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Socio-Economic Impact of Ayushman Bharat Yojana on Rural Population

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Abstract

The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) program is one of the largest public healthcare programs of India initiated by the Indian government to provide financial aid and healthcare services to low-income rural population. The program provides eligible families with cashless medical treatment through its network of public and private hospitals to reduce their out-of-pocket healthcare expenses. The research analyzes how the Ayushman Bharat Yojana affects rural communities while assessing its success in providing better healthcare services and financial protection and improved living standards. The research paper uses secondary data which researchers obtained from government documents and research studies and academic journals and publicly available statistical information. The research demonstrates that the program which provides healthcare services has reduced financial difficulties which rural households face when trying to pay for medical expenses. The system provides low-income families with new possibilities to access essential medical services which they could not afford before. The program has increased health knowledge among rural residents while motivating them to seek medical help on time and boosting maternal and child health services in their communities. The study shows positive results but identifies multiple implementation issues which include insufficient public knowledge and digital literacy problems and the restricted healthcare facilities and the distribution of empaneled hospitals which differs between urban and remote areas. The research shows that Ayushman Bharat Yojana provides social and economic benefits to most rural households but requires better system monitoring and improved rural health facilities and public awareness programs to achieve its maximum potential. The study concludes that the scheme has the potential to transform rural healthcare delivery and contribute significantly to inclusive socio-economic development in India.

Keywords: *Ayushman Bharat Yojana, Rural Healthcare, Socio-Economic Impact, Health Insurance, PM-JAY, Financial Protection, Rural Development, Public Health, Healthcare Accessibility, Government Welfare Scheme.*

Introduction

Healthcare services function as a vital element which supports the economic progress of a nation that depends on its rural population for development. Rural communities experience major difficulties in obtaining proper healthcare services because of their financial difficulties and insufficient medical facilities and doctor shortages and absence of money. Rural families need to choose between basic needs and medical treatment because they face high medical costs which create financial burdens that result in their poverty. The Government of India established multiple welfare programs to enhance healthcare services for poor people while decreasing their medical expenses.

One of the most important healthcare reforms India has done through its various programs is the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY). The scheme which started in 2018 offers financial security and free medical services to vulnerable families all across India. The program targets rural areas and underprivileged communities because these groups have difficulty obtaining essential healthcare services. The program includes hospital costs and allows patients to use both public and private hospitals which have joined the program. The Ayushman Bharat Yojana implementation has achieved three primary outcomes which include increased healthcare access, decreased patient expenses, and improved public knowledge about medical services. The program has positively affected the life quality of people who belong to low-income families.

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The program faces two main barriers which include public education deficiencies and insufficient medical facilities and difficulties with digital systems to treat remote areas.

This research investigates how the Ayushman Bharat Yojana affects the socio-economic status of rural residents while assessing its effectiveness in delivering fair healthcare services and supporting social development throughout India.

1. **Background of Healthcare in Rural India**

Rural healthcare in India has experienced multiple obstacles since its establishment because of two main factors which include poor medical infrastructure and economic disparities and limited access to healthcare facilities. Healthcare services in India face a critical problem because more than 70 percent of the population resides in rural areas which have insufficient medical facilities. Many rural areas face a critical shortage of medical professionals and essential medical supplies and diagnostic tools and emergency medical services at their Primary Health Centres and government hospitals. The lack of public healthcare options means that people in rural areas must pay for private medical services which causes them to spend more money.

The combination of poverty and low income levels creates serious healthcare problems for people who live in rural communities. Families who lack financial resources for proper medical care wait until their health problems become urgent before they seek medical help. Households with low income levels face financial difficulties because they must pay for hospital stays and medications and travel expenses. The need for money forces families to choose between selling their possessions or taking out loans.

2. **Need for Health Insurance Schemes**

Health insurance schemes operate as essential safeguards which shield individuals and their families from medical expense costs that could otherwise lead to financial hardship. In developing countries like India, a large section of the population, especially in rural areas, lacks sufficient income and savings to afford quality healthcare services. Medical treatment has become impossible for most low-income households because healthcare costs continue to rise while hospitalization fees have increased and chronic disease cases are on the rise. People postpone medical treatment when they lack insurance coverage which results in their health problems becoming worse and their ability to work diminishing.

