

Original Research Article

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Knowledge, utilisation and perception regarding Ayushman Bharat Pradhan Mantri Jan Arogya Yojana among Mysuru residents: insights from a cross-sectional analysis

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ABSTRACT

Background: Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is among the largest government-funded health insurance schemes globally, aimed at providing financial protection for secondary and tertiary healthcare to economically vulnerable populations. Awareness and understanding are crucial for the scheme's successful implementation and optimal utilization. Objectives were to assess the knowledge, utilization, and perception regarding AB-PMJAY among Mysuru residents and examine associated sociodemographic factors.

Methods: A community-based cross-sectional study was conducted in Mysuru over a period of two months, from December 2024 to February 2025. A total of 350 participants were selected through simple random sampling. A semi-structured questionnaire was used to collect information on socio-demographic data, awareness, and utilization of AB-PMJAY. Data were analysed using SPSS version 30. Descriptive and inferential statistics were applied, and $p<0.05$ was taken as statistically significant.

Results: Among the participants, 55.7% had poor awareness, 30.9% had average awareness, and only 13.4% had good awareness of AB-PMJAY. Utilization of scheme benefits was reported by 33.7% of respondents, while 66.3% had not availed any services. Regarding perceptions, 38.0% felt the scheme had improved healthcare access, 6.6% disagreed, and 55.4% were uncertain. A statistically significant association ($p=0.011$) was observed between awareness and monthly household income, with higher awareness among those earning less than ₹5000.

Conclusions: The study highlights suboptimal awareness and utilization of AB-PMJAY among Mysuru residents. Targeted awareness campaigns and community engagement strategies are essential to enhance public understanding and uptake of the scheme.

Keywords: Ayushman Bharat, Health insurance, Healthcare utilization, PM-JAY

INTRODUCTION

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is a cornerstone of India's national health policy, launched on September 23, 2018, by the Honourable Prime Minister, Shri Narendra Modi.¹ As one of the largest government-funded health insurance programs globally, AB-PMJAY aims to provide financial

protection for secondary and tertiary healthcare services to economically vulnerable families. The scheme offers annual health coverage of up to ₹5 lakh per family, benefiting approximately 12 crore families, which constitute nearly 40% of India's population.²

Beneficiary identification under AB-PMJAY is based on the 2011 Socio-Economic and Caste Census (SECC) data,

incorporating both occupational and deprivation-based criteria. A defining feature of the scheme is its cashless service model, which facilitates seamless access to healthcare. The program imposes no restrictions on family size, age, or gender, and it provides comprehensive coverage, including pre-existing conditions from the first day of enrolment. Additionally, the scheme encompasses pre-hospitalization expenses for three days and post-hospitalization care for up to 15 days, covering diagnostic tests, medications, consumables, food, and accommodation.²

The level of awareness and comprehension of an insurance scheme significantly influences its acceptance and utilization. While awareness is a prerequisite, a thorough understanding of its benefits further determines its effectiveness. Various states have undertaken initiatives to enhance awareness, enrolment, and utilization of AB-PMJAY. As of November 30, 2024, nearly 36 crore individuals have been verified under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY). Additionally, over 8.39 crore hospitalizations, amounting to more than ₹1.16 lakh crore, have been approved as part of the program. This initiative has notably reduced beneficiaries' out-of-pocket expenses for hospitalization.³ However, studies indicate regional disparities in awareness levels. For instance, a study conducted in rural Tamil Nadu reported that 77% of respondents were aware of the scheme, whereas a study in rural Jammu documented a considerably lower awareness rate of 28%.⁴

Publicly funded health insurance (PFHI) schemes play a crucial role in mitigating out-of-pocket expenditure (OOPE) on healthcare. Historically, OOPE has constituted a substantial portion of India's healthcare spending, accounting for approximately 48% of total health expenditure in 2018.⁵ In response, AB-PMJAY was introduced to alleviate this financial burden and improve healthcare accessibility. Consequently, OOPE declined to 42.06% of total health expenditure in 2019.⁵ However, despite these improvements, government healthcare expenditure remains relatively low at approximately 2% of GDP.⁶

A key challenge to the successful implementation of AB-PMJAY is the lack of public awareness, which can hinder its optimal utilization. This study aimed to assess the knowledge, utilization and perception regarding AB-PMJAY among residents of Mysuru, providing valuable insights into the scheme's awareness.

