



## **Examine the Rural-Urban Gap with Reference to Awareness and Usage of (PM-JAY) in Agra District**

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### **ABSTRACT**

The Pradhan Mantri Jan Arogya Yojana (PM-JAY) is a landmark initiative launched in September 2018 as part of the Ayushman Bharat program, aiming to provide accessible and comprehensive health coverage to India's economically vulnerable populations. Targeting over 10 crore families (approximately 50 crore individuals), the scheme offers up to ₹5 lakh per family annually for secondary and tertiary healthcare, covering treatments like surgeries and diagnostics. PM-JAY seeks to address the financial burden of healthcare expenses that have historically hindered access to quality medical care for low-income families. The program operates through a decentralized framework, involving the National Health Authority and State Health Agencies, ensuring efficient management and delivery. Despite its initial successes, challenges such as disparities in awareness and utilization, particularly between rural and urban areas, persist. Continued research and evaluation are needed to refine the scheme's implementation.

**Keywords:** Pradhan Mantri Jan Arogya Yojana (PM-JAY), Ayushman Bharat, Cashless Treatment, Healthcare Reform

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### **INTRODUCTION**

The Pradhan Mantri Jan Arogya Yojana (PM-JAY) marks a significant advancement in India's healthcare reform efforts, focusing on providing comprehensive health coverage to the country's most economically vulnerable populations. Launched in September 2018, PM-JAY is a flagship initiative under the broader Ayushman Bharat program, embodying India's commitment to universal health coverage and addressing the diverse healthcare needs of its vast population. The scheme aims to offer financial protection to over 10 crore families, covering approximately 50 crore individuals from low-income backgrounds. It provides up to ₹5 lakh per family annually for secondary and tertiary hospitalization, including surgeries, diagnostics, and critical medical services, significantly reducing the financial barriers to healthcare access. Prior to PM-JAY, out-of-pocket healthcare expenses were a major strain on poor households, often resulting in delayed treatments or catastrophic financial consequences. By offering cashless and paperless treatment at empaneled hospitals, PM-JAY eliminates these barriers, ensuring timely medical care for vulnerable populations. The scheme's operational framework is decentralized, with the National Health Authority overseeing national implementation and State Health Agencies managing state-level execution. The program's success is supported by a robust IT infrastructure, facilitating efficient beneficiary identification and claim settlement processes. However, despite its wide-reaching goals, PM-JAY faces challenges, such as disparities in awareness and healthcare access, particularly between rural and urban populations, necessitating ongoing research and evaluation to enhance the program's effectiveness.

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### **REVIEW OF LITERATURE**

Several studies have evaluated the implementation and impact of PM-JAY, highlighting both successes and areas for improvement. Sharma and Nair (2024) suggested future research to assess the scheme's impact on marginalized communities and called for policy adjustments. Bhattacharya et al. (2023) identified challenges such as delays in claim processing and gaps in awareness, recommending targeted outreach and streamlined processes. Jain et al. (2023) noted the need to incorporate more preventive care into PM-JAY, while Gupta and Kumar (2022) highlighted reductions in out-of-pocket expenses and improvements in tertiary care access. Sinha and Gupta (2021) pointed to uneven utilization, particularly in remote areas, and Chakraborty and Sharma (2020) stressed the accessibility challenges in rural regions. Additionally, studies by Joseph et al. (2021) and Mishra et al. (2021) explored hospital empanelment and operational aspects, respectively.

International studies also provide insights into healthcare systems, with Moore (2020) examining the Philippines' universal healthcare system and Zieff et al. (2020) studying the impact of universal healthcare in the USA. Sohn et al. (2020) discussed health disparities among low-income contractors in South Korea, while Harris and Maia (2021) contrasted Brazil and Thailand's universal healthcare systems, emphasizing the growing role of the private sector in Brazil. Meanwhile, research by Furtado et al. (2022) and Trivedi et al. (2022) evaluated beneficiary satisfaction and challenges in Uttar Pradesh, Jharkhand, Gujarat, and Madhya Pradesh. Overall, the findings underline the need for improvements in awareness, accessibility, and the representation of the private sector to ensure the success of PM-JAY.

## OBJECTIVES

The objectives of this study are to examine the Pradhan Mantri Jan Arogya Yojana (PM-JAY) and assess the awareness levels of the scheme in selected areas. Additionally, the study aims to compare the usage of PM-JAY between rural and urban regions of the Agra district.