Rural households face greater financial risk because they depend on unpredictable agricultural earnings and their daily wage income. A medical emergency can lead a family to face extreme financial challenges and fall into poverty. Health insurance schemes help in reducing out of pocket expenditure by providing financial support for hospitalisation, surgeries, medicines and diagnostic services. These schemes also encourage people to seek timely treatment without fear of financial hardship.

Government-sponsored health insurance programs serve as vital resources for members who belong to economically and socially disadvantaged groups in society. They increase healthcare service accessibility while educating the public about health issues and creating conditions which improve community welfare. The development of health insurance schemes becomes crucial for social security achievement, poverty reduction and equitable healthcare distribution among all citizens.

3. **Overview of Ayushman Bharat Yojana**

The Government of India launched Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) in September 2018 to deliver affordable healthcare services to economically disadvantaged members of society. The program stands as one of the largest health insurance initiatives which governments worldwide support and it intends to establish universal health coverage throughout India.

The program provides eligible families with health insurance benefits amounting to ₹5 lakh which covers their secondary and tertiary hospitalization costs. The benefits are provided on a cashless and paperless basis through empaneled public and private hospitals across the country. The program provides assistance to low-income families who the government identifies as vulnerable through the Socio-Economic Caste Census (SECC) data.

Ayushman Bharat has two main components namely Health and Wellness Centres (HWCs) and Pradhan Mantri Jan Arogya Yojana (PM-JAY). The Health and Wellness Centres provide primary healthcare services through their programs which include preventive care services and maternal and child healthcare services and common disease treatment. The PM-JAY program provides funding for both hospitalization services and specialized medical care.

The scheme has made quality medical services accessible by removing the financial constraints and brought healthcare closer to the rural communities. The organization has successfully established the digital healthcare system and upgraded public health infrastructure. Though many challenges were faced during the implementation of Ayushman Bharat Yojana, it has become a vital scheme to provide accessible healthcare services and social welfare schemes throughout India.

Objectives of the Study

1. To study the concept and features of Ayushman Bharat Yojana.
2. To study the socio-economic impact of Ayushman Bharat Yojana on rural people.
3. To study the health care system in rural India.
4. To study the contribution of the scheme in reducing out-of-pocket medical expenses.
5. To investigate the growth in rural families' access to health care.
6. To find out the challenges faced in the implementation of the scheme in rural areas
7. To give suggestions for improving the efficiency of Ayushman Bharat Yojana.

Review of Literature

1. Vishnu Priya Sriee G.V. and G. Rakesh Maiya (2021) The authors conducted a study to examine how Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) operates in rural areas

of Chennai through its coverage and usage and its effects on the local population. The study found that the program enabled economically disadvantaged families to access healthcare services which they could not reach before the program started. The program decreased the total cost of hospital stays while it increased health insurance knowledge among rural families.

2. Rajesh Kamath et al. (2023 Rajesh Kamath performed a thorough evaluation of Ayushman Bharat to determine its success as a government-sponsored healthcare insurance service. The research demonstrated that PM-JAY enabled poor communities to access medical services yet the program encountered obstacles because of insufficient infrastructure and inconsistent program execution and limited knowledge about the program in rural areas.
3. Prinja et al. (2024) The study assessed the impact of AB-PMJAY after four years of its implementation in Chhattisgarh. The scheme has ensured financial protection to the poor and reduced their expenditure on catastrophic health emergencies. The prevailing gap in quality of healthcare services and poor healthcare facilities in rural areas affected the effective implementation of programs.
4. Nandi et al. (2022) Based on the data from national surveys, the study investigated the trends of enrolment in public health insurance in India before and after the introduction of PM-JAY. The findings indicated that the introduction of Ayushman Bharat resulted in a significant increase in health insurance coverage across rural India, and also improved insurance access among the economically disadvantaged populations.
5. Keshri and Gupta (2020) The researchers assessed the impact of PM-JAY on poor households by evaluating the financial impact of PM-JAY on their healthcare spending. The study found that the scheme could improve the access to universal healthcare services and strengthen the social security safeguards for vulnerable rural populations.

