Awareness of BPL card holders under the Aayushman Bharat scheme in Mysore District-A Study

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ABSTRACT

The research aims to investigate the level of awareness among Below Poverty Line (BPL) card holders in Mysore District regarding the Aayushman Bharat Scheme. The study would employ a mix of primary and secondary data to provide a comprehensive analysis. The primary data will be collected through surveys, while the secondary data will be obtained from relevant government reports and documents. Research objectives. To assess the level of awareness among BPL (Below Poverty Line) card holders in Karnataka regarding the Aayushman Bharat scheme. And To compare the awareness levels among different socio-economic groups. And a. Study Type: The research will utilize a cross-sectional design to collect data from the participants at a single point in time. b. Sampling Technique: A stratified random sampling technique will be used to select 154 participants from various areas of Mysore District, with proportional representation from each socio-economic group. For that The ANOVA test would be used to compare the awareness levels among different socio-economic groups. Post hoc Tukey tests will be conducted to determine which specific groups differ significantly in their awareness levels.

KEY WORDS: *BPL Card Holders, Aayushman Bharat Scheme, Awareness.*

INTRODUCTION

The Aayushman Bharat Scheme, launched by the Government of India, is an ambitious healthcare initiative aimed at providing affordable and accessible healthcare services to the citizens of the country. In Karnataka, the scheme has been implemented with the objective of extending the benefits of quality healthcare to the vulnerable and economically disadvantaged sections of society. The Aayushman Bharat Scheme, also known as Pradhan Mantri Jan Arogya Yojana (PM-JAY), comprises two main components - the Health and Wellness Centres (HWCs) and the Pradhan Mantri Jan Arogya Yojana (PM-JAY). Under the PM-JAY, eligible beneficiaries from low-income households are provided with health insurance coverage for secondary and tertiary healthcare services. This insurance cover includes hospitalization expenses, surgeries, treatments for various medical conditions, and other medical interventions. The scheme aims to alleviate the financial burden of medical expenses on families and ensure that no one is deprived of essential healthcare due to financial constraints. The Health and Wellness Centres (HWCs) are an essential aspect of the scheme that focuses on promoting preventive healthcare and early diagnosis of diseases. These centers provide comprehensive primary healthcare services, including screening for various illnesses, essential medications, maternal and child health

services, and health awareness programs. The Aayushman Bharat Scheme in Karnataka has significantly expanded healthcare access to a large number of beneficiaries across the state. It has brought about positive changes in the healthcare landscape, emphasizing the importance of preventive healthcare and providing financial protection to those in need. By improving healthcare services and increasing insurance coverage, the scheme has contributed to enhancing the overall health and well-being of the people in Karnataka.

 The Aayushman Bharat Scheme in Karnataka stands as a crucial step towards achieving the goal of universal health coverage, making healthcare services more inclusive and accessible for all sections of society. Through its comprehensive approach, the scheme is playing a pivotal role in transforming the healthcare scenario in the state and improving the lives of millions of people.

Literature Review

(**Pandey, Jha, & Rai, 2021**) The perspectives of both patients and medical professionals regarding service adoption play a pivotal role in the establishment of a universal healthcare system. Ayushman Bharat, India's national healthcare program, introduced in 2018, has encountered challenges in attracting patients. The slow acceptance of a free nationwide healthcare coverage scheme puzzled the upper management of Ayushman Bharat. This report sheds light on the difficulties faced in implementing a national healthcare system in low-income countries and serves as a valuable learning resource for political leaders, medical professionals, service operation managers, and healthcare administrators.

(**Saxena, Tiwari, & Chattopadhyay, 2022**) In India, access to professional medical attention is considered a fundamental right. However, the high cost of healthcare has often made it unaffordable for people with low incomes. Despite being the world's largest democracy and the sixth-largest economy, India's healthcare system has faced challenges in providing accessible and personalized healthcare services. In response to this issue, on February 1, 2018, the Hon'ble Prime Minister, Mr. Narendra Modi, launched the "Ayushman Bharat Yojna."