## RESEARCH METHODOLOGY

This research adopts a descriptive and comparative research design, utilizing both quantitative and qualitative methods to examine the implementation and impact of the Pradhan Mantri Jan Arogya Yojana (PM-JAY) in the Agra district. Primary data was collected through surveys and interviews using random sampling in selected areas, while a stratified random sampling technique ensured proportional representation between rural and urban populations for a comparative analysis of PM-JAY usage. Statistical tools, including chi-square tests, were employed to analyze usage differences across regions. The study was conducted in the Agra district, comprising 15 blocks, with a sample size of 200 heads of households from selected areas such as Achhnera, Bah, Fatehabad, and Dayalbagh. Both secondary data from official reports and primary data through structured questionnaires were utilized for the research.

## DATA ANALYSIS AND INTERPRETATION

The Pradhan Mantri Jan Arogya Yojana (PM-JAY), a cornerstone initiative of the Ayushman Bharat scheme, is the world's largest government-funded health assurance scheme. Launched in 2018, it aims to provide financial protection to poor and vulnerable families for secondary and tertiary care hospitalization.

PM-JAY aims to provide universal health coverage to over 10 crore vulnerable families, benefiting approximately 50 crore people, or 40% of India's population. It offers cashless treatment at empanelled public and private hospitals, covering a wide range of secondary and tertiary care, including surgeries and hospitalization. Beneficiaries are identified through socio-economic caste census data, ensuring the scheme reaches the intended population. The claim process is streamlined for quick reimbursement to hospitals. Key benefits include financial protection, improved healthcare access, reduced poverty, economic empowerment, and social equity. However, implementation faces challenges such as capacity building, preventing fraud, and ensuring awareness and enrollment among eligible beneficiaries. The scheme is executed in collaboration with state governments, leveraging digital tools for efficient service delivery and the empanelment of hospitals.

**Table 1: Age of Respondents**

Age group	Respondents	Percentage
18>35 years	70	35%
36-55 years	90	45%
>55 year	40	20%
Total	200	100%

### Interpretation

The age distribution of respondents in this sample reveals that the majority fall within the 36-55 years age group, making up 45% of the total. This is followed by younger respondents aged 18-35 years, who represent 35% of the sample. The smallest group is those over 55 years old, accounting for only 20%. This distribution suggests a higher representation of middle-aged individuals, which may indicate that this demographic is more engaged with or interested in the subject of the survey. The presence of a substantial number of younger respondents also highlights their involvement, while the lower proportion of older respondents might reflect a lesser interest or availability within this age range. This age distribution could influence the survey findings, as perspectives and preferences are often age-dependent.

**Table 2: Gender of Respondents**

Gender	Respondents	Percentage
Male	110	55%
Female	90	45%
Total	200	100%

### Interpretation

The gender distribution of respondents in this sample shows a slight majority of males, who constitute 55% of the total respondents, while females make up 45%. This near balance between male and female respondents suggests a fairly equitable gender representation, though males have a slight edge in

participation. This composition may provide a more balanced perspective in the survey findings, as the views and preferences of both genders are relatively well-represented. However, the small gender gap might still influence the results slightly, depending on the topic's relevance to each gender group.

**Table 3: Occupation of Respondents**

OCCUPATION	Respondents	Percentage
Unemployed	20	10%
Professional	12	6%
Skilled worker	30	15%
Semi-Professional	40	20%
Semi-skilled worker	60	30%
Clerical, Shop owner, Farmer	38	19%
Total	200	100%

#### Interpretation

The occupation data reveals a diverse sample, with the largest group being semi-skilled workers, who account for 30% of respondents. This is followed by semi-professionals at 20% and clerical workers, shop owners, and farmers at 19%. Skilled workers make up 15%, while unemployed individuals represent 10% of the sample. Professionals constitute the smallest group, only 6%. This distribution suggests a strong representation of respondents from practical and semi-skilled occupations, which may reflect a particular socio-economic background or skill level in the study's context. The lower representation of professionals could indicate a limited interest or availability among this group, potentially influencing the overall perspectives and findings of the survey based on the predominant working-class composition of respondents.

**Table 4: Have you heard about PMJAY?**

Particular	Respondents	Percentage
Yes	180	90%
no	20	10%
Total	200	100%

#### Interpretation

The data shows that a significant majority of respondents, 90%, have heard about the Pradhan Mantri Jan Arogya Yojana (PMJAY), while only 10% are unfamiliar with it. This high level of awareness suggests that the scheme has been effectively communicated or promoted among the population. The extensive reach may indicate successful awareness efforts by the government or relevant organizations, as well as a strong public interest in healthcare initiatives. The small percentage of those unaware of PMJAY could point to gaps in outreach within certain demographics or regions, but overall, the data reflects a broad knowledge of the program within the sample.

