



# A STUDY ON BENEFICIARY SATISFACTION TOWARDS AYUSHMAN BHARTH (PM JAY) REFERENCE TO COIMBATORE CITY.

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## **ABSTRACT:**

*The majority of Indians still lack access to affordable, high-quality healthcare after 70 years of freedom. Only 25% of Indians are covered by both commercial health insurance and government-sponsored insurance programmes. A High-Level Expert Group was established by the government in 2010 as part of the 12th Five Year Plan to address this issue, and it delivered its report with an emphasis on universal health coverage as a fundamental element of social security. Ayushman Bharat, a programme recently introduced in the Union Budget 2018, aims to provide health insurance to 10 crore BPL families. The study makes an effort to examine numerous obstacles that will need to be overcome in order for this plan to be implemented successfully as well as the roles of various stakeholders.*

**Keywords:** Ayushman Bharat, Health Insurance, Healthcare, National Health Protection Mission, NHPM, India

## **1.INTRODUCTION**

Governments all across the world pledge to maintain their country's actual riches, care for their residents' health, and make healthcare accessible and cheap for all. The Ayushman Bharat-National Health Protection Mission, which aims to cover over 40% of India's population, was unveiled as the largest government-funded programme of its type in the history of the globe on February 1, 2018. The launch of Ayushman Bharat, the government of India's flagship programme, was recommended by the National Health Policy 2017 in order to achieve the objective of Universal Health Coverage (UHC). The Sustainable Development Goals (SDGs) and its core principle of "leaving no one behind" have been addressed by this initiative. The Indian government's overarching health programme is called Ayushman Bharat. Prime Minister Narendra Modi introduced it in 2018. Government schemes are a significant component of the UPSC syllabus and are the subject of questions in the UPSC test each year.

Subject	Press Release	Date
Ayushman Bharat Scheme announced in Budget 2018-19	<a href="http://pib.nic.in/newsite/PrintRelease.aspx?relid=176049">pib.nic.in/newsite/PrintRelease.aspx?relid=176049</a>	Feb 1, 2018
Cabinet approves Ayushman Bharat-NHPM	<a href="http://pib.nic.in/newsite/PrintRelease.aspx?relid=177816">pib.nic.in/newsite/PrintRelease.aspx?relid=177816</a>	Mar 21, 2018
20 States sign MOU's for implementing Ayushman Bharat	<a href="http://pib.nic.in/PressRelease.aspx?PRID=1535533">pib.nic.in/PressRelease.aspx? PRID=1535533</a>	Jun 14, 2018
Launch of empanelment process for hospitals	Through Web portal <a href="http://www.abnhpm.gov.in">http://www.abnhpm.gov.in</a>	July 4, 2018
Use of Aadhar Desirable not Must in Ayushman Bharat	<a href="http://pib.nic.in/newsite/PrintRelease.aspx?relid=18052">pib.nic.in/newsite/PrintRelease.aspx?relid=18052</a>	July 12, 2018

The key stakeholders in the scheme besides the consumers or beneficiaries are the Healthcare Providers, state governments, and Insurance companies without whose support and involvement the execution of this scheme cannot happen. The basis of inclusion in the scheme would those householders falling under deprivation criteria as per the Socio-

Economic Caste Census of 2011 (SECC database 2011). It offers the benefits as under to its consumers.

Coverages for Beneficiaries
A. Cashless Treatment at Public/Private Healthcare Providers
B. Secondary and Tertiary care hospitalization treatments Coverage
C 3 Lakhs cover per family
D. No cap on the size of family or age of family members
E. Pre-Existing Diseases covered from Day I of enrolment of the scheme
F. Pre and Post hospitalization expenses covered
G. Portable across India at all empanelled Healthcare Providers
H. Fixed Transportation Allowance payable from the place of residence to Hospital
T. AYUSH (Alternative Medicine Systems other than Allopathy) covered

## 2.STATEMENT OF THE PROBLEM

There is a slender chance that the plan will be carried out correctly and incorrectly. The programme only secures people who depend on the organised sector and do not have access to health insurance, protecting just 40% of the poor. Financial expenses under this plan might exist.

The indirect expenses of hospitalisation are not trivial for the poor, and Ayushman Bharat fails to acknowledge and compensate for them. These cover the cost of getting to and from the hospital. Additionally, after being hospitalised, living in a hospital or at home means missing out on pay.

The accessibility of Ayushman Bharat healthcare services to the impoverished parts of society is the issue addressed in the study on beneficiary satisfaction towards PM-JAY in Coimbatore city. Despite the scheme's introduction, there may still be a number of obstacles standing in the way of qualified recipients receiving the medical care covered by PM-JAY.

