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Public Awareness of Ayushman Bharat among Urban and Rural Households: Evidence from Tumakuru, India

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Abstract:
Public awareness plays a crucial role in determining the effectiveness of government-sponsored health insurance programmes. This study investigates the level of awareness and knowledge of the Ayushman Bharat scheme among urban and rural households in Tumakuru district, Karnataka. The study adopts a descriptive and analytical research design based on primary data collected from 34 respondents using a structured questionnaire. Percentage analysis was employed to examine awareness levels and urban–rural differences. The findings indicate that although a large proportion of respondents reported being aware of the scheme, detailed knowledge regarding eligibility criteria, coverage limits, and empanelled hospitals remains limited. Urban households demonstrated relatively higher awareness compared to rural households, though the differences were not statistically significant. The study further reveals that frontline health workers are considered the most reliable sources of information, whereas informal social networks and digital media serve as the primary channels of initial exposure. Despite favourable perceptions regarding the scheme's benefits, actual utilization remains relatively low. The study suggests that policy interventions should focus on improving practical knowledge through targeted awareness campaigns, particularly in rural areas, to enhance effective utilization of health insurance benefits.

Keywords: Public Awareness, Ayushman Bharat, Health Insurance Schemes, Urban–Rural Differences, Healthcare Utilization, Government Health Policy

Introduction:

Ayushman Bharat is one of the most significant public health initiatives launched by the Government of India to strengthen the country's health system and expand access to healthcare for vulnerable populations. Introduced in **September 2018**, the scheme aims to provide **comprehensive health coverage** through two main components: **Health and Wellness Centres (HWCs)** for primary care, and **Pradhan Mantri Jan Arogya Yojana (PM-JAY)** for secondary and tertiary care hospitalization coverage up to **₹5 lakh per family per year** for eligible poor and vulnerable families identified through the Socio-Economic Caste Census (SECC) data (IBEF, 2025; Times of India, n.d.).

The PM-JAY component targets approximately **10.74 crore poor and deprived rural families and selected urban workers' families**, covering an estimated **50 crore individuals** across India (IBEF, 2025). Under this scheme, eligible beneficiaries can access **cashless and paperless health services** at empanelled

public and private hospitals, including coverage for hospital treatment, diagnostics, medicines, and pre- and post-hospitalization care (Times of India, n.d.).

Despite extensive government efforts to promote Ayushman Bharat, **awareness and utilization levels have shown considerable variability across regions**. Research in different states has indicated that awareness about the scheme ranges from low to moderate, often with rural populations demonstrating differing levels of knowledge compared to urban residents (Indian Journal of Community Medicine, 2025; IJCMPH, 2025).

For instance, a study in Gautam Buddha Nagar district reported that awareness and utilization of Ayushman Bharat benefits were relatively low in both urban and rural areas, with slightly higher rural awareness but limited overall use of the scheme benefits (Indian Journal of Community Medicine, 2025). Similarly, research among Mysuru residents showed that more than half of participants had poor awareness and a considerable proportion had never utilized the scheme despite eligibility, underscoring gaps in public understanding (IJCMPH, 2025).

Given the centrality of **awareness as a determinant of healthcare access**, examining the extent of public knowledge about Ayushman Bharat, particularly in contrasting urban and rural contexts, is essential. Awareness influences not only the **uptake of health insurance benefits** but also the overall **effectiveness of health policy implementation**, especially in semi-urban and rural districts like Tumakuru. Understanding these patterns can inform policymakers, health administrators, and community stakeholders in tailoring awareness campaigns, improving communication channels, and optimizing scheme delivery to ensure equitable access to health services.

Brief History of Ayushman Bharat:

Ayushman Bharat represents a major milestone in India's efforts toward achieving universal health coverage. The scheme was unveiled by the Government of India as part of the 2018 Union Budget, with the objective of transforming the country's healthcare delivery system and reducing the burden of out-of-pocket medical expenses that push millions of Indians into poverty each year. The Indian government first announced the Ayushman Bharat programme as a comprehensive healthcare initiative in **February 2018**, and the Union Cabinet approved it soon thereafter (Wikipedia, 2026).

The programme consists of **two main components**. The first component focuses on strengthening primary healthcare through the establishment of **Health and Wellness Centres (HWCs)** to deliver preventive, promotive, and basic curative services closer to communities. The second flagship component is the **Pradhan Mantri Jan Arogya Yojana (PM-JAY)**, which was formally launched on **23 September 2018** in Ranchi, Jharkhand, by the Prime Minister of India. PM-JAY provides a **cashless and paperless health insurance cover of up to ₹5 lakh per family per year** for secondary and tertiary care hospitalization to eligible poor and vulnerable families, identified primarily through the Socio-Economic Caste Census (SECC) 2011 data (IBEF, 2025; Wikipedia, 2026).