METHODS

This study employed a cross-sectional design to assess the knowledge, awareness, and practices (KAP) regarding

Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) among the population of Mysuru district. The study was conducted over a period of three months from (December 2024- February 2025). A simple random sampling method was employed to select primary health centres (PHCs) and community health centres (CHCs) across Mysuru district. Both walk-in and in-patients at these healthcare facilities were included in the study. A semi-structured questionnaire was administered to assess socio-demographic characteristics, availability of AB-PMJAY services, and participants' knowledge, awareness, and practices regarding the scheme.

A similar study conducted in rural Tamil Nadu reported a lower awareness rate of 28% regarding AB-PMJAY.⁴ The required sample size was determined based on an expected response rate of 88% (i.e., 12% non-response rate). A total of 350 participants were recruited for the study

Participants aged between 30 and 60 years, residing in Mysuru district, who provided informed consent and were either walk-in or in-patients at selected PHCs and CHCs, were included in the study. Individuals below 30 years or above 60 years, and non-residents of Mysuru were not taken for the study.

Ethical clearance for the study was obtained from the Institutional Ethics Committee of JSS Medical College. Written informed consent was obtained from all participants before data collection, ensuring adherence to ethical guidelines and confidentiality protocols.

The collected data were entered into Microsoft Excel 2019 and analysed using SPSS version 30. Descriptive statistics, including frequencies and percentages, were computed. A chi-square test was performed to assess associations between categorical variables, with a p value <0.05 considered statistically significant.

RESULTS

A total of 350 individuals participated in the study. The majority were aged 30-45 years (202, 57.7%) and resided in urban areas (222, 63.4%). Males (184, 52.6%) slightly outnumbered females. The predominant religion among participants was Hinduism (267, 76.3%). Regarding educational status, nearly half were graduates (173, 49.4%). The most common occupation was professional work (134, 38.3%). Most participants were married (191, 54.6%). A substantial proportion reported a monthly household income of more than ₹20,000 (153, 43.7%). Additionally, 233 (66.6%) participants owned a ration card (Table 1).

Table 1: Socio-demographic profile among study participants (n=350).

Socio-demographic Profile	Number	%
Age (years)	30-45	202
	46-59	82
	>60	66
Gender	Female	166
	Male	184
Place	Rural	128
	Urban	222
Religion	Atheist	1
	Buddhism	1
	Christian	63
	Hindu	267
	Muslim	18
Education	Primary school	21
	Middle school	35
	High school	61
	Graduate	173
	Non-formal education	60
Occupation	Unemployed	33
	Unskilled worker	23
	Semi-skilled worker	37
	Skilled worker	25
	Semi-professional worker	28
	Farmer/shopkeeper	70
	Professional worker	134
Marital status	Unmarried	89
	Married	191
	Divorced	15
	Widow	55
Household income (monthly)	<5000 Rs	69
	5001-10000 Rs	57
	10001-20000 Rs	71
	>20000 Rs	153
Ration card ownership	Yes	233
	No	117

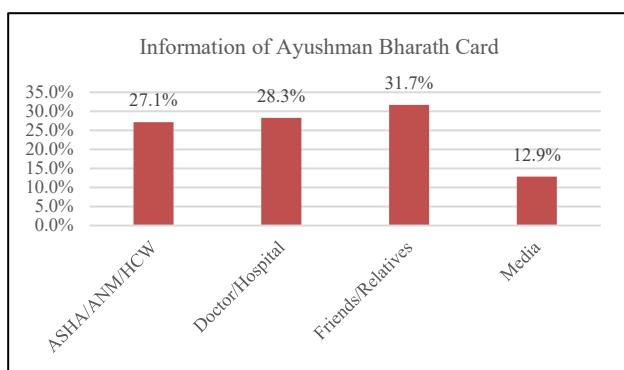


Figure 1: Information of Ayushman Bharath card among study participants.

