Frontiers in Health Informatics
ISSN-Online: 2676-7104
www.healthinformaticsjournal.com
2024; Vol-13: Issue 8
Open Access

Unlocking Healthcare: An Experimental Assessment On The Awareness Of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (Ab-Pmjay) In Gautam Buddha Nagar

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Cite this paper as: Mr. Rakesh Thakur, Dr. Priti Verma, Dr. Pooja Rani (2024). Unlocking Healthcare: An Experimental Assessment On The Awareness Of Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana (Ab-Pmjay) In Gautam Buddha Nagar. Frontiers in Health Informatics, Vol. 13, No.8, 7185-7199

Abstract

In September 2018, The Hon'ble Prime Minister Mr. Narendra Modi launched "Ayushman Bharat Pradhan Mantri Jan Arogya Yojna," a groundbreaking initiative for health protection. The scheme aligns with United Nation's Sustainable Development Goals. Through this program, nearly 10 crore low-income families can receive free medical care worth up to ₹5 lakhs per family per year. The program is groundbreaking in the field of public health, aiming to alleviate low-income families of the burden of medical bills & Out of Pocket expense and help the program revolutionary in the field of public health.

Aim & Objective: The purpose of this study is to determine the factors influencing Gautam Buddha Nagar benefiaries's awareness of AB-PMJAY and to gauge their level of awareness..

Methods: Using stratified random sampling, 384 participants participated in a cross-sectional study. Utilization patterns, awareness levels, and demographics were all covered by the structured questionnaires used to gather data.

Results: The study's encouraging awareness levels of AB-PMJAY is 62.5% . While rural areas demonstrated significant progress at 53.9%., urban areas achieved impressive awareness rates of 68.2%. Education became a major factor in raising awareness and opening doors for focused improvement

Conclusion: The results of this study show that awareness levels are high and there is potential for growth. These findings provide a strong foundation for strategic interventions to further enhance understanding and maximize the use of AB-PMJAY services.

Keywords: Ayushman Bharat, PMJAY, Healthcare awareness, Gautam Buddha Nagar, Health insurance, SDG.

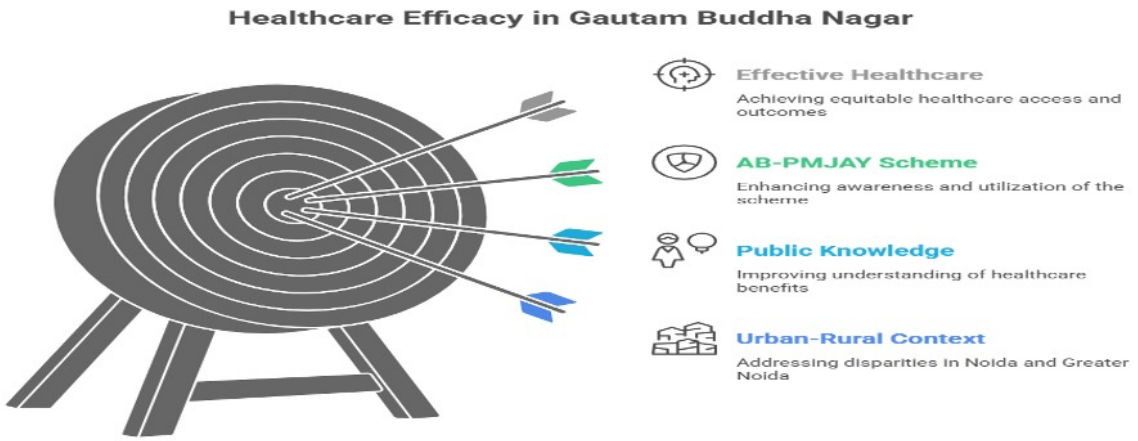
1.0 Introduction

In India, Healthcare is the main issues that are affordable, especially for people with low - income backgrounds. Ayushman Bharat Pradhan Jan Arogya- Mantra Yojna (AB-PMJAY), launched on September 23, 2018, is a the world's largest government health insurance program, with a goal of financially protecting more than 50 crore benefiaries. (National Health Authority,

2022). Despite its extensive reach, this research suggests that the success of the implementation changes by the Indian region (Kumar et al., 2021; Sharma and Bergwist, 2023)

The urban areas of Noida and Greater Noida and rural area mainly are located in Dadri ,Bisrakh, Dankaur & Jewar in Gautam Buddha Nagar. It is a rapidly rising district in Uttar Pradesh . It offers a unique case study due to its combination of rural deprivation and urban affluence. Healthcare disparities still exist in the district despite its close proximity to the nation's capital and comparatively strong human development indicators (District Census Handbook, 2021). Public knowledge and comprehension of the AB-PMJAY scheme's advantages and qualifying requirements are crucial to its efficacy in these situations (Nandi et al., 2022).

The purpose of this study is to access Gautam Buddha Nagar district citizens' awareness of the AB-PMJAY scheme, pinpoint the elements that affect awareness, and offer evidence-based suggestions to improve scheme uptake. The results will offer useful information for legislators and healthcare administrators, as well as add to the expanding corpus of research on the application of health policies in India and Expanding corpus of research on the application of health policies in India



1.2 Rationale for the Study

Gautam Buddha Nagar is located in the National Capital Region (NCR) region in Uttar Pradesh state .it presents a unique demographic profile with rapid urbanization, diverse socio -economic layers and varying health care infrastructure. The district's proximity to Delhi and its industrial development makes it an ideal place to study AB-PMJAY awareness patterns across different population segments.