PM-JAY was launched as the **National Health Protection Scheme** and has since been recognized as one of the world's largest government-funded healthcare programmes, aiming to cover over **10.74 crore families** (approximately 50 crore individuals) across India (IBEF, 2025). The initiative also builds on earlier healthcare schemes such as the Rashtriya Swasthya Bima Yojana (RSBY), integrating them into a broader and more inclusive framework. Over time, Ayushman Bharat has undergone expansions in coverage and implementation strategies, including digital health initiatives and national health account systems to improve access and portability of benefits (IBEF, 2025).

Objectives of the Study

1. To examine the level of public awareness of Ayushman Bharat among urban and rural households in Tumakuru, India.
2. To identify the major sources of information about Ayushman Bharat among the respondents.
3. To examine the association between selected socio-demographic factors and the level of awareness of Ayushman Bharat.

Research Methodology

Research Design:

The study adopts a **descriptive and analytical research design**. It is descriptive in nature as it aims to measure the level of public awareness of Ayushman Bharat, and analytical as it examines the association between socio-demographic factors and awareness levels.

Study Area

The study is conducted in **Tumakuru district, Karnataka**, covering both **urban and rural households**. This area was selected due to its mixed socio-economic composition, which provides a suitable setting for examining differences in awareness levels between urban and rural populations.

Population of the Study

The population of the study consists of **all households residing in urban and rural areas of Tumakuru district**.

Sample Size

A sample of 34 households was selected for the study, consisting of:

- **17 urban households** and
- **17 rural households**

This distribution ensures balanced representation for meaningful comparison.

Sampling Technique

The study employs **convenience sampling method**. Respondents were selected based on their availability and willingness to participate in the survey from urban and rural areas of Tumakuru district.

Sources of Data

Primary Data:

Primary data were collected through a **structured questionnaire** administered to the selected households.

Secondary Data

- Government reports
- National Health Authority publications
- Ayushman Bharat official websites
- Research journals
- Books and newspapers

These sources were used to develop the conceptual framework and support the analysis.

Tools for Data Collection

A **well-structured questionnaire** containing both socio-demographic and awareness-related questions was used to collect the required data.

Statistical Tools Used

The following tools were used for analysis:

- **Percentage analysis**
- **Tables and charts**

These tools are appropriate to meet the objectives of the study.

Period of the Study

The data were collected during the period **December 2025- January 2026**.

Limitations of the Study

- The study is limited to **urban and rural areas of Tumakuru district only**.
- The findings are based on **responses provided by the respondents**.
- Due to time and resource constraints, the sample size is limited.

The socio-demographic characteristics of the respondents are presented in Table 1