The primary source of information about Ayushman Bharat among respondents was friends and relatives

(31.7%), followed closely by doctors and hospitals (28.3%) and ASHA/ANM/healthcare workers (27.1%) and media contributed the least, with only 12.9% of individuals reporting it as their primary source (Figure 1).

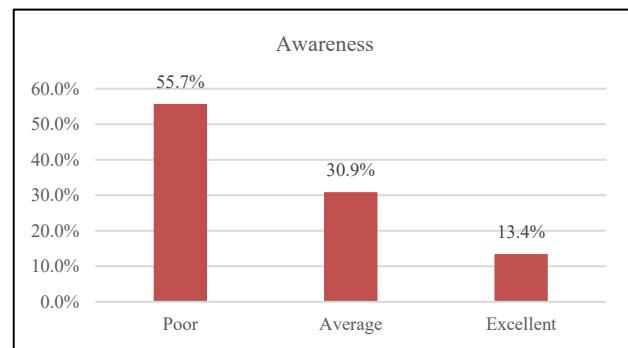


Figure 2: Awareness among study participants.

Table 2: Awareness of PM-JAY card among study participants (n=350).

Awareness of PM-JAY card		Number	%
Do you know who all were eligible for the Ayushman Bharath card	BPL card holders	164	46.9
	Everyone	19	5.4
	I don't know	167	47.7
Do you know who will get benefits in the family for the Ayushman Bharath card	Elders in the family	3	0.9
	Everyone in the family	39	11.1
	I don't know	218	62.3
	My spouse and kids	22	6.3
Do you know the Ayushman Bharath card offers cashless treatment and hospitalization anywhere in India?	Myself	68	19.4
	No	163	46.6
	Yes	187	53.4
Do you know the Ayushman Bharath card offers transport allowance	No	190	54.3
	Yes	160	45.7
Do you know that the Ayushman Bharath card offers treatment facility in the private sector	No	195	55.7
	Yes	155	44.3
	Cashless treatment up to ₹5 lakh per family per year	151	43.2
Do you know the benefits of the Ayushman Bharath Card	Free hospitalization	182	52.1
	Medicines reimbursement	117	33.4
	Outpatient consultation	101	28.9
	I don't know	133	38.0

Table 3: Utilization and perception of AB-PMJAY among study participants.

Utilization and Perception of AB-PMJAY card		Number	%
Do you have AB-PMJAY card	Yes	131	37.4
	No	219	62.6
Has your family availed of health services under AB-PMJAY?	Yes	118	33.7
	No	232	66.3
If yes, how would you rate your experience?	Excellent	36	10.3
	Good	68	19.4
	Average	15	4.3
	Poor	1	0.3
	Not Availed	230	65.7
Has AB-PMJAY improved access to healthcare?	Yes	133	38.0
	No	23	6.6
	Maybe	194	55.4
Ways to improve awareness of AB-PMJAY	Media campaigns + local leaders + health camps + better communication	176	50.3
	Better communication from healthcare workers	60	17.1
	Health camps and workshops	29	8.3
	More media campaigns	21	6.0
	Local leaders' involvement	9	2.6
Would you recommend AB-PMJAY to others?	Yes	146	41.7
	No	25	7.1
	Maybe	179	51.1

In the current study, 164 (46.9%) participants correctly identified BPL cardholders as eligible for the Ayushman Bharat card, while 167 (47.7%) were unsure. Only 39 (11.1%) knew that all family members could benefit. Awareness about PM-JAY benefits was mixed, with 187

(53.4%) knowing about cashless treatment, and 155 (44.3%) aware that private hospitals accept PM-JAY. Only 160 (45.7%) knew about the transport allowance benefit. Regarding specific benefits, 182 (52.1%) knew about free hospitalization and 151 (43.2%) about cashless treatment up to ₹5 lakh. However, 133 (38.0%)

participants did not know any benefits of the Ayushman Bharat card (Table 2).

The awareness levels about Ayushman Bharat indicate that a majority of respondents (55.7%) had poor awareness, while 30.9% demonstrated an average level of awareness. Only a small proportion (13.4%) had excellent awareness (Figure 2).