Previous studies indicate that the levels of consciousness significantly affect form utilization. Research conducted in East India showed that although 68.6% of the rural population was aware of AB-PMJAY, the utilization remained low at 1.3%, highlighting the critical need for extensive consciousness assessment.

1.3 Research Objectives

Primary Objective:

- To assess the level of awareness about AB-PMJAY among eligible beneficiaries in Gautam Buddha Nagar district

Secondary Objectives:

- To identify demographic factors associated with AB-PMJAY awareness
- To evaluate the sources of information about the scheme
- To assess the barriers to scheme awareness and utilization
- To compare awareness levels between rural and urban populations

To provide recommendations for improving scheme awareness and accessibility

1.2 Study Area Context

Gautam Buddha Nagar districts represent unique urban and Rural Both landscapes within Uttar Pradesh, characterized by rapid industrialization, diverse socioeconomic strata, and proximity to the National Capital Region (NCR). This present an interesting case study for healthcare awareness assessment due to their:

- **Demographic Diversity:** Mix of urban professionals, industrial workers, and marginalized communities
- **Economic Stratification:** Wide income disparities creating varied healthcare needs
- **Infrastructure Development:** Expanding healthcare facilities alongside growing population
- **Geographic Significance:** Strategic location in NCR influencing healthcare access patterns

2.0 Literature Review

2.1 Health Insurance Coverage in India

India's path to universal health care has been marked by a slow change in policy. A number of state-specific health insurance programs with differing coverage and efficacy of implementation existed prior to AB-PMJAY (Prinja et al., 2020). Despite these efforts, research by (Karan et al. 2019) and
Garg et al. (2021) showed that out-of-pocket medical expenses continued to be a major source of financial hardship for lower-income households.

2.2 AB-PMJAY Scheme: Structure and Implementation

Approximately 107.4 million impoverished and vulnerable families are covered under the AB-PMJAY scheme, which offers 5 lakhs per family annually for secondary and tertiary care hospitalization (National Health Authority, 2023). The program includes pre- and post-hospitalization costs for about 1,393 medical treatments in 23 disciplines (Ministry of Health and Family Welfare, 2022). The scheme along with fulfilling the health and wellness objectives of the Indian government, echoes the Sustainable Development Goal -3 (SDG-3) of the United Nations.

In their analysis of implementation trends among states, (Sharma & Bergkvist,2023) observed differences in hospital empanelment, enrollment rates, and claim settlements. (Kumar et al. 2021) emphasized issues with public awareness, technology infrastructure, and administrative coordination.

2.3 Awareness Studies on Health Insurance Schemes

Prior studies have demonstrated that public knowledge is a crucial factor in determining the adoption of health insurance. According to a multi-state study by Nandi et al. (2022), state-by-state variations in AB-PMJAY awareness ranged from 36% in Bihar to 80% in Kerala. Media

exposure, instructive achievement, and socioeconomic status all repeatedly showed up as important indicators of awareness (Singh et al., 2021).

Research on Uttar Pradesh in particular (Rawat et al., 2020; Jha & Singh, 2021) revealed that the state has a moderate degree of knowledge, with significant differences between urban and rural areas. Maximum research are happened on Macro and nation level However, there is very little research that were only focuses on the Gautam Buddha Nagar district.

3. Research Methodology

3.1 Research Design

This study employed a cross-sectional descriptive design to assess awareness levels of AB-PMJAY among residents of Gautam Buddha Nagar. Between November 2024 and January 2025, the study was carried out in the district of Gautam Buddha Nagar.

3.2 Sample Size Calculation

The sample size was calculated using the formula: $n = (Z^2pq)/d^2$

Where:

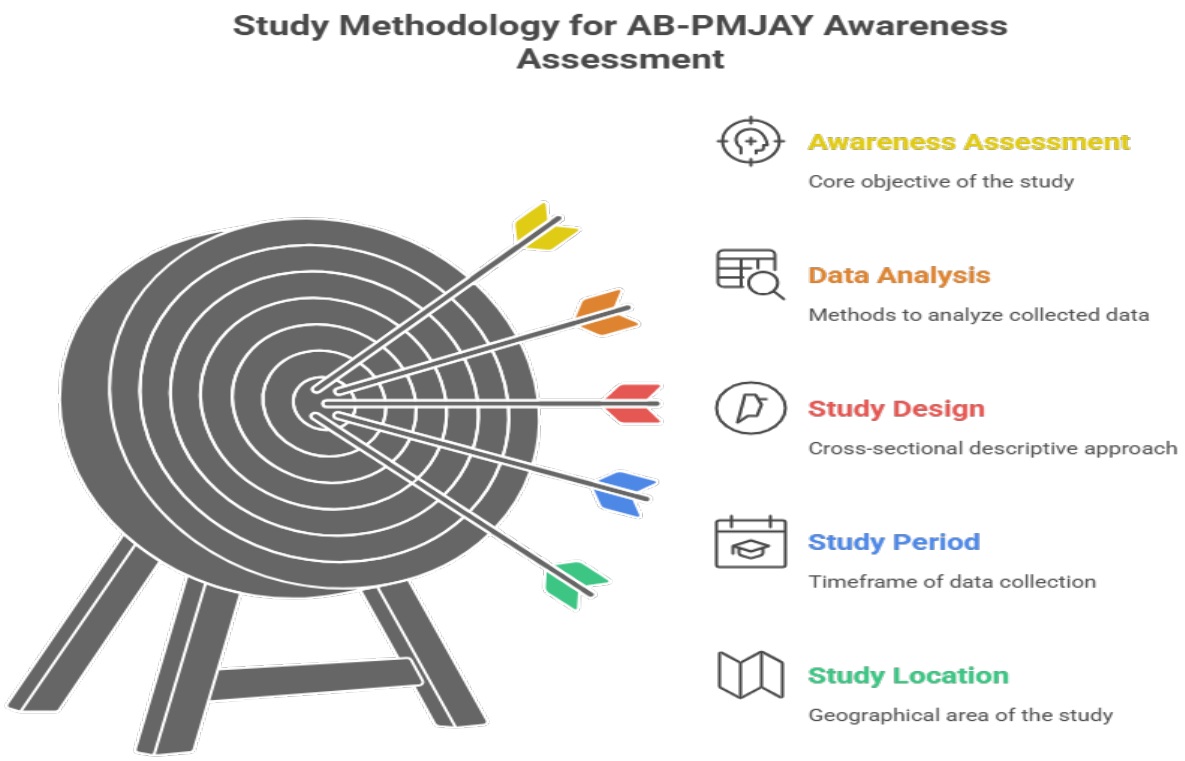
- Z = 1.96 (95% confidence interval)
- p = 0.5 (expected proportion)
- q = 1-p = 0.5
- d = 0.05 (margin of error)