**Table 5: How did you first hear about PMJAY?**

Particular	Respondents	Percentage
tv	30	15%
newspaper	25	12.50%
social media	70	35%
govt official	50	25%
friends	10	5%
advertisement on internet	10	5%
other	5	2.50%
Total	200	100%

#### Interpretation

The data indicates that social media was the primary source of information about the Pradhan Mantri Jan Arogya Yojana (PMJAY), with 35% of respondents first hearing about it through this channel. Government officials were also a significant source, accounting for 25% of initial exposure,

followed by television at 15%. Newspapers informed 12.5% of respondents, while internet advertisements and friends each contributed to 5%. Only 2.5% learned about PMJAY through other means. This distribution suggests that digital platforms, particularly social media, play a crucial role in disseminating information about government initiatives, highlighting a shift in public engagement with online media over traditional outlets. The prominent role of government officials further emphasizes the effectiveness of direct communication in reaching the public.

**Table 6: Do you know the benefits offered by PMJAY?**

Particular	Respondents	Percentage
Yes	150	75%
no	50	25%
Total	200	100%

#### Interpretation

The data reveals that a majority of respondents, 75%, are aware of the benefits offered by the Pradhan Mantri Jan Arogya Yojana (PMJAY), while 25% lack this knowledge. This high level of awareness among respondents suggests that information about the program's benefits has been relatively well-disseminated, allowing a large portion of the population to understand the scheme's advantages. However, the 25% who are unaware indicate that there is still a need for more targeted information campaigns to ensure comprehensive understanding. Increasing awareness of PMJAY's benefits could further enhance its utilization, especially among those who may qualify for support but are not fully informed.

**Table 7: Can you name any benefits?**

Particular	Respondents	Percentage
Free hospitalisation	90	45%
coverage up to 5 lakhs	80	40%
Both	30	15%
Other	0	0%
Total	200	100%

#### Interpretation

The data shows that respondents have a reasonably good grasp of specific benefits provided by the Pradhan Mantri Jan Arogya Yojana (PMJAY). Free hospitalization is the most recognized benefit, with 45% of respondents mentioning it, followed closely by awareness of coverage up to ₹5 lakh, known by 40%. An additional 15% of respondents could name both benefits. No respondents cited other benefits, suggesting limited awareness of any additional features PMJAY may offer. This indicates that while key benefits are generally well-known, there may be an opportunity to educate the public on other potential aspects of the program. Enhanced knowledge of all benefits could improve the scheme's impact and accessibility for beneficiaries.

**Table 8: Are you or your family members enrolled in PMJAY?**

Particular	Respondents	Percentage
yes	195	97.50%
no	5	2.50%
Total	200	100.00%

#### Interpretation

The data reveals that an overwhelming majority of respondents, 97.5%, are enrolled in the Pradhan Mantri Jan Arogya Yojana (PMJAY), either individually or through family members, while only 2.5% are not enrolled. This high enrollment rate reflects strong engagement with the program, suggesting that PMJAY has successfully reached and enrolled a large segment of the target population within this sample. The minimal number of non-enrollees may indicate either limited awareness or accessibility issues for a small subset of individuals, though overall, the data underscores the scheme's extensive reach and the potential for a widespread impact on healthcare access and affordability for enrolled families.

**Table 9: Have you or any family member used PMJAY services?**

Particular	Respondents	Percentage
yes	125	62.50%
no	75	37.50%
Total	200	100.00%

**Interpretation**

The data shows that 62.5% of respondents have utilized Pradhan Mantri Jan Arogya Yojana (PMJAY) services for themselves or a family member, while 37.5% have not used the services despite being enrolled. This high utilization rate suggests that a majority of enrollees are actively benefiting from the program, which may indicate that PMJAY addresses relevant healthcare needs within the population. However, the 37.5% who have not used the services could reflect a group that either has not required healthcare support or faces barriers in accessing services, such as limited provider availability or lack of awareness on how to utilize the benefits. Understanding these non-users' reasons for not accessing services could help enhance PMJAY's effectiveness and ensure broader utilization among enrollees.

**Table 10: Rate the quality of healthcare services**

Particular	Respondents	Percentage
Excellent	80	40%
Good	70	35%
Average	20	10%
Poor	30	15%
Total	200	100%

**Interpretation**

The data on the quality of healthcare services under the Pradhan Mantri Jan Arogya Yojana (PMJAY) reveals generally positive feedback, with 40% of respondents rating the services as "Excellent" and 35% as "Good." This indicates that a substantial majority (75%) of users are satisfied with the quality of healthcare they receive through the program. However, 10% consider the quality "Average," and 15% rate it as "Poor," suggesting that some respondents experienced suboptimal service. While the high ratings reflect the program's success in delivering quality healthcare to many, the portion of respondents with lower satisfaction highlights areas for potential improvement, such as addressing service inconsistencies or enhancing provider standards to ensure a uniformly high-quality experience for all beneficiaries.