By examining the number of people enrolling and utilizing the scheme, it becomes possible to gauge the success of Ayushman Bharat in achieving its objectives of providing affordable and comprehensive healthcare to those who need it the most. Through this initiative, India's healthcare system is taking strides towards becoming more inclusive and responsive to the needs of its citizens, especially those from economically disadvantaged backgrounds.

(**Kamath & Brand, 2023**) The ABPMJAY (Ayushman Bharat Pradhan Mantri Jan Arogya Yojana), initiated in September 2018, stands as the world's largest publicly funded health insurance scheme, covering a staggering 500 million individuals. To comprehensively review this scheme, a systematic literature search was conducted using various databases, including PubMed, Web of Science, Scopus, and Google Scholar. The search terms included "Ayushman Bharat," "ABPMJAY," "Medicare," and "RSBY."Both title and abstract words were used for indexing, and the search extended to grey literature and government websites to access relevant documents. A total of 881 papers were identified, comprising 2 from grey literature, 2 from government websites, 53 from PubMed, 46 from Web of Science, 97 from Scopus, and a substantial 681 from Google Scholar. After eliminating duplicates, 829 original papers remained for further analysis. The evaluation process involved two experts in the respective field individually assessing the titles and abstracts of these 829 references. This comprehensive review aims to shed light on the impact and effectiveness of the ABPMJAY scheme in providing accessible healthcare to a significant proportion of the population, and its findings can serve as a valuable resource for policymakers and researchers in the healthcare domain.

Objectives of the Study:

1. To assess the level of awareness among BPL (Below Poverty Line) card holders in Mysore District regarding the Aayushman Bharat scheme.
2. To compare the awareness levels among different socio-economic groups.

Hypothesis:

1. (H0): There is no significant difference in the level of awareness among BPL card holders in Mysore District regarding the Aayushman Bharat scheme.
   (Ha): There is a significant difference in the level of awareness among BPL card holders in Mysore District regarding the Aayushman Bharat scheme.

2. (H0): There is no significant difference in the awareness levels among different socio-economic groups regarding the Aayushman Bharat scheme.
   (Ha): There is a significant difference in the awareness levels among different socio-economic groups regarding the Aayushman Bharat scheme.

Table:1

Number of Card Holders in Karnataka by PHH (Priority Household), AAY (Antyodaya Anna Yojana), and Total Card Holders, Organized by District:

District Name	PHH	AAY	CARD holder
BAGALKOTE	340252	46,169	3,86,421
BALLARI	250658	26,052	2,76,710
BELAGAVI	997297	68,654	10,65,951
BENGALURU RURAL	208388	14,347	2,22,735
BENGALURU URBAN	451545	12,791	4,64,336
BIDAR	268034	40,018	3,08,052
CHAMARAJANAGARA	230995	35,782	2,66,777
CHIKKABALLAPURA	206799	28,420	2,35,219
CHIKKAMAGALURU	222707	22,338	2,45,045
CHITRADURGA	275325	42,276	3,17,601
DAKSHINA KANNADA	236597	23,091	2,59,688
DAVANGERE	278206	45,709	3,23,915
DHARWAD	326830	29,876	3,56,706
GADAG	205969	28,590	2,34,559
HASSAN	403194	23,407	4,26,601
HAVERI	321961	46,956	3,68,917
KALABURAGI	389079	62,915	4,51,994
KODAGU	84859	9,869	94,728
KOLAR	254869	29,816	2,84,685
KOPPAL	256760	37,572	2,94,332
MANDYA	424105	34,377	4,58,482
MYSURU**	629287	50,411	6,79,698
RAICHUR	358271	52,319	4,10,590
RAMANAGARA	173767	18,976	1,92,743

SHIVAMOGGA	301697	37,797	3,39,494
TUMAKURU	477322	49,764	5,27,086
UDUPI	153261	25,683	1,78,944
UTTARA KANNADA	270222	16,286	2,86,508
VIJAYAPURA	419377	41,891	4,61,268
YADGIR	191837	29,365	2,21,202
TOTAL	9609470	10,31,517	1,06,40,987

Source: National food security portal

In Mysore district, there are a total of 6,79,698 ration card holders. Out of these, 6,29,287 individuals hold a Priority Household (PHH) ration card, while 50,411 individuals possess an Antyodaya Anna Yojana (AAY) ration card.