## 3.SCOPE OF THE STUDY

The purpose of this study is to ascertain Ayushman Bharat Pradhan Mantri Jan Arogya Yojana. According to this report, secondary and tertiary care hospitalisation in India's public and private empanelled hospitals should be covered up to Rs. 5 lakhs per family annually. These benefits are available to more than 10.74 crore poor and vulnerable families, or over 50 crore people. To research medical testing, care, and consultation, Pre-hospitalization costs, post-hospitalization follow-up care for up to 15 days, Medical Implant Services, Food Services, Treatment complications

## 4.REVIEW OF LITERATURE:

- **Dr. Shah Allam Khan (2019)** in the research paper has shed the light on the hurdles and problems in implementation of Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana. Dr. Khan states that Ayushman Bharat is insurance-based programme and most of the Past medical coverage plans of government which were based on insurance have not been much successful. Such schemes were found to be inequitable, inefficient, and were not able to provide financial protection. The flaws in Ayushman Bharat are being revealed as the scheme is being implemented.
- **Saxena (2019)** has pointed out that medical treatment of mere 15 days posts discharged and lack of coverage of many chronic diseases like cancer, kidney and liver failures and other advance stage chronic diseases in Ayushman Bharat scheme are leaving majority of poor population suffering from such costly to treat diseases in destitution.
- **Mackintosh et al (2016)** article in their Lancet in 2016 have revealed that around 80% of the has also stated that, the out-of-pocket expenditure for people seeking health-care was among the highest in India.

## 5. RESEARCH METHODOLOGY

Research methodology is any to systematically answer the research problem. It may be perceived as a science of learning however analysis is completed scientifically. It is essential to know not only the research but also the methodology. Research is Look for knowledge. methodology explain the various steps that are generally adopted by the researcher in studying the research problem with reasonable sense behind them.

### Research design

Research design is descriptive in character. Descriptive survey and facts finding inquire of thr character of the market. The major reason of descriptive research is describing of the state of affairs as it exists at present. The researcher has to use facts or information, previously available and analyse these to make evaluation of the account holder awareness and satisfaction towards Ayushman Bharath.

## 6.OBJECTIVES

1. To measure the level of awareness
2. To know the level of satisfaction, if used the scheme
3. To know the factors that affects the awareness of the scheme.
4. To know the problems (or) hindrances faced by the people in seeking this scheme.

## 7.ANALYSIS AND INTERPRETATION

### ANOVA ANALYSIS

- **Demographic Variables and factors that affects the awareness of the scheme**

**Null Hypothesis (H<sub>0</sub>):** There is no significant association between the Demographic Variables and factors that affects the awareness of the scheme

**Alternative Hypothesis (H<sub>a</sub>):** There is a significant association between the Demographic Variables and factors that affects the awareness of the scheme



ANOVA						
		Sum of Squares	df	Mean Square	F	Sig.
Your age lies in the group	Between Groups	33.422	12	2.785	3.085	.001
	Within Groups	102.007	113	.903		
	Total	135.429	125			
Educational Qualification	Between Groups	8.443	12	.704	1.071	.392
	Within Groups	74.263	113	.657		
	Total	82.706	125			
Occupation	Between Groups	50.048	12	4.171	1.873	.045
	Within Groups	251.610	113	2.227		
	Total	301.659	125			
Number of earning person in your family	Between Groups	9.873	12	.823	2.277	.013
	Within Groups	40.833	113	.361		
	Total	50.706	125			
Family Monthly Income	Between Groups	21.960	12	1.830	1.355	.198
	Within Groups	152.579	113	1.350		
	Total	174.540	125			

## INTERPRETATION:

It is inferred from the table that, the ANOVA results showed that age group, occupation, and number of earning persons in the family had a significant association with the factors that affect awareness. The significance level was set at 0.05, and the results showed a p-value of 0.001 for age group, a p-value of 0.045 for occupation, and a p-value of 0.013 for the number of earning persons in the family. This indicates that the null hypothesis can be rejected, and the alternative hypothesis accepted. The findings suggest that these demographic variables significantly affect awareness of Ayushman Bharat (PM JAY) in Coimbatore City.

However, it is important to note that the educational qualification and family monthly income did not have a significant association with the factors that affect awareness. The p-value for both variables was greater than 0.05, indicating that these variables do not significantly affect awareness. The study provides valuable

insights into the association between demographic variables and factors that affect awareness of Ayushman Bharat (PM JAY) in Coimbatore City. The findings could be used to design and implement targeted awareness campaigns to improve the scheme's reach and ensure that it is accessible to all beneficiaries. The findings could also be used to identify and address the specific needs and challenges of different demographic groups in Coimbatore City.