**Table 11: Do you believe PMJAY is beneficial?**

Particular	Respondents	Percentage
Yes	175	87.50%
no	25	12.50%
Total	200	100.00%

**Interpretation**

The data shows that a large majority of respondents, 87.5%, believe that the Pradhan Mantri Jan Arogya Yojana (PMJAY) is beneficial, while a smaller portion, 12.5%, do not share this view. This high level of approval suggests that most respondents recognize the positive impact of PMJAY on healthcare accessibility and affordability. The program's benefits, such as free hospitalization and coverage for significant medical expenses, likely contribute to this favorable perception. However, the minority who view the program as not beneficial may have experienced limitations or challenges in accessing services, such as quality concerns or unmet healthcare needs. Addressing these concerns could further enhance the program's perceived value and increase satisfaction among all enrollees.

**Table 12: Place of residence**

Particular	Respondents	Percentage
Rural	115	57.50%
urban	85	42.50%
Total	200	100.00%

### Interpretation

The data indicates that a majority of respondents, 57.5%, reside in rural areas, while 42.5% are from urban areas. This distribution shows that rural residents form a significant portion of the sample, which may reflect the intended outreach of the Pradhan Mantri Jan Arogya Yojana (PMJAY) in rural areas where access to affordable healthcare is often more limited. The substantial representation of rural respondents suggests that the program has reached its target demographic effectively. The urban respondents' presence also highlights the program's relevance across different regions, but the higher rural participation underscores the importance of healthcare support for rural populations who may benefit most from such initiatives.

**Table 13: Do you recommend PMJAY in your area?**

Particular	Respondents	Percentage
Yes	145	72.50%
no	55	27.50%
Total	200	100.00%

### Interpretation

The data shows that 72.5% of respondents answered "Yes," while 27.5% responded "No." This suggests that a strong majority have a favorable response or agreement on the particular question, indicating general acceptance or recognition of the issue or benefit in question. However, the 27.5% who responded "No" reflect a significant minority, suggesting that while most respondents align with the majority view, a notable portion either disagrees or has had a different experience. Understanding the reasons behind this split could provide deeper insights into differing perceptions or experiences within the population.

## CONCLUSION

The study on the Pradhan Mantri Jan Arogya Yojana (PM-JAY) reveals significant insights into the program's reach, impact, and challenges. The findings demonstrate that PM-JAY has achieved considerable success in promoting Universal Health Coverage, with a robust enrollment rate of 97.5% among the sampled population. The scheme's primary objective of providing cashless and comprehensive healthcare to vulnerable families appears well-received, as 87.5% of respondents perceive the program as beneficial.

Awareness levels are high, with 90% of respondents familiar with the scheme and 75% aware of its benefits, highlighting effective dissemination of information, primarily through digital platforms and government channels. Social media emerged as a key medium for spreading awareness, indicating a shift towards technology-driven communication strategies.

The demographic analysis shows active participation across various age groups, with a notable representation of middle-aged individuals. The gender distribution is relatively balanced, ensuring diverse perspectives. However, the study also highlights the predominance of semi-skilled workers and semi-professionals, suggesting the scheme's reach among economically vulnerable and working-class populations.

Despite the program's widespread implementation, challenges persist. Approximately 37.5% of enrolled respondents have not utilized PM-JAY services, which could point to barriers in service access or a lack of healthcare needs. Additionally, while 75% of respondents rate the quality of healthcare under PM-JAY as "Good" or "Excellent," a notable 25% express dissatisfaction, citing "Average" or "Poor" service experiences. These areas indicate the need for enhanced healthcare delivery standards and broader accessibility to ensure consistent user satisfaction.

The study also underscores the program's impact on rural populations, with 57.5% of respondents from rural areas. This highlights PM-JAY's role in addressing healthcare disparities between rural and urban regions. The financial protection offered by the scheme is instrumental in reducing healthcare-induced poverty, fostering economic empowerment, and promoting social equity.

PM-JAY is a transformative initiative with significant strides toward improving healthcare access and affordability in India. To maximize its potential, efforts must focus on addressing service quality concerns, increasing awareness among the remaining population, and ensuring seamless access to healthcare services. These improvements could further enhance the scheme's impact, making quality healthcare universally accessible to India's most vulnerable communities.

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