Comparing Mysore district with other districts in Karnataka, we can observe that Mysore has a relatively higher number of ration card holders compared to some districts but is not the district with the highest number of cardholders in the state.

Research Methodology:

The data was collected through a self-administered questionnaire. The questionnaire would have distributed to BPL card holders in Mysore District through a variety of methods, including door-to-door surveys, community gatherings, and online surveys. The data for this study will be collected from two sources: primary and secondary. The primary data will be collected through the questionnaire. A stratified random sampling technique was be used to select 154 participants from various areas of Mysore District, with proportional representation from each socio-economic group. The secondary data will be collected from government websites, academic journals, and other sources. The limitations of this study include the small sample size and the self-reported nature of the data. The small sample size may limit the generalizability of the findings. The self-reported nature of the data may introduce bias.

Table:2

Level of Awareness Among Individuals Under the Aayushman Bharat Scheme in Mysore District

LEVEL OF AWARENESS			
LEVELS	Frequency	Percent	
LOW	44	28.6	
MODERATE	44	28.6	
HIGH	66	42.9	
Total	154	100	

This column represents the number of individuals falling into each level of awareness category. For example, there are 44 individuals in the LOW awareness category, 44 individuals in the MODERATE awareness category, and 66 individuals in the HIGH awareness category. This column indicates the percentage of

individuals in each level of awareness category, calculated based on the total number of respondents. For instance, 28.6% of individuals have LOW awareness, 28.6% have MODERATE awareness, and 42.9% have HIGH awareness. Total number of respondents is 154, as mentioned in the "Total" row, representing the entire dataset
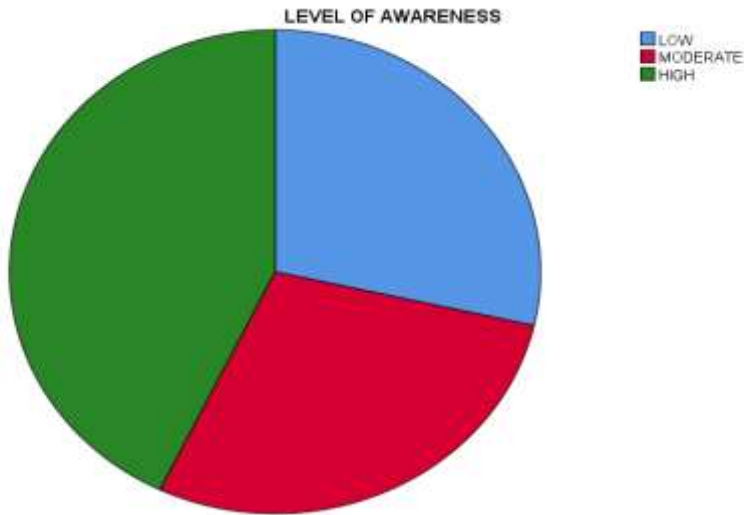
Fig:1

Table:3

Education Levels of BPL Card Holders Under Aayushman Bharat Scheme in Mysore District

Education				
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No formal education	37	24.0	24.0	24.0
	Primary education	19	12.3	12.3	36.4
	Secondary education	17	11.0	11.0	47.4
	Bachelor's degree	43	27.9	27.9	75.3
	Master's degree	38	24.7	24.7	100.0
	Total	154	100.0	100.0	

This data represents the distribution of educational levels among a group of individuals. It shows the number of respondents and the corresponding percentages for each level of education in Mysore District. The frequency is the number of people in the sample with each level of education. The percent is the percentage of people in the sample with each level of education. The cumulative percent is the percentage of people in the sample with a lower or equal level of education. The table shows that the most common level of education in the sample is primary education. There are 19 people in the sample with primary education, which is 12.3% of the total sample. The second most common level of education is secondary education. There are 17 people in the sample with secondary education, which is 11.0% of the total sample. The least common level of education in the sample is no formal education. There are 37 people in the sample with no formal education, which is 24.0% of the total sample.

