability of the entitled citizens in order to avail the Ayushman Bharat Scheme. To identify the growth rate of the beneficiaries of the scheme. The scope of the study is very vast and not limited to the services provider but it is an emerging scheme and major

problem faced by the beneficiaries and how to rectify these and how the level of services further needs improvement.

RESEARCH METHODOLOGY

The main objective of this research is to study the awareness, accessibility and satisfaction level of the rural people with special reference to Annur taluk.

I. Source of data

- Primary data
- Secondary data
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Primary data

The primary data has been collected by preparing structure questionnaire method has been followed to ascertain the information from the respondents.

Secondary data

Secondary data refers to data that is collected by someone other than the primary user. Common sources of secondary data for social science include censuses, information collected by government departments, organizational records and data that was originally collected for other research purposes.

SAMPLE TECHNIQUE

For the purpose of analysis, the data has been collected from 120 respondents from samplerspondents in annur taluk.

SAMPLE SIZE

The sample of 120 respondents is chosen from the study.

AREA OF STUDY

The study has been undertaken only in Annur taluk

TOOLS FOR ANALYSIS

1. Simple percentage Analysis

LIMITATIONS OF STUDY

- 1) The study is restricted to 120 scheme beneficiaries only.
- 2) The findings of the study are based on information provided by the respondents only.
- 3) The study was restricted only to the rural area people in Annur taluk, Coimbatore.

ANALYSIS AND INTERPRETATION OF THE STUDY SIMPLE

PERCENTAGE ANALYSIS

Simple percentage analysis refers to a special kind of rates, percentage are used in marketing comparison between two or more series of data.

FORMULA

Percentage = $\frac{\text{Number of respondents}}{\text{Total number of respondents}} \times 100$

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S.NO	VARIABLES	CATEGORIES	NO. OF RESPONDENTS	PERCENTAGE
01.	Gender	Male Female	49 71	41% 59%
02.	Age	40-50 51-60 years 61-70 Years 71-80 Years	32 59 24 4	27% 49% 21% 3%
03	Family type	Joint family Nuclear family	51 69	43% 57%
04	Monthly income	Upto Rs. 5000 Rs. 5001-10000 Rs. 10001-15000	35 65 20	29% 54% 17%
05	Area of residence	Urban rural	27 93	22% 78%
06	Marital status	Single Married Divorced widowed	17 80 17 6	14% 67% 14% 5%
07	Educational qualification	Illiterate Primary Middle Secondary Higher secondary	23 63 8 16 10	19% 52% 7% 13% 8

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08	occupation	Employed unemployed	86 34	72% 28%
09	Disability	Yes No	6 114	5% 95%
10	Family over 45age	One Two More than two	47 66 7	39% 55% 6%
11	Members received benefitsin a family	One Two More than two	62 46 12	52% 38% 10%
12	Disease screened under the scheme	Diabetes Tuberculosis others	29 31 60	24% 26% 50%
13	Awareness about premium not to bepaid	Aware unaware	81 39	67% 33%
14	Suggestion to improve qualityof care	Increasing the awareness Reduce delay inapproval Ethical care in hospital None	47 27 22 24	39% 23% 18% 20%
15	Availing benefitsof the scheme	Once in a month Once in 2 months Once in 6 months others	6 11 33 70	5% 9% 28% 58%

(source: As per primary data) INTERPRETATION

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The table shows that majority of the (59%) respondents are female. The majority of (49%) of the respondents are aged between 51-60 years. The majority (57%) of the respondents are nuclear family. The majority of (54%) of the respondents earn monthly income of 5001-10000. The majority (78%) of the respondents are rural people. The majority (52%) of the respondents completed the primary education. The majority (72%) of the respondents are employed. The majority (95%) of the respondents are non disabled. The majority (55%) of the respondents belong to the family with two adult members over the age of 45. The majority (52%) of the respondents have one member from each family availed the benefits of the scheme. The majority (50%) of the respondents belong to disease screened- Others. The majority (67%) of the respondents are aware about premium not to be paid. The majority (39%) of the respondents suggested to increase the awareness of PMJAY scheme among the people. The majority (58%) of the respondents availing benefits of the scheme in the period of -Others.

FINDINGS

- 59% of the respondents are female.
- 49% of the respondents belong to the age group of 51-60 years.
- 57% of the respondents belong to nuclear family.
- 54% of the respondents belong to 5001-10000 of family income.
- 78% of the respondents belong to rural area.
- 67% of the respondents to marital status-Married.
- 53% of the respondents completed the primary education.
- 72% of the respondents are employed.
- 95% of the respondents are non-disabled.
- 55% of the respondents belong to the family with two adult members over the age of 45.
- 52% of the respondents have one member from each family availed the benefits of the scheme.
- 50% of the respondents belong to disease screened- Others
- 67% of the respondents are aware about premium not to be paid.
- 39% of the respondents suggested to increase the awareness of PMJAY Scheme among the people.
- 58% of the respondents availing benefits of the Scheme in the period of -Others.
- 21.21% of the respondents suggested method of spreading awareness through Newspapers/Booklets.
- 21.56% of the respondents faced long waiting time in obtaining the E-card.
- 23.69% of the respondents agreed that overall cleanliness in the hospital is excellent.

SUGGESTION

- Provide beneficiaries with regular updates on the status of their applications.
- Ensure clear and transparent communication about the AB-PMJAY scheme, its benefits and the application process.
- Establish information centres or helplines where beneficiaries can inquire about the scheme or seek assistance.
- The scheme faces a low awareness level among the potential beneficiaries, and they are not aware of their entitlements or how to avail the scheme.
- Ensure beneficiaries receive their payments on time so they don't experience financial difficulties while work is underway.

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CONCLUSION

India has the advantage of demographic dividend, where the working population exceeds the older population and the population under fourteen. However, even having this advantage, the country's elderly population is increasing rapidly, following the overall pattern of ageing around the globe. This study showed various aspects of the scheme. In awareness treatment-related expenses and additional services, in accessibility from access to the redressal of any issue and assistance and knowledge of PMAM, and adaptability infrastructure with the expertise of doctors and necessary assistance from personnel.

In the case of awareness, interestingly, instead of a mass communication method for awareness, Newspapers/Booklets is most successful in generating awareness about this scheme. This study also showed the demographic status of the beneficiaries. It was discovered that female beneficiaries are significantly higher than male beneficiaries. Also, most of the beneficiaries belong to the age group of 51-60. Expectantly majority of the beneficiaries are illiterate. Almost half of the beneficiaries surveyed are unemployed, which indicates that they do not have a source of income. Given this fact, it can be implied that this scheme fulfilled its objective of providing financial cover to the most vulnerable one.