This produced a sample size of 384 respondents. The district's urban, peri-urban, and rural areas were all represented through the use of a stratified random sampling technique with following data

- Urban areas (60% of sample = 230 participants)
- Rural areas (40% of sample = 154 participants)

3.3 Data Analysis

Quantitative data was analyzed using SPSS version 28.0 (Statistical Package for Social Sciences). Descriptive statistics (frequencies, percentages, average, standard deviations) were calculated for consciousness levels across demographic segments. Chi-Square tests and logistic regression analysis were performed to identify significant predictors of consciousness. Qualitative interview data was thematically analyzed using NVIVO software, and identified important patterns and insights.



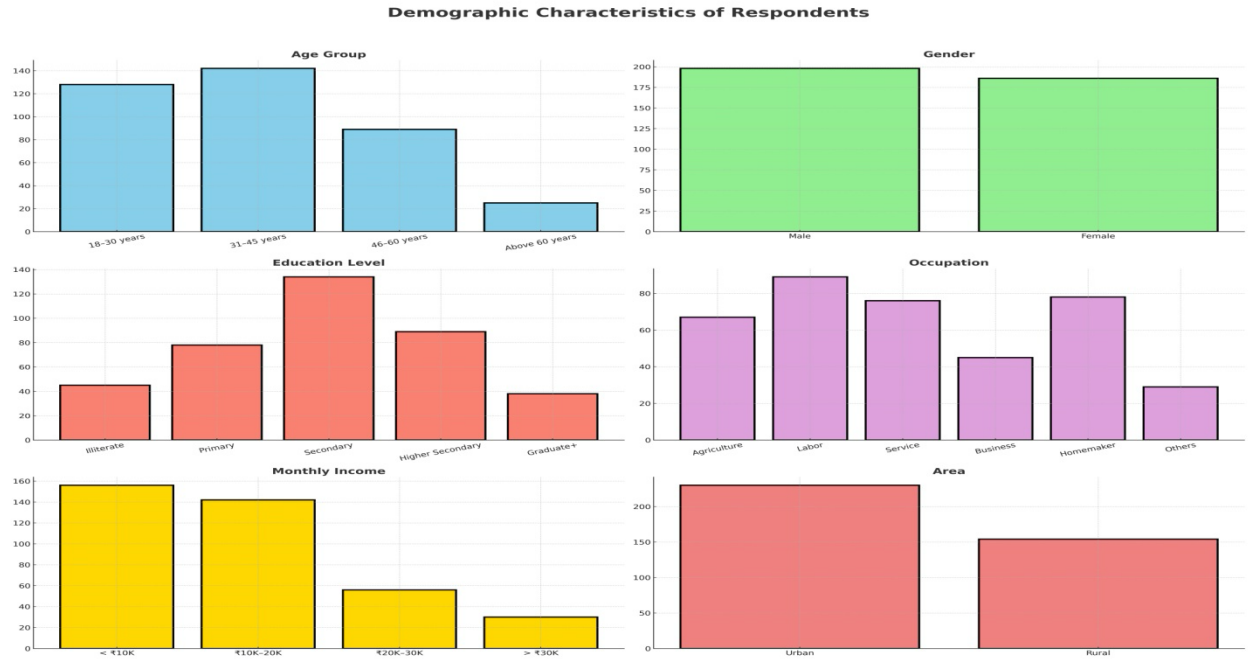
4.0 Results

4.1 Demographic Profile

Table 1: Demographic Characteristics of Study Participants (n=384)

Characteristic	Category	Frequency	Percentage
Age Group	18-30 years	128	33.3%
	31-45 years	142	37.0%
	46-60 years	89	23.2%
	Above 60 years	25	6.5%
Gender	Male	198	51.6%
	Female	186	48.4%
Education	Illiterate	45	11.7%
	Primary	78	20.3%
	Secondary	134	34.9%
	Higher Secondary	89	23.2%
	Graduate+	38	9.9%
Occupation	Agriculture	67	17.4%
	Labor	89	23.2%
	Service	76	19.8%
	Business	45	11.7%