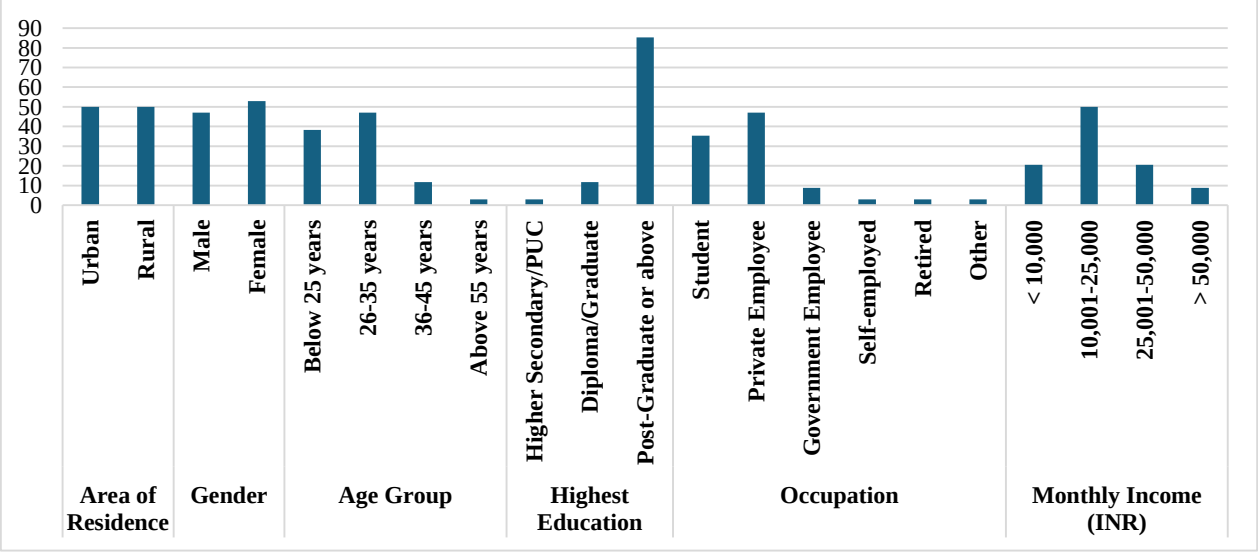
TABLE 1

Variable	Category	Frequency	Percentage (%)
Area of Residence	Urban	17	50
	Rural	17	50
Gender	Male	16	47.1
	Female	18	52.9
Age Group	Below 25 years	13	38.2
	26-35 years	16	47.1
	36-45 years	4	11.8
	Above 55 years	1	2.9
Highest Education	Higher Secondary/PUC	1	2.9
	Diploma/Graduate	4	11.8

Variable	Category	Frequency	Percentage (%)
	Post-Graduate or above	29	85.3
Occupation	Student	12	35.3
	Private Employee	16	47.1
	Government Employee	3	8.8
	Self-employed	1	2.9
	Retired	1	2.9
	Other	1	2.9
Monthly Income (INR)	< 10,000	7	20.6
	10,001-25,000	17	50.0
	25,001-50,000	7	20.6
	> 50,000	3	8.8

Interpretation:

The sample is evenly split between urban and rural residents but shows significant demographic skews. The majority (85.3%) are highly educated (post-graduate or above), young (85.3% below 35 years), and either students (35.3%) or private employees (47.1%). This indicates the sample represents a relatively educated, younger demographic, which may lead to potential overestimation of general awareness levels compared to the broader population.



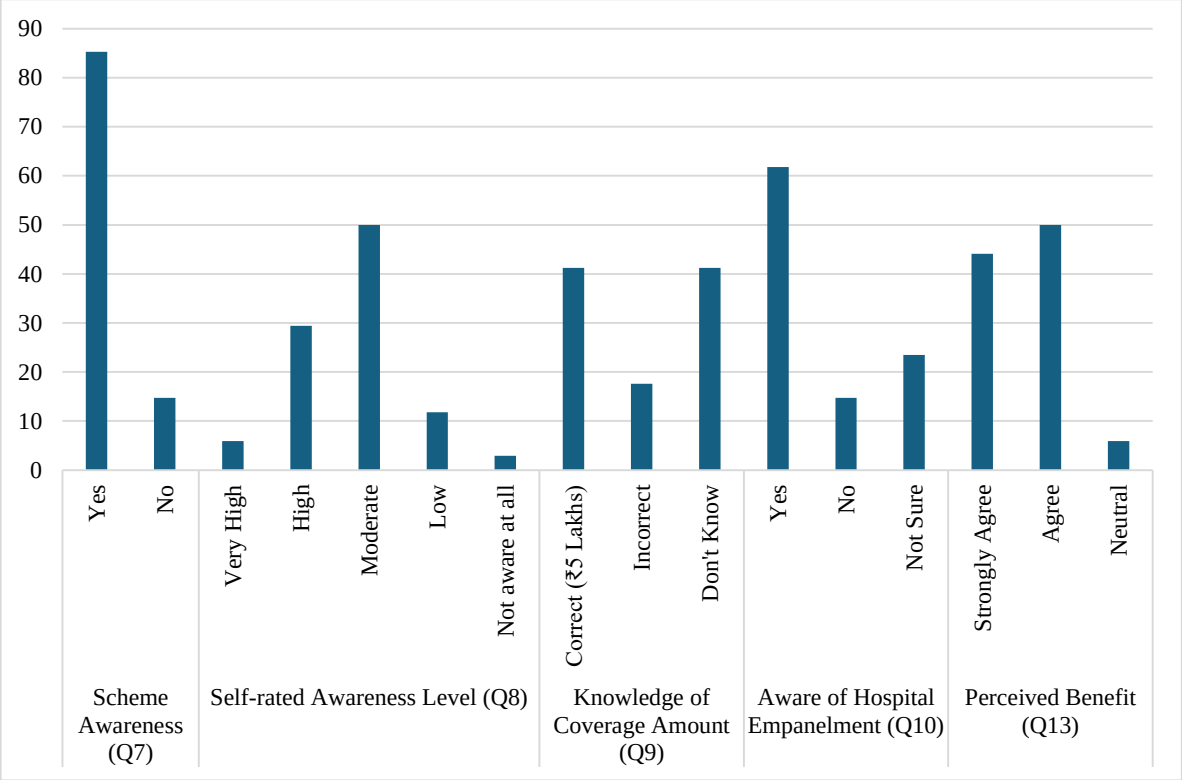
The level of awareness of respondents regarding the Scheme is presented in Table 2.