ANOVA					
Level of Awareness					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	10.797	4	2.699	13.753	.000
Within Groups	29.243	149	.196		
Total	40.040	153			

Level of Awareness				
Tukey HSD[a,b]				
Education	N	Subset for alpha = 0.05		
		1	2	3
No formal education	37	2.7243		
Secondary education	17	2.8471	2.8471	
Primary education	19		3.1632	3.1632
Bachelor's degree	43			3.2140
Master's degree	38			3.4184
Sig.		.850	.075	.225
Means for groups in homogeneous subsets are displayed.				
a. Uses Harmonic Mean Sample Size = 26.588.				
b. The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.				

The significance level for the Tukey HSD test is 0.05. This means that we can be 95% confident that the observed differences in mean level of awareness are not due to chance. Table shows the results of the Tukey HSD test for the data on the level of awareness of different levels of education. The table shows the following information for each group The number of participants in the group (N), The subset for alpha = 0.05, which is the set of groups that are significantly different from each other at a significance level of 0.05The mean level of awareness for the group The significance level for the difference between the mean of the group and the mean of each of the other groups

The Tukey HSD test results show that the level of awareness of people with different levels of education is not the same. The level of awareness of people with primary education and people with a Bachelor's degree is significantly higher than the level of awareness of people with no formal education or secondary education. The level of awareness of people with a Master's degree is significantly higher than the level of awareness of people with a Bachelor's degree.

Table:4

Occupation Distribution Among Individuals Under the Aayushman Bharat Scheme in Mysore District

Occupation					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	unemployed	11	7.1	7.1	7.1
	Student	55	35.7	35.7	42.9
	Homemaker	33	21.4	21.4	64.3
	Employed	22	14.3	14.3	78.6
	Self-employed	33	21.4	21.4	100.0
	Total	154	100.0	100.0	

From the data, we can observe the distribution of occupations among individuals holding a BPL card in Mysore district, Students make up the largest group, constituting approximately 35.7% of the total BPL card holders. Homemakers and self-employed individuals each represent around 21.4% of the BPL card holders. Employed individuals account for about 14.3% of the BPL card holders. Unemployed individuals are the smallest group, making up approximately 7.1% of the BPL card holders. The data provides insights into the occupational profiles of individuals who are eligible for Below Poverty Line benefits in Mysore district.

One-Way ANOVA Results for Awareness Levels Among Individuals Under the Aayushman Bharat Scheme in Mysore District, by Occupation

ANOVA					
Level of Awareness					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	3.975	4	.994	4.105	.003
Within Groups	36.065	149	.242		
Total	40.040	153			

Level of Awareness			
Tukey HSD[a,b]			
Occupation	N	Subset for alpha = 0.05	
		1	2
unemployed	11	2.8000	
Homemaker	33	2.9000	2.9000
Self-employed	33	3.0667	3.0667
Employed	22		3.2000
Student	55		3.2600
Sig.		.350	.097
Means for groups in homogeneous subsets are displayed.			
a. Uses Harmonic Mean Sample Size = 23.239.			
b. The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.			

Based on the ANOVA and Tukey HSD test results: The ANOVA test indicates that there are significant differences in the level of awareness among different occupation groups. The awareness levels vary significantly across occupation groups. The Tukey HSD post hoc test further reveals specific differences in mean awareness levels between certain occupation groups: The "unemployed" group has the lowest mean awareness level (2.8000) among all occupation groups. The "Homemaker" group has a slightly higher mean awareness level (2.9000) compared to the "unemployed" group. The "Self-employed" group has a higher mean awareness level (3.0667) compared to both the "unemployed" and "Homemaker" groups. The "Employed" group has a higher mean awareness level (3.2000) compared to the "Self-employed" group. The "Student" group has the highest mean awareness level (3.2600) among all occupation groups

Table:5

Age Distribution of Individuals Under the Aayushman Bharat Scheme in Mysore District

Age					
		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-24 years	44	28.6	28.6	28.6
	25-34 years	33	21.4	21.4	50.0
	35-44 years	44	28.6	28.6	78.6
	45-54 years	11	7.1	7.1	85.7
	55 years or older	22	14.3	14.3	100.0
	Total	154	100.0	100.0	

From the data, we can observe the distribution of age groups among individuals holding a BPL card in Mysore district: The largest age group among BPL card holders is "35-44 years," comprising approximately 28.6% of the total. The "18-24 years" and "25-34 years" age groups each represent approximately 28.6% and 21.4% of the BPL card holders, respectively. The "55 years or older" age group is the smallest, making up approximately 14.3% of the BPL card holders. The "45-54 years" age group consists of approximately 7.1% of the BPL card holders.