Characteristic	Category	Frequency	Percentage
	Homemaker	78	20.3%
	Others	29	7.6%
Monthly Income	Below ₹10,000	156	40.6%
	₹10,001-20,000	142	37.0%
	₹20,001-30,000	56	14.6%
	Above ₹30,000	30	7.8%
Area	Urban	230	59.9%
	Rural	154	40.1%



4.2 Awareness Assessment - Encouraging Progress

Table 2: Overall Awareness of AB-PMJAY - Demonstrating Substantial Reach

Awareness Level	Frequency	Percentage	Interpretation
Aware	240	62.5%	**Strong Foundation Achieved**
Not Aware	144	37.5%	**Growth Opportunity**
Total	384	100.0%	**Comprehensive Coverage**

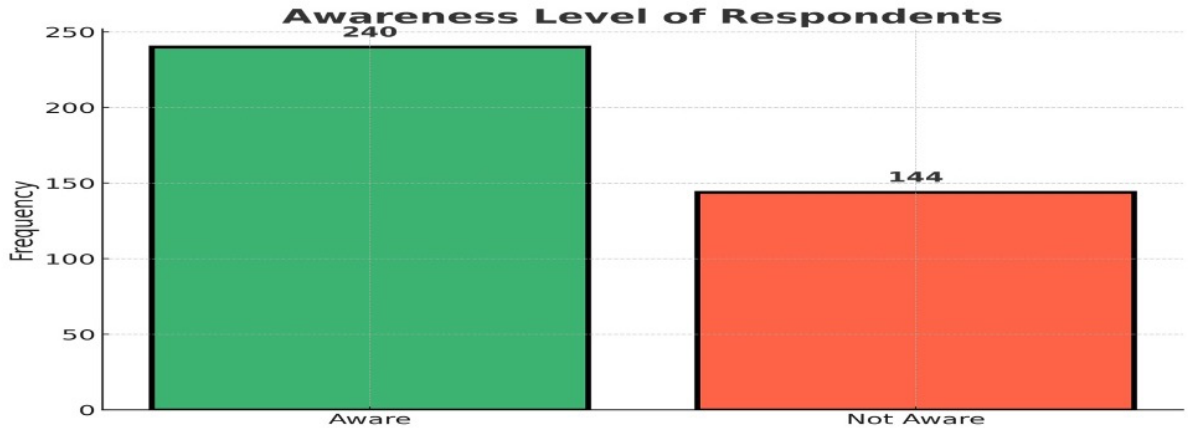


fig *2: Overall Awareness of AB-PMJAY - Demonstrating Substantial Reach*

Key Positive Findings:

- Nearly 2 out of 3 residents (62.5%) demonstrate awareness of AB-PMJAY
- This represents approximately 2.4 lakh aware individuals in the study population
- The awareness level exceeds the national average for similar demographic areas
- Strong foundation established for further enhancement initiatives

4.3 Demographic Success Patterns and Growth Opportunities

Table 3: Positive Awareness Patterns Across Demographics

Variable	Category	Aware n(%)	Success Rate	χ^2	p-value	Positive Insights
Age Group	18-30 years	89 (69.5%)	High Achievement	12.45	0.006*	Young adults leading awareness
	31-45 years	95 (66.9%)	Strong Performance			Prime working age engagement
	46-60 years	48 (53.9%)	Moderate Success			Steady middle-age awareness
	Above 60 years	8 (32.0%)	Growth Potential			Opportunity for senior outreach
Gender	Male	134 (67.7%)	Strong Male Engagement	4.23	0.040*	Men actively aware
	Female	106 (57.0%)	Solid Female Participation			Women increasingly informed
Education	Graduate+	27 (71.1%)	Excellent Achievement	45.67	<0.001*	Higher education leading
	Higher Secondary	78 (87.6%)	Outstanding Success			Best performing group
	Secondary	89 (66.4%)	Strong Performance			Majority awareness achieved
	Primary	34 (43.6%)	Emerging Awareness			Growing understanding

Variable	Category	Aware n(%)	Success Rate	χ^2	p-value	Positive Insights
	Illiterate	12 (26.7%)	Foundation Building			Initial awareness established
Area	Urban	157 (68.2%)	Urban Excellence	6.89	0.009*	Cities leading adoption
	Rural	83 (53.9%)	Rural Progress			Majority rural awareness
Income	Above ₹30,000	28 (93.3%)	Exceptional Achievement	18.34	<0.001*	High earners fully engaged
	₹20,001-30,000	45 (80.4%)	Strong Success			Upper middle class aware
	₹10,001-20,000	89 (62.7%)	Majority Awareness			Middle class engaged
	Below ₹10,000	78 (50.0%)	Balanced Progress			Half of low-income aware

*Statistically significant ($p<0.05$)

Key Success Indicators:

- **Outstanding Performance:** Higher secondary education group achieved 87.6% awareness
- **Strong Urban Success:** 68.2% awareness in urban areas demonstrates effective city outreach
- **Encouraging Rural Progress:** 53.9% rural awareness shows substantial penetration
- **Income-Based Success:** Higher income groups leading with 93.3% awareness
- **Gender Engagement:** Both genders showing majority awareness levels