TABLE 2:

Awareness Aspect	Response Category	Frequency	Percentage (%)
Scheme Awareness (Q7)	Yes	29	85.3
	No	5	14.7
Self-rated Awareness Level (Q8)	Very High	2	5.9
	High	10	29.4
	Moderate	17	50.0
	Low	4	11.8
	Not aware at all	1	2.9
Knowledge of Coverage Amount (Q9)	Correct (₹5 Lakhs)	14	41.2
	Incorrect	6	17.6
	Don't Know	14	41.2
Aware of Hospital Empanelment (Q10)	Yes	21	61.8
	No	5	14.7
	Not Sure	8	23.5
Perceived Benefit (Q13)	Strongly Agree	15	44.1
	Agree	17	50.0
	Neutral	2	5.9

Analysis:

While overall awareness appears high (85.3%), there exists a significant "knowledge gap." Only 41.2% know the correct coverage amount, and half rate their awareness as merely "Moderate." This reveals a paradox: people believe they know about the scheme but lack specific, actionable information. Despite this, 94.1% believe it benefits poor and middle-class families, indicating strong perceived value regardless of knowledge depth.



Interpretation:

The high awareness-to-knowledge discrepancy suggests that initial information campaigns have successfully created brand recognition for Ayushman Bharat but failed to convey operational details. The scheme enjoys positive perception, creating a favorable environment for deeper information dissemination.

The urban–rural comparison of awareness and perception levels regarding Ayushman Bharat Yojana. is shown in Table 3

TABLE 3: (n=17 each)

Variable	Urban (%)	Rural (%)	Difference
Scheme Awareness (Yes)	88.2%	82.4%	+5.8%
High/Very High Self-rating	47.1%	35.3%	+11.8%
Correct Coverage Knowledge	47.1%	35.3%	+11.8%
Aware of Hospital Empanelment	70.6%	52.9%	+17.7%
Believe Scheme is Beneficial	100.0%	88.2%	+11.8%

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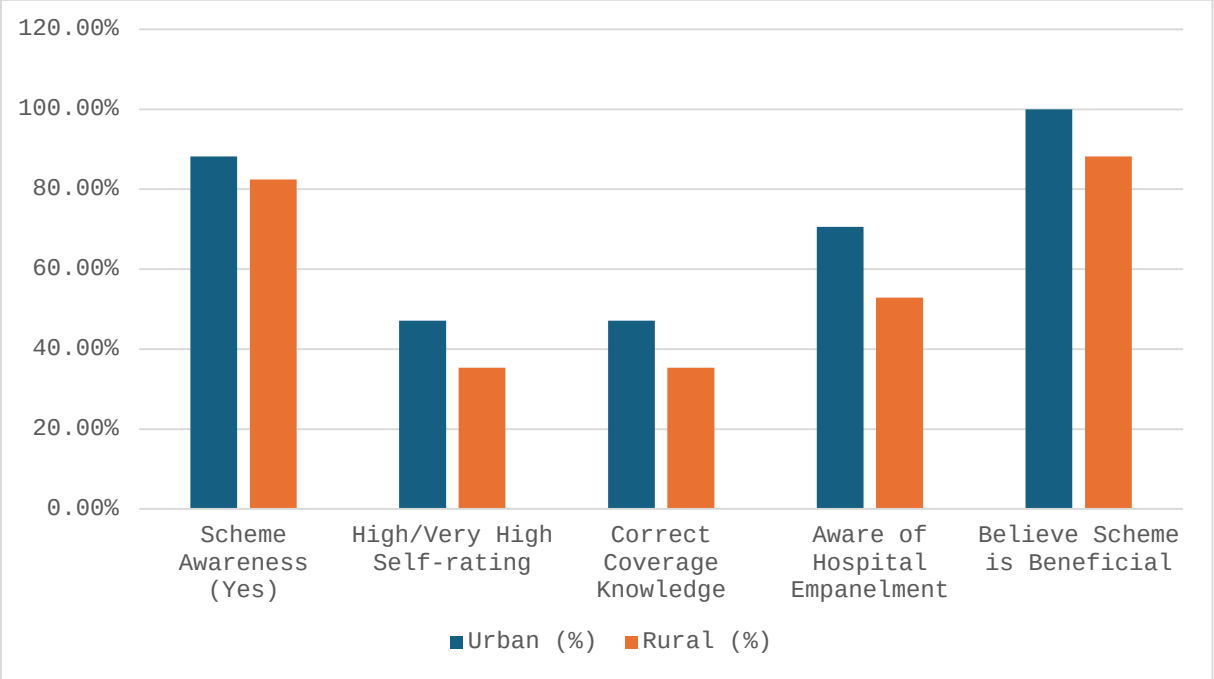
Analysis:

Urban respondents consistently show better awareness across all metrics, with the largest gap in hospital empanelment knowledge (17.7% difference). Both groups show the same pattern of high awareness but poor specific knowledge, though the deficit is more pronounced in rural areas.



Interpretation:

While descriptive percentages suggest urban advantages, none reach statistical significance at $p<0.05$. This is expected with n=34. However, the practical significance of the differences (particularly the 17.7% gap in hospital knowledge) is noteworthy for policy. Urban residents may have better access to diverse information sources, digital literacy, or social networks that facilitate deeper knowledge acquisition.

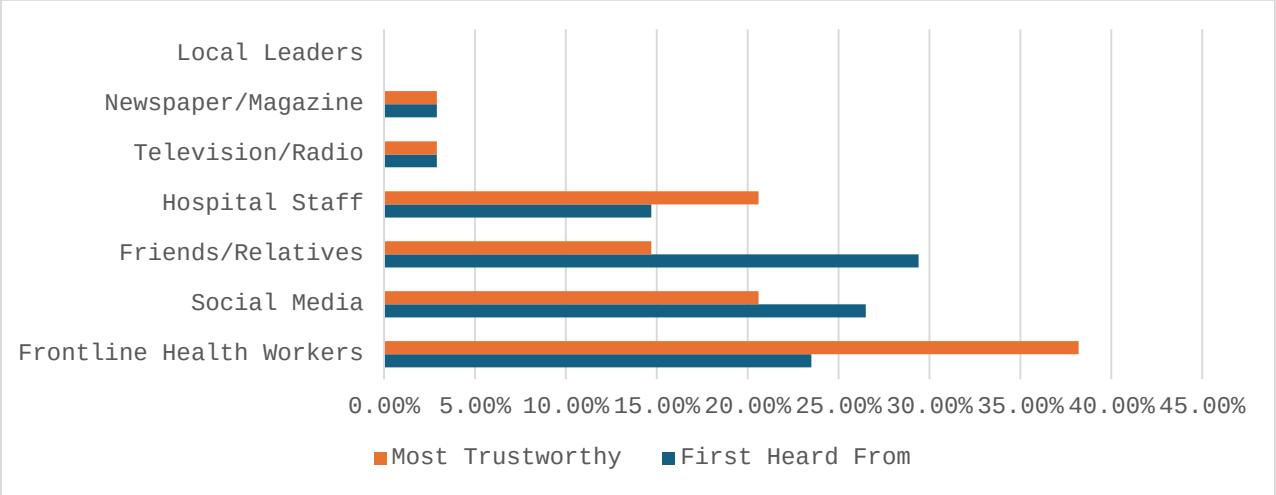
The sources of information about Ayushman Bharat Scheme are presented in Table 4.

TABLE 4:

Source	First Heard From	Most Trustworthy
Frontline Health Workers	23.5% (8)	38.2% (13)
Social Media	26.5% (9)	20.6% (7)
Friends/Relatives	29.4% (10)	14.7% (5)
Hospital Staff	14.7% (5)	20.6% (7)
Television/Radio	2.9% (1)	2.9% (1)
Newspaper/Magazine	2.9% (1)	2.9% (1)

Source	First Heard From	Most Trustworthy
Local Leaders	0.0% (0)	0.0% (0)

Analysis:
A clear information channel mismatch emerges. While people first learn about the scheme through informal networks (Friends/Relatives: 29.4%, Social Media: 26.5%), they consider Frontline Health Workers most trustworthy (38.2%). Traditional media plays a minimal role, and local leaders are absent as information sources.