The data provides insights into the age distribution of individuals who are eligible for Below Poverty Line benefits in Mysore district

One-Way ANOVA Results for Awareness Levels Among Individuals Under the Aayushman Bharat Scheme in Mysore District, by Age Group:

ANOVA					
Level of Awareness					
	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	27.949	4	6.987	86.107	.000
Within Groups	12.091	149	.081		
Total	40.040	153			

Level of Awareness				
Tukey HSD[a,b]				
Age	N	Subset for alpha = 0.05		
		1	2	3
55 years or older	22	2.1500		
35-44 years	44		3.0750	
18-24 years	44		3.2000	
45-54 years	11		3.3000	
25-34 years	33			3.5667
Sig.		1.000	.057	1.000
Means for groups in homogeneous subsets are displayed.				
a. Uses Harmonic Mean Sample Size = 23.571.				

b. The group sizes are unequal. The harmonic mean of the group sizes is used. Type I error levels are not guaranteed.

Based on the ANOVA and Tukey HSD test results: The ANOVA test indicates that there are significant differences in the level of awareness among different age groups. The awareness levels vary significantly across age groups. The Tukey HSD post hoc test further reveals specific differences in mean awareness levels between certain age groups: The "55 years or older" age group has the lowest mean awareness level (2.1500) among all age groups. The "25-34 years" age group has the highest mean awareness level (3.5667) among all age groups. The "35-44 years" and "18-24 years" age groups have mean awareness levels of 3.0750 and 3.2000, respectively, falling between the two extreme age groups. The "45-54 years" age group has a mean awareness level of 3.3000, indicating a relatively higher awareness level compared to the "55 years or older" age group but slightly lower than the "25-34 years" age group.

Findings:

1. Based on the data on the level of awareness among individuals under the Aayushman Bharat Scheme in Mysore District, it is to be found The distribution shows that the majority of BPL cardholders fall into the High Awareness category, followed by Moderate Awareness, while the lowest proportion falls into the Low Awareness category.

2. Based on results show that the level of awareness of people with different levels of education is not the same. The level of awareness of people with primary education and people with a Bachelor's degree is significantly higher than the level of awareness of people with no formal education or secondary education. The level of awareness of people with a Master's degree is significantly higher than the level of awareness of people with a Bachelor's degree.

3. Based on results show that the level of awareness of people with different levels of Occupation The ANOVA test indicates that there are significant differences in the level of awareness among different occupation groups. The awareness levels vary significantly across occupation groups. The Tukey HSD post hoc test further reveals specific differences in mean awareness levels between certain occupation groups:

4. Based on results show that the level of awareness of people with different Age Groups The ANOVA test indicates that there are significant differences in the level of awareness among different age groups. The awareness levels vary significantly across age groups. The Tukey HSD post hoc test further reveals specific differences in mean awareness levels between certain age groups:

Suggestions and Conclusion:

1. Based on the findings, it appears that a significant portion of BPL cardholders in Mysore District have a high level of awareness regarding the Aayushman Bharat Scheme. However, there are still a considerable number of beneficiaries who have moderate and low levels of awareness.

2. Based on the data suggests that there are significant variations in the level of awareness The findings may have implications for designing targeted awareness campaigns and support for specific age groups to improve their understanding and access to resources.

It is essential to continue monitoring and evaluating the awareness levels regularly to assess the impact of awareness campaigns and make necessary adjustments to further enhance awareness about the Aayushman Bharat Scheme in Mysore District. By targeting specific areas or communities with low awareness levels, implementing effective communication strategies, and engaging local authorities and healthcare providers, the scheme's benefits can reach a more extensive section of the population.

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