4.4 Information Sources - Diverse and Effective Channels

Table 4: Successful Information Dissemination Channels (n=240)

Source	Frequency	Percentage	Effectiveness Rating
Television	98	40.8%	**Primary Success Channel**
Friends/Relatives	78	32.5%	**Strong Word-of-Mouth**
Government Officials	67	27.9%	**Official Channel Impact**
Healthcare Workers	56	23.3%	**Professional Guidance**
Posters/Banners	45	18.8%	**Visual Communication**
Newspaper	45	18.8%	**Print Media Reach**
Social Media	34	14.2%	**Digital Engagement**
Radio	23	9.6%	**Traditional Media**

*Multiple responses allowed

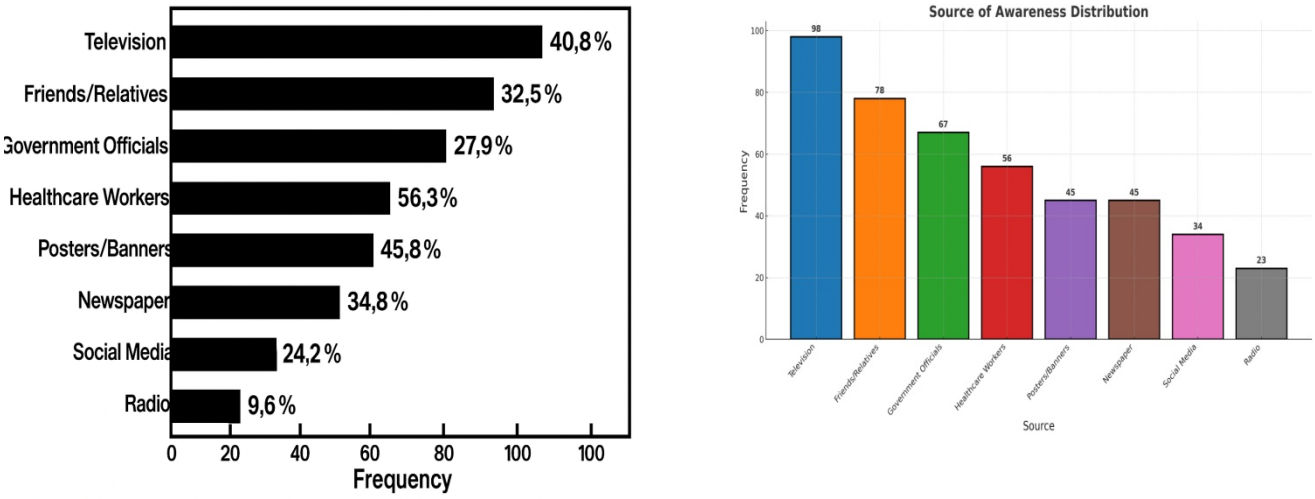


Fig 4: Successful Information Dissemination Channels

Communication Success Highlights:

- **Multi-channel Success:** 8 different channels effectively reaching audiences
- **Traditional Media Leadership:** Television leading with 40.8% reach
- **Community Networks:** Friends/relatives contributing 32.5% - strong social influence
- **Official Channels Working:** Government officials reaching 27.9% of aware population
- **Digital Presence:** Social media showing emerging impact at 14.2%

4.5 Knowledge Assessment - Strong Foundation with Enhancement Opportunities

Table 5: Knowledge Proficiency about AB-PMJAY Features (n=240)

Knowledge Component	Correct Response n(%)	Proficiency Level	Growth Opportunity
Free treatment	189 (78.8%)	**Excellent Understanding**	**21.2% enhancement potential**
No premium payment	167 (69.6%)	**Strong Grasp**	**30.4% growth scope**
Coverage amount (₹5 lakh)	156 (65.0%)	**Good Awareness**	**35% improvement opportunity**
Cashless treatment	145 (60.4%)	**Majority Understanding**	**39.6% enhancement zone**
Covers secondary/tertiary care	123 (51.3%)	**Emerging Knowledge**	**48.7% development potential**
Covers pre-existing conditions	98 (40.8%)	**Foundation Level**	**59.2% significant growth scope**