Research Methodology

1. **Research Design**

The research design adopted for this study is descriptive research design. This design enables researchers to assess the current state of rural healthcare services and evaluate how Ayushman Bharat Yojana affects its beneficiaries.

The descriptive research design was selected because it allows systematic collection and analysis of data related to healthcare expenditure, accessibility of treatment, awareness level, and overall satisfaction among rural people. The study also analyzes the challenges faced by beneficiaries while availing scheme benefits.

2. **Sample Size**

For the purpose of the study, a sample of 100 rural respondents was selected from different villages. he study included respondents who belonged to economically weaker sections and participated as Ayushman Bharat Yojana beneficiaries.

The sample was selected using the simple random sampling method to ensure equal representation of respondents from rural areas.

Particulars	Number of Respondents
Male Respondents	58
Female Respondents	42
Total	100

3. **Data Collection Method**

Primary Data

Primary data was obtained through direct collection from respondents who participated in three different methods which included:

- Structured Questionnaire
- Personal Interviews
- Informal Discussions with beneficiaries

The questionnaire included questions related to:

- Awareness about the scheme
- Healthcare expenses
- Hospitalization benefits
- Satisfaction level
- Economic impact on family income

Secondary Data

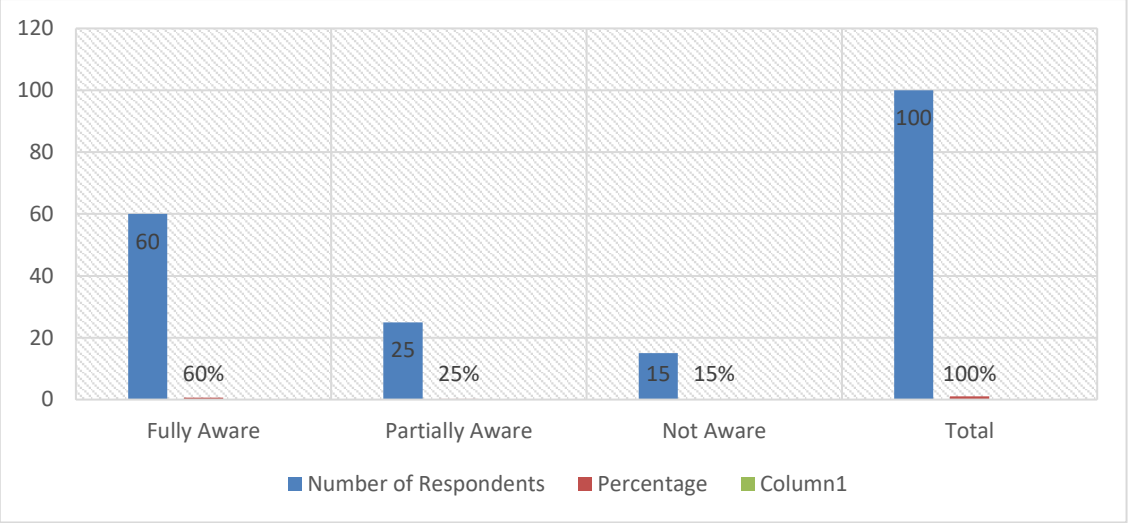
The research team collected secondary data from multiple sources which included:

- Government reports
- Research journals
- Books and articles
- Official PM-JAY reports
- Newspapers and websites