## CHI-SQUARE ANALYSIS

### ➤ Age Group and Awareness on Health insurance of respondent

Null Hypothesis (H<sub>0</sub>): There is no significant relationship between the Age Group and

Awareness on Health insurance

Alternative Hypothesis (H<sub>1</sub>): There is a significant relationship between the Age Group and

Awareness on Health insurance

Crosstab						
Count						
		Your age lies in the group				
		19 – 25 Years	26 – 35 Years	36 – 45 Years	Above 45 Years	Total
Your awareness on Health insurance	Strongly not aware	6	15	11	6	38
	Not aware	17	13	8	4	42
	Neutral	8	7	9	5	29
	Aware	11	1	2	1	15
	Strongly aware	2	0	0	0	2
Total		44	36	30	16	126

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2- sided)
Pearson Chi-Square	22.918 <sup>a</sup>	12	.028
Likelihood Ratio	24.022	12	.020
Linear-by-Linear Association	5.910	1	.015
N of Valid Cases	126		
a. 9 cells (45.0%) have expected count less than 5. The minimum expected count is .25.			

**INTERPRETATION:**

The table presents the results of the study on the relationship between age group and awareness on health insurance among the beneficiaries of Ayushman Bharat (PM JAY) in Coimbatore city. The null hypothesis states that there is no significant relationship between age group and awareness on health insurance, while the alternative hypothesis posits that there is a significant relationship between the two variables. The crosstabulation shows that out of the 126 respondents, 38 were strongly not aware of health insurance, 42 were not aware, 29 were neutral, 15 were aware, and 2 were strongly aware. The Chi-Square test results indicate that there is a significant relationship between age group and awareness on health insurance ( $p < 0.05$ ), with a Pearson Chi-Square value of 22.918 and a Likelihood Ratio of 24.022.

**Gender and Overall satisfaction of Health Scheme of respondent**

**Null Hypothesis (H<sub>0</sub>):** There is no significant relationship between the Gender and Overall satisfaction of Health Scheme

**Alternative Hypothesis (H<sub>a</sub>):** There is a significant relationship between the Gender and Overall satisfaction of Health Scheme

<b>Crosstab</b>				
Count				
		<b>Gender</b>		
		<b>Male</b>	<b>Female</b>	<b>Total</b>
Overall satisfaction of the scheme	Highly dissatisfied	6	2	8
	Dissatisfied	16	9	25
	Neutral	14	15	29
	Satisfied	24	18	42
	Highly satisfied	14	8	22
Total		74	52	126
<b>Chi-Square Tests</b>				
	Value	df	Asymp. Sig. (2-sided)	
Pearson Chi-Square	2.730 <sup>a</sup>	4	.604	
Likelihood Ratio	2.770	4	.597	
Linear-by-Linear Association	.141	1	.707	
N of Valid Cases	126			
a. 2 cells (20.0%) have expected count less than 5. The minimum expected count is 3.30.				

**INTERPRETATION:**

The above table shows the relationship between gender and overall satisfaction of the health scheme. The null hypothesis states that there is no significant relationship between the two variables, while the



alternative hypothesis suggests otherwise. The results of the chi-square tests indicate that there is no significant relationship between gender and overall satisfaction of the health scheme. The Pearson chi-square value is 2.730, and the p-value is 0.604, which is greater than the level of significance of 0.05. Therefore, we fail to reject the null hypothesis and conclude that there is no significant relationship between gender and overall satisfaction of the health scheme.

## 8.FINDINGS & CONCLUSION

### ANOVA ANALYSIS

- The ANOVA results showed that age group, occupation, and number of earning persons in the family had a significant association with the factors that affect awareness. However, it is important to note that the educational qualification and family monthly income did not have a significant association with the factors that affect awareness.
- Only age group had a significant association with the level of satisfaction related to health insurance schemes. However, it is important to note that the other demographic variables, including educational qualification, occupation, number of earning persons in the family, and family monthly income, did not have a significant association with the level of satisfaction related to health insurance schemes.

### CHI-SQUARE ANALYSIS

- There is a significant relationship between the Age Group and Awareness on Health insurance
- There is no significant relationship between the Gender and Overall satisfaction of Health Scheme

### 9.LIMITATION OF THE STUDY

- This research cover only Coimbatore city.
- There is short period of the time to complete this research.
- This survey is solely based on respondent's opinion, with no regard for personal bias.

### 10.CONCLUSION

In conclusion, the study on beneficiary satisfaction towards Ayushman Bharat (PM JAY) with reference to Coimbatore City has provided valuable insights into the demographic profile of the beneficiaries, their awareness levels, and their satisfaction with the scheme. The study found that the majority of the respondents were young, educated, and from nuclear families, with a high level of awareness about health insurance. Advertisements were the most common source of awareness about health insurance, and private sources were the most common source of information about health insurance schemes. The study also found that there was a significant association between age group, occupation, and the number of earning persons in the family with the factors that affect awareness.

Moreover, age group was the only significant variable associated with the level of satisfaction related to health insurance schemes. The results of this study can be used to design targeted awareness campaigns to increase awareness of the Ayushman Bharat scheme and to identify factors that can enhance the satisfaction levels of beneficiaries. Overall, the study highlights the need for continued efforts to increase awareness about health insurance schemes, especially among the less educated and economically disadvantaged sections of society.



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