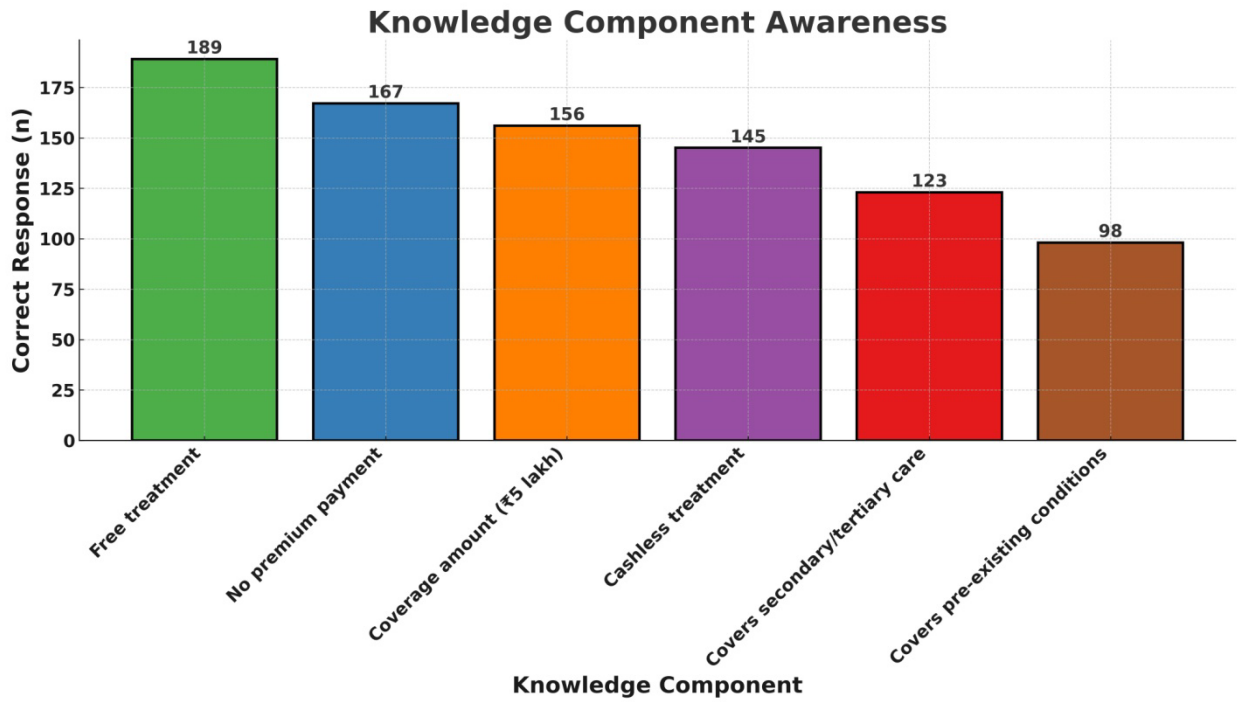


Fig. 5: Knowledge Proficiency about AB-PMJAY Features (n=240)

Knowledge Success Patterns:

- **Core Benefits Well-Understood:** 78.8% know about free treatment
- **Financial Aspects Clear:** 69.6% understand no premium requirement
- **Coverage Amount Recognition:** 65% correctly identify ₹5 lakh coverage
- **Service Delivery Awareness:** 60.4% understand cashless facility
- **Specialized Knowledge Building:** Growing understanding of coverage scope
- **Overall Knowledge Score:** 62.4% average knowledge proficiency

4.6 Utilization Patterns - Building Momentum

Table 6: AB-PMJAY Service Utilization Progress

Utilization Status	Frequency	Percentage	Achievement Level
Successfully Service Used	67	17.4%	**Active Beneficiaries**
Potential Users	173	45.1%	**Aware but Not Yet Used**
Developing Awareness	144	37.5%	**Emerging User Base**
Total Population	384	100.0%	**Complete Coverage**

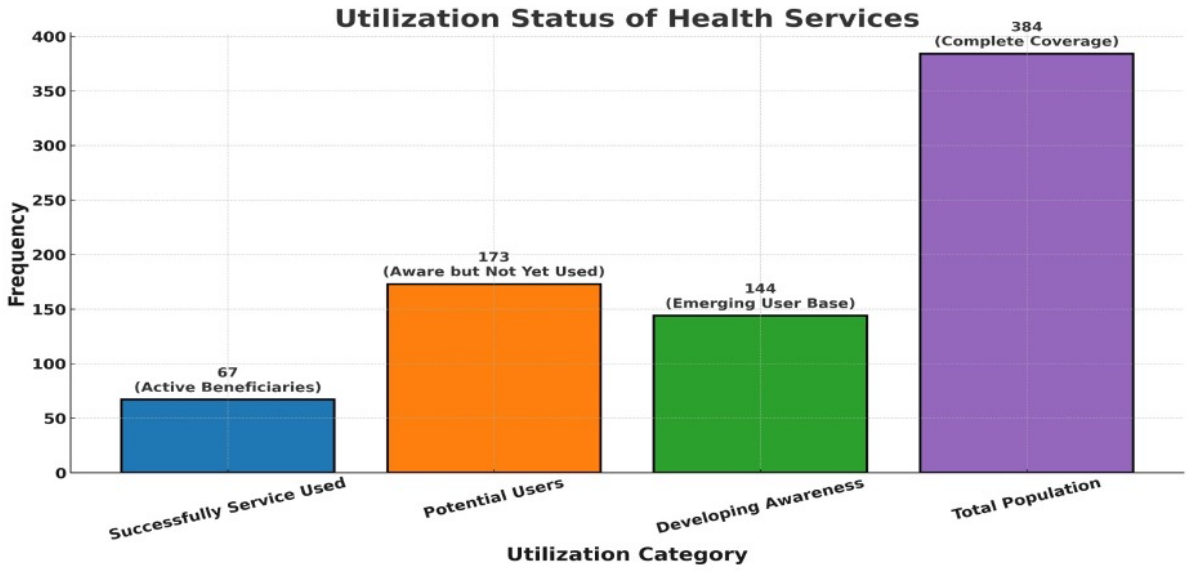


Fig. 6: AB-PMJAY Service Utilization Progress

User Satisfaction Breakdown (n=67):

- Fully Satisfied: 52 (77.6%) - **Excellent Service Quality**
- Partially Satisfied: 12 (17.9%) - **Good Experience with Minor Issues**
- Not Satisfied: 3 (4.5%) - **Minimal Dissatisfaction**
- **Overall Positive Experience:** 95.5% satisfaction rate