Data Analysis

Table 1 Awareness about Ayushman Bharat Yojana among Rural Respondents

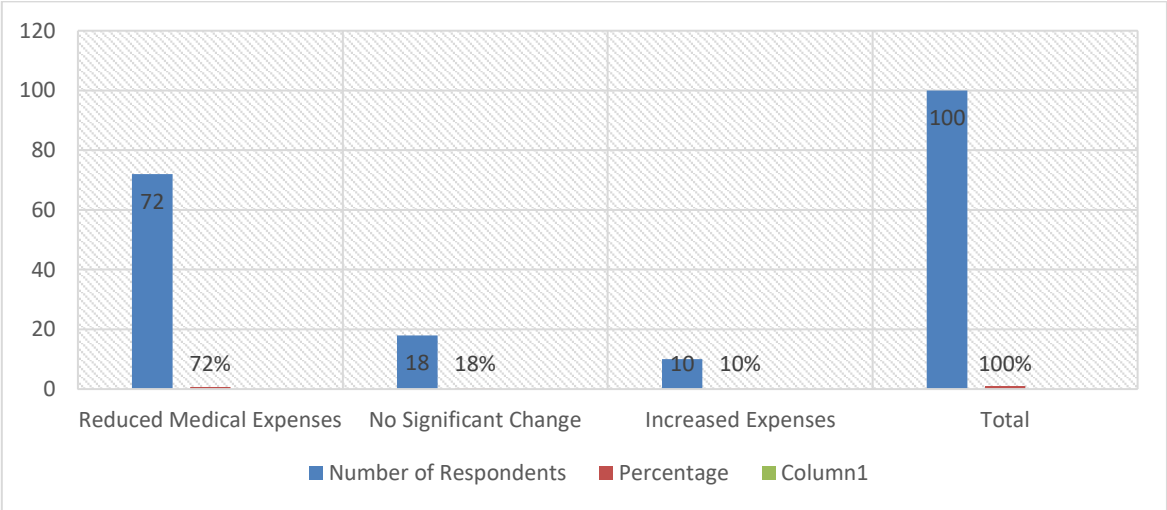
Awareness Level	Number of Respondents	Percentage
Fully Aware	60	60%
Partially Aware	25	25%
Not Aware	15	15%
Total	100	100%



The table results show that 60% of the surveyed people demonstrated complete knowledge about Ayushman Bharat Yojana and its advantages. Around 25% of respondents had partial awareness, while 15% were not aware of the scheme properly. The data shows that rural residents have gained knowledge about the program but still need to receive additional educational information about it.

Table 2 Impact of Ayushman Bharat Yojana on Healthcare Expenditure

Response	Number of Respondents	Percentage
Reduced Medical Expenses	72	72%
No Significant Change	18	18%
Increased Expenses	10	10%
Total	100	100%



The table shows that 72% of participants showed decreased healthcare costs after they used the Ayushman Bharat Yojana benefits. About 18% stated that there was no significant change, while 10% believed that their expenses increased due to transportation and medicine costs outside the scheme coverage. The findings show that the scheme has helped a majority of rural beneficiaries in reducing financial burden related to healthcare.

Discussion

The study shows that Ayushman Bharat Yojana has brought better economic conditions to rural communities. The scheme has improved access to healthcare services and reduced out-of-pocket medical expenditure among economically weaker households. Rural beneficiaries accessed hospitalization and specialized treatment facilities without dangerous financial pressures.

The findings show that rural residents have developed greater understanding of the scheme. The remote villages face challenges because they lack information while their residents suffer from digital illiteracy and there are too few empaneled hospitals and transportation options to access the scheme.

Women, elderly individuals, and low-income families particularly benefited from the scheme because they previously faced difficulty in accessing quality medical treatment. The scheme has improved

healthcare protection and social welfare services throughout rural areas in India.

Conclusion

The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (PM-JAY) program has successfully enhanced healthcare access for rural residents while decreasing their medical expenses according to the study results. The program enables low-income households to access high-quality medical care through its cashless treatment system. The research found that most rural beneficiaries experienced lower medical costs while gaining better access to hospital services. The program has raised public knowledge about health insurance and preventive medical services. The program faces implementation challenges because of three main factors which include insufficient medical facilities and limited public knowledge in remote regions along with technological access problems. The program requires ongoing assessment together with policy enhancements to achieve its goals of providing rural Indian citizens complete healthcare access.

Suggestions

1 The government should run more awareness efforts about the benefits and eligibility of the scheme in rural areas.
2 In isolated rural areas, more empaneled hospitals ought to be built.
3 Programs for digital literacy should be implemented to facilitate remote residents' easy access to scheme services.
4 The plan should also cover a portion of the cost of transportation and medications.
5 To stop fraud and benefit abuse, regular monitoring should be carried out.
6 Better medical facilities and personnel should be added to the rural healthcare system.
7 For efficient healthcare delivery, women, the elderly, and underprivileged communities should receive extra consideration.

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Conflicts of interest

The authors declare that there are no conflicts of interest regarding the publication of this paper

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