Among the participants, 131 (37.4%) possessed an AB-PMJAY card, while 219 (62.6%) did not. A total of 118 (33.7%) reported availing health services under AB-PMJAY, whereas 232 (66.3%) had not utilized the

services. Among those who availed the services, 36 (10.3%) rated their experience as excellent, 68 (19.4%) as good, 15 (4.3%) as average, and 1 (0.3%) as poor, while 230 (65.7%) had not availed of any services. Regarding improvement in healthcare access, 133 (38.0%) felt AB-PMJAY had improved access, 23 (6.6%) felt it had not, and 194 (55.4%) were uncertain. To enhance awareness, 176 (50.3%) suggested media campaigns, local leader involvement, health camps, and better communication. Additionally, 146 (41.7%) indicated they would recommend AB-PMJAY to others, while 25 (7.1%) would not, and 179 (51.1%) were unsure (Table 3).

Table 4: Association between socio-demographic factors and awareness score among study participants.

		Poor N (%)	Average N (%)	Excellent N (%)	Chi-square	P value
Age (years)	30-45	121(59.9)	61(30.2)	20 (9.9)	7.604	0.107
	46-59	40 (48.8)	29(35.4)	13(15.9)		
	>60	34 (51.5)	18 (27.3)	14 (21.2)		
Gender	Male	102 (55.4)	58 (31.5)	24 (13.0)	0.104	0.949
	Female	93 (56.0)	50 (30.1)	23 (13.9)		
Marital status	Married	109 (57.1)	54 (28.3)	28 (14.7)	7.200	0.303
	Unmarried	52 (58.4)	28 (31.5)	9 (10.1)		
	Widow	26 (47.3)	23 (41.8)	6 (10.9)		
	Divorced	8 (53.3)	3 (20.0)	4 (26.7)		
Education	Primary school	12 (57.1)	4 (19.0)	5 (23.8)	8.062	0.427
	Middle school	16 (45.7)	12 (34.3)	7 (20.0)		
	High school	35 (57.4)	18 (29.5)	8 (13.1)		
	Graduate	101 (58.4)	50 (28.9)	22 (12.7)		
	Non-formal education	31 (51.7)	24 (40.0)	5 (8.3)		
Place of residence	Rural	73 (57.0)	38 (29.7)	17 (13.3)	0.156	0.925
	Urban	122 (55.0)	70 (31.5)	30 (13.5)		
Household income (monthly)	<5000 Rs	26 (37.7)	29 (42.0)	14 (20.3)	16.473	0.011
	5001-10000 Rs	29 (50.9)	21 (36.8)	7 (12.3)		
	10001-20000 Rs	49 (69.0)	14 (19.7)	8 (11.3)		
	>20000 Rs	91 (59.5)	44 (28.8)	18 (11.8)		
Occupation	Professional worker	78 (58.2)	42 (31.3)	14 (10.4)	14.916	0.246
	Semi-professional worker	14 (50.0)	8 (28.6)	6 (21.4)		
	Skilled worker	19 (76.0)	4 (16.0)	2 (8.0)		
	Semi-skilled worker	24 (64.9)	11 (29.7)	2 (5.4)		
	Unskilled worker	11 (47.8)	8 (34.8)	4 (17.4)		
	Farmer/shopkeeper	32 (45.7)	23 (32.9)	15 (21.4)		
	Unemployed	17 (51.5)	12 (36.4)	4 (12.1)		
Religion	Hindu	150 (56.2)	76 (28.5)	41 (15.4)	11.041	0.199
	Christian	31 (49.2)	26 (41.3)	6 (9.5)		
	Muslim	13 (72.2)	5 (27.8)	0 (0.0)		
	Atheist	1 (100.0)	0 (0.0)	0 (0.0)		
	Buddhism	0 (0.0)	1 (100.0)	0 (0.0)		
Ration card ownership	Yes	127 (54.5)	77 (33.0)	29 (12.4)	1.767	0.413
	No	68 (58.1)	31 (26.5)	18 (15.4)		

Among participants aged 30-45 years, 121 (59.9%) had poor awareness. Gender-wise, poor awareness was noted among 102 (55.4%) males and 93 (56.0%) females. Marital status, education, place of residence, occupation,

and religion did not show a significant association with awareness. However, household income showed a significant association ($p=0.011$), with those earning less than ₹5000 per month having a higher proportion of

awareness, 14 (20.3%) compared to other income groups. Religion, place of residence, and occupation did not show a significant association with awareness levels (Table 4).