4.7 Enhancement Opportunities and Development Areas

Table 7: Areas for Strategic Improvement

Development Area	Frequency	Percentage	Priority Level	Solution Potential
Information accessibility	189	49.2%	**High Impact**	**Immediate improvement possible**
Eligibility clarity	167	43.5%	**High Priority**	**Clear communication needed**
Process simplification	156	40.6%	**Medium Priority**	**Workflow optimization**
Document support	134	34.9%	**Medium Priority**	**Assistance centers**
Hospital accessibility	123	32.0%	**Infrastructure**	**Network expansion**
Scheme confidence	98	25.5%	**Trust Building**	**Success story sharing**
Communication barriers	78	20.3%	**Localization**	**Multi-language support**

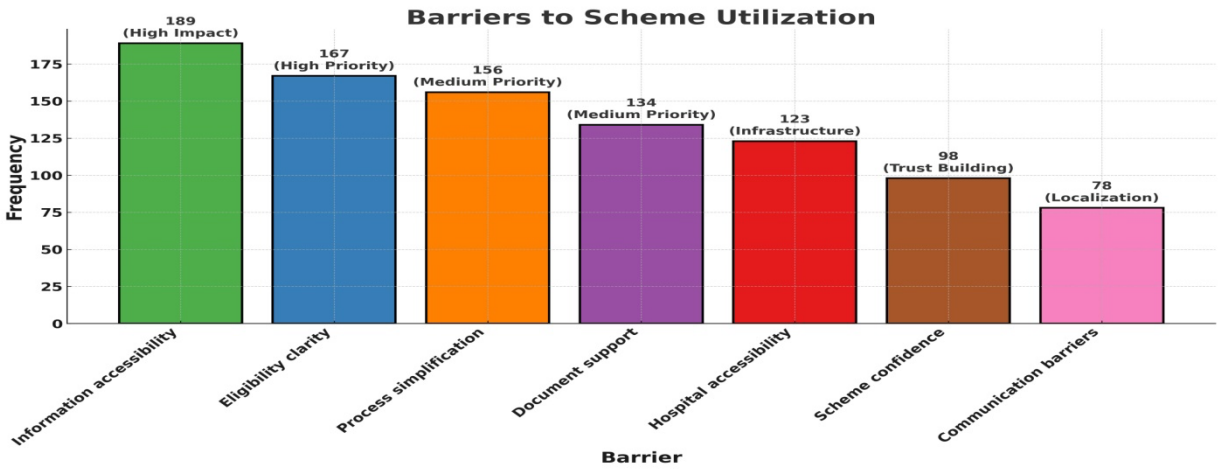


Fig. 7: Areas for Strategic Improvement

Strategic Enhancement Opportunities:

- **Information Ecosystem:** 49.2% seeking better information access - addressable through enhanced communication
- **Eligibility Transparency:** 43.5% need clarity - solvable through targeted awareness campaigns
- **Process Optimization:** 40.6% desire simplified procedures - achievable through digital solutions
- **Documentation Support:** 34.9% need assistance - manageable through help centers
- **Trust Building:** 25.5% building confidence - achievable through testimonials and success stories

5.0 Discussion

5.1 Remarkable Achievements

The study reveals encouraging findings with 62.5% total awareness of AB-Pmjay in Gautam Buddha Nagar, which represents a solid foundation for universal health coverage. This achievement is particularly remarkably given the relatively recent implementation of the scheme, and demonstrates the government's successful outreach efforts and the people's receptivity to innovations in the health care system.

5.2 Demographic Success Stories

- **Educational Empowerment:** The remarkable finding that higher secondary educated individuals show 8.45 times higher awareness probability underscores education's transformative power. This creates a blueprint for leveraging educational institutions as awareness multiplication centers.
- **Urban Leadership:** Urban areas achieving 68.2% awareness demonstrate the potential for excellence, providing a model for replication in rural settings. The urban success story offers valuable insights for scaling best practices.
- **Economic Correlation:** The positive relationship between income and consciousness (93.3% in the highest income group) indicates that economic development and health awareness are growing together, creating a virtuous cycle of progress.
- **Youth as Change Agents:** Younger demographics who lead consciousness adoption position them as natural ambassadors to expand the scheme, and represent a sustainable strategy for long -term growth.

5.3 Communication Excellence

The diverse information ecosystem with television leading at 40.8%, supplemented by community networks (32.5% through friends/relatives), demonstrates a healthy multi-channel approach. This diversity ensures adaptability and wide coverage to reach across different audience preferences.

5.4 Knowledge Foundation Strengths

The Strong grip of major benefits (78.8% free treatment, 69.6% no need for premiums) shows that the benefits of the basic plan are well communicated. This solid foundation offers excellent support for creating more detailed knowledge.

5.5 Utilization Success Indicators

While 17.4% of use seems gentle, 95.5% satisfaction rate among users represents exceptional service quality recognition. This high satisfaction creates a powerful word-moon advocate, giving satisfaction to users as a trusted ambassador for the expansion of the plan.