Interpretation:
This disconnect presents both a challenge and opportunity. Frontline workers (ASHAs, ANMs) have established trust but may not be effectively utilized as primary information disseminators. Social media's dual role as both exposure channel and trusted source for some (20.6%) suggests it should be leveraged strategically with verified content. The near absence of traditional media and local leaders indicates untapped potential for awareness campaigns.

The suggestions given by respondents for improving Ayushman Bharat Scheme are presented in Table 5.

TABLE 5:

Challenge Theme	Frequency	Percentage	Representative Quotes
Lack of Awareness/Knowledge	19	55.9%	"People didn't get the information," "lack of awareness among eligible beneficiaries"
Hospital-related Issues	8	23.5%	"neglect of the hospital workers," "hospitals refuse treatment"

Challenge Theme	Frequency	Percentage	Representative Quotes
Process Complexity	5	14.7%	"Claiming process and documents requirements," "long process"
Technical/Financial Issues	3	8.8%	"Technical issues and not releasing the fund immediately"
Implementation Gaps	3	8.8%	"Benefits do not reach the right way for public"

Analysis:
The qualitative data strongly corroborates quantitative findings. "Lack of Awareness" emerges overwhelmingly (55.9%) as the primary challenge. Hospital-related issues (23.5%) and process complexity (14.7%) represent secondary systemic barriers that prevent utilization even when awareness exists.

Study Limitations:
1. Sample Characteristics: Highly educated (85.3% post-graduate), young sample may overestimate general awareness.
2. Sample Size: n=34 limits statistical power and generalizability.
3. Sampling Method: Convenience sampling via digital platforms excludes those without digital access.
4. Self-report Bias: Social desirability may inflate awareness claims and positive perceptions.

Findings of the Study:
1. A majority of respondents were **aware of Ayushman Bharat (PM-JAY)**, indicating a reasonable level of public awareness in Tumakuru district.
2. **Urban households** showed a **higher level of awareness** compared to rural households.
3. Many respondents were aware of the scheme but had **limited knowledge about eligibility, coverage amount, and benefits**.
4. **Television, newspapers, and social media** were identified as the **main sources of information** about Ayushman Bharat.
5. A significant number of respondents **did not possess an Ayushman Bharat card**, despite being aware of the scheme.
6. **Utilization of the scheme was low**, as only a small proportion of respondents had actually used the benefits.
7. Respondents who had used the scheme reported a **high level of satisfaction** with the services provided.
8. Most respondents felt that Ayushman Bharat **helps in reducing medical expenses** and provides financial security.
9. The **government's efforts** in promoting Ayushman Bharat were perceived as **good or satisfactory** by the majority.

10. There is a **need for stronger awareness and enrolment drives**, especially in **rural areas** of Tumakuru district.

Conclusion:

Despite high awareness of Ayushman Bharat in Tumakuru, significant knowledge gaps persist, particularly regarding operational details. Urban-rural differences, while not statistically significant, show practically important variations in specific knowledge. The primary barrier remains information asymmetry, with frontline health workers identified as the most trusted but underutilized information channel. These findings suggest that moving beyond basic awareness creation to detailed, actionable information dissemination through trusted local channels should be the priority for improving scheme utilization and health outcomes.

Managerial Implications or Suggestions:

For Healthcare Management:

1. **Targeted Communication Strategy:** Develop tiered information materials: basic awareness for all, detailed operational guides for those already aware. Rural areas need emphasis on hospital locations and procedures.
2. **Empower Frontline Workers:** Transform ASHAs/ANMs from trusted advisors to primary information hubs with regular training, simplified materials, and recognition for awareness generation.
3. **Leverage Social Media Strategically:** Create verified, shareable content in local languages that addresses common misconceptions and provides step-by-step guidance.

For Scheme Administration:

1. **Simplify Information Architecture:** Create a single-page visual guide covering eligibility check, empanelled hospitals, required documents, and claim process.
2. **Address Hospital-Level Barriers:** Monitor empanelled hospitals for compliance, create feedback mechanisms, and establish rapid grievance redressal.
3. **Implement Area-Specific Campaigns:** Urban areas need digital optimization; rural areas require physical outreach through mobile vans, community meetings, and local radio.

For Future Research:

1. **Scale Up Sample Size:** This exploratory study justifies a larger, stratified random sample across Tumakuru district to validate findings.
2. **Longitudinal Design:** Track awareness changes after specific interventions to measure campaign effectiveness.
3. **Beneficiary Experience Study:** Focus research on actual scheme users to understand utilization barriers beyond awareness.

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