DISCUSSION

Ayushman Bharat PM-JAY, the world's largest health assurance scheme, aims to cover the bottom 40% of India's population, marking a significant milestone in healthcare coverage.⁷ However, a major limitation remains the lack of awareness about the scheme. Our study focused on assessing the awareness levels of the Mysuru population regarding Ayushman Bharat. The primary sources of information were friends and relatives (31.7%), followed by doctors and hospitals (28.3%), ASHA/ANM/healthcare workers (27.1%), and media (12.9%). These findings are comparable to a study conducted by Prasad et al, where friends and relatives (30.9%) were the main source of information, followed closely by ASHA/AWW/HCW (30.5%).⁸

One of the major initiatives to raise awareness was the additional data collection drive (ADCD) held on 30th April 2018 during "Ayushman Bharat Diwas", which involved ASHA workers, ANMs, and Gram Sevaks covering approximately 3 lakh villages. Posters and banners in Hindi and regional languages were widely distributed during camps and village meetings.² Despite such large-scale initiatives, full awareness among the population remains a significant challenge.

Regarding eligibility knowledge, 164 (46.9%) participants in our study correctly identified families from poor and vulnerable backgrounds, as defined by the socio-economic caste census (SECC), as eligible, while 167 (47.7%) were unsure. This reflects the AB-PMJAY eligibility criteria, which are based on deprivation and occupational factors from the SECC 2011 data for rural and urban areas.⁹ Although Ayushman Bharat is intended for people below the poverty line, our assessment shows that awareness about the eligibility and benefits of the scheme remains limited, leading to poor enrolment and utilization.¹⁰

In our study, 131 (37.4%) participants possessed an AB-PMJAY card, while 219 (62.6%) did not. When asked whether the Ayushman Bharat card offers cashless treatment and hospitalization across India, 163 (46.6%) responded "no" and 187 (53.4%) responded "yes". This is in line with findings from Prasad et al, where only 117 (32.3%) of participants were aware that the card could be used beyond their residential state.⁸

Awareness of PM-JAY benefits was also mixed, with 53.4% of participants knowing about the cashless treatment provision, while 46.6% remained unaware. Similarly, a survey conducted by Sharang across 175 households in six states revealed significant gaps in awareness- 56% of participants were unaware of the diseases and treatments covered under PM-JAY, and 74%

were unaware of the claims process to avail cashless treatment.¹¹

In terms of utilization and patient experience, a study by Kamalpreet et al. found that only 14% (79 out of 576) of the participants expressed satisfaction with the services received under AB-PMJAY, with satisfaction levels of 17% in Ludhiana and 9% in Mansa.¹² In comparison, our study showed that 118 (33.7%) participants reported using AB-PMJAY services, while 232 (66.3%) had never utilized them. Among the users, 36 (10.3%) rated their experience as excellent, 68 (19.4%) as good, 15 (4.3%) as average, and 1 (0.3%) as poor. This indicates a relatively higher level of satisfaction among our study population compared to Kamalpreet's findings, although a significant portion still rated their experience as average or poor. When asked about improvements in healthcare access due to AB-PMJAY, 133 (38.0%) of our participants responded affirmatively, 23 (6.6%) said no, and a notable 194 (55.4%) were unsure. These findings highlight a mixed perception regarding the scheme's effectiveness in improving healthcare accessibility.

Similarly, Garg et al, in their study, observed that there was little difference in median out-of-pocket expenditure (OOPE) between AB-PMJAY beneficiaries and uninsured patients. Their findings suggested that private hospitals remained expensive irrespective of scheme enrolment, highlighting an important limitation in the financial protection offered by AB-PMJAY.¹³

CONCLUSION

The study highlights suboptimal awareness and utilization of AB-PMJAY among Mysuru residents. Targeted awareness campaigns and community engagement strategies are essential to enhance public understanding and uptake of the scheme.

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