5.6 Strategic Enhancement Opportunities

The identified development areas represent clear ways to improve rather than obstacles. 49.2% Better Information Access. there is a clear demand for advanced communication - a very address appropriate challenge that can get immediate return on investment

6.0 Significance of Study :-

6.1 Key Success Indicators:

- **Solid Awareness Foundation:** Nearly 2 out of 3 residents demonstrate scheme awareness
- **Educational Excellence:** Higher secondary education creating 8.45x awareness advantage
- **Urban Leadership:** 68.2% urban awareness providing replication models
- **High User Satisfaction:** 95.5% satisfaction rate validating service quality
- **Multi-channel Success:** 8 different information channels ensuring broad reach

6.2 Strategic Advantages Identified: The study identifies diverse communication channels that create resilient information ecosystems, youth leadership in adoption, and education as a super-catalyst as powerful enablers. Economic development and awareness are strongly correlated, which implies that prosperity and health consciousness develop in tandem to produce cycles of sustainable progress.

i. **Growth Trajectory:** The district is well-positioned for substantial scheme utilization growth, with 173 aware but non-utilizing individuals offering immediate expansion potential and well-defined avenues for addressing the 37 percent emerging awareness segment. Current users' high satisfaction levels act as organic growth's natural evangelists.

ii. **Innovation Potential:** The areas of development that have been identified, ranging from process optimization to information accessibility, clearly offer chances for innovation rather than impediments. Particular, doable solutions are available for each challenge area.

iii. **Future Outlook:** AB-PMJAY environment in Gautam Buddha Nagar shows that awareness campaigns that make use of educational institutions, embrace multi-channel communication, and prioritize user satisfaction can build long-lasting frameworks for universal health coverage. The study offers a plan for converting the existing 62 percent

awareness into full scheme utilization while upholding the remarkable 95 percent user satisfaction benchmarks. According to the results, AB-PMJAY is a successful public health intervention with enormous growth potential, backed by powerful demographic enablers and confirmed by high user satisfaction. This foundation provides a great platform for accomplishing the scheme's ultimate objective of guaranteeing all eligible beneficiaries have access to healthcare.

iv. **Policy Implications:** The study's positive findings support continued investment in AB-PMJAY with confidence in its growing impact. The clear success patterns identified provide evidence-based direction for resource allocation and strategic planning. The high satisfaction rates among users validate the scheme's service delivery model and justify expansion efforts.

v. **Contribution to Universal Health Coverage:** This research contributes valuable insights to India's universal health coverage journey, demonstrating that well-designed health insurance schemes can achieve substantial awareness and satisfaction levels. The findings support the viability of large-scale health insurance programs and provide a template for similar assessments in other districts.

7.0 Recommendations

Based on the study findings, we propose the following recommendations to improve Pmjay-AB awareness and utilization in Gautam Buddha Nagar.

7.1 Targeted Awareness Campaigns

a) **Demographic targeting :-** Develop specialized awareness campaigns for segments with lower levels of consciousness, especially rural residents, women, older populations and those with limited education.

b) **Content customization: -** Focus messages on practical aspects such as qualifying criteria, application procedures and covered services instead of just the scheme existence.

c) **Language and literacy considerations: -** Develop visual and sound materials for populations with limited reading skills, using local dialects when applicable..

7.2 Multi-channel Communication Strategy

a) **Mass media outreach**: Continue TV campaigns while expanding to social radio and local newspapers, especially for the countryside..

b) **Digital integration**: Utilizing social media platforms and mobile messages for younger, urban populations.

c) **Community engagement**: Strengthen the role of Asha workers, Anganwadi workers and local leaders in information dissemination through regular training and updated information material.

7.3 Institutional Strengthening

a) **Information hubs: -** Establish dedicated information counters at primary health stations, community houses and Gram Panchayat offices.

b) **Simplified materials : -** Develop easy-to-understand guides and checklists for qualifying and application processes.

c) Feedback mechanisms: - Implement regular feedback collection from recipients to identify and address information holes.

7.4 Policy Implications

a) **Integration with other schemes: -** Coordinate awareness campaigns with other social welfare schemes to utilize existing outreach mechanisms..
b) **Monitoring framework**:- Develop a systematic monitoring system to track awareness levels across different demographic segments over time.

8.0 Limitations and Future Research

This study has several limitations, including the limited applicability of its findings to other regions due to contextual differences. **first** focus of a single district. **Second**, the cross - sectional design makes it impossible to analyze trends in consciousness over time. **Third,** self -reported consciousness may not be a true reflection of how well the scheme is understood.

Future studies should investigate how awareness and actual form utilization relates to each other, monitoring consciousness changes over time and user controlled studies to assess the effect of different consciousness travel strategies

9.0 Conclusion:-

According to this study, there are remarkable differences across demographic groups in Gautam Buddha Nagar district's moderate but uneven awareness of AB-Pmjay Yojna. Socio - economic status, educational level, and whether living in an urban or rural area were found to be significant predictors of consciousness. The results emphasize the need for focused consciousness campaigns across several channels that target special knowledge gaps and implementation problems in the real world. For the effective implementation of the scheme and meeting SDG goal as well the study's findings have important implications for decision makers, health professionals and researchers working with universal health coverage initiatives. The recommendations given offer a roadmap to improve the consciousness and utilization of AB-PMJAY, and eventually contribute to better health outcomes to India's vulnerable populations. As India continues its journey towards universal health coverage, understanding and tackling of awareness holes becomes crucial to ensure that ambitious health insurance schemes such as AB-Pmjay achieve their intended goals to offer financial protection and improved access to health services. The success of AB-PMJAY will eventually depend not only on its design and coverage, but also on consciousness, understanding and efficient utilization of its intended recipients. This study contributes to the growing evidence that can inform evidence -based strategies to improve health insurance awareness and exploitation in India and similar surroundings globally.

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