

A Study to Assess the Effectiveness of Planned Teaching Programme On Knowledge Regarding Ayushman Bharat Yojana Among Community People in Bhawanpur Village, Meerut, (U.P.)

Swati Mishra¹, Harish Sharma²

¹M.Sc. Nursing (PG) College of Nursing, L.L.R.M Medical College, Meerut

² Professor, College of Nursing, L.L.R.M Medical College, Meerut

Corresponding Author:

Prof. Dr. Harish Sharma² College of Nursing,
L.L.R.M Medical College, Meerut

E-mail:

swatimishra09101997@gmail.com

GFNPSS-International Journal of Multidisciplinary Research is a journal of open access. In this journal, we allow all types of articles to be distributed freely and accessible under the terms of the creative common attribution- non-commercial-share. This allows the authors, readers and scholars and general public to read, use and to develop non-commercially work, as long as appropriate credit is given and the newly developed work are licensed with similar terms.

How to cite this article: Mishra S, Sharma H. A Study to Assess the Effectiveness of Planned Teaching Programme On Knowledge Regarding Ayushman Bharat Yojana Among Community People in Bhawanpur Village, Meerut, (U.P.). GFNPSS-IJMR 2025; 6:08: 3078-3081

Submitted: 17 August 2025; **Accepted:** 27 August 2025; **Published:** 10 September 2025

Abstract

Introduction: Ayushman Bharat Yojana have two inter-related components, which are health and wellness centre (HWCs) and Pradhan Mantri Jan Arogya Yojana (PM- JAY). Pradhan Mantri Jan Arogya Yojana is the national health protection scheme introduced on 23 September 2018 by the government of India targeting poor, socio economically weaker and disadvantaged families. It is centrally sponsored scheme funded by both the union government and the state. This scheme offering services.

Materials & Methods: The study was conducted in community people in Bhawan area Meerut. Quantitative research approach was adapted for this study and using one group pre-test and post-test research design. 60 sample were selected by non-probability convenience sampling technique. After getting the initial permission, the investigation got informed consent from the participants and proceed with their data collection a given period of time. The investigator first assessed the socio- demographic characteristics of participants followed by assess the level of knowledge among community people using self-structured questionnaire

Results: In the result of knowledge level reveals of pre-test assessment, the majority of the participants (76.7%) have inadequate knowledge about the scheme. While only 23.3% possess adequate knowledge. The mean pre-test knowledge score was 12.02 ± 4.164 , while the post-test mean score increased to 15.33 ± 4.912 . that indicate STP was effectiveness and participant knowledge was improved.

Conclusions: Study reveal the majority of people (81.7%) demonstrated low level of knowledge, after the intervention while 88.3% of participants still had low level of knowledge, while 10 % reached a moderate level of knowledge and 1% very poor knowledge.

Keywords: Knowledge; Ayushman Bharat Yojana; Structured Teaching Programme; Community Village; Bhawanpur, Meerut

Introduction

The Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana (PM -JAY) is India's most recent National level publicly Financed Health Insurance Scheme and was launched toward the end of 2018. PM-JAY

replaced the earlier existing Rastriya Swasthya Bima Yojana (RSBY) and aim to expand financial protection to approximately 7000 USD per year per family, consequently also expending the benefits package to include more secondary and tertiary

treatments. The scheme also removed the earlier limit on the number of family member who could avail the benefits of the scheme and claims and eligible population of about 500 million beneficiaries from the lowest socio-economic strata.

It covers over 10 crores poor families provide up to 5 lakh rupees per annum per family. The initiative should improve the access to quality health services and help fulfilling Government's goal to build a new India by 2022 supplementing its economic progress. The core principles of Ayushman Bharat are co-operative federalism and flexibility to states. Union health and family welfare minister is responsible for policy direction and foster co-ordination between center and states. The health agency ensures that funds reach on time through escrow account directly. In partnership with NITI Aayog, a robust modular IT platform was operational for paperless and cashless transaction.

Materials & Methods

Research Design: The research design used for this study was a pre-experimental research design (one group pre-test-post-test design).

Sample and Sampling Technique:

In this study sample size is 60 rural populations. Nonprobability convenience sampling technique from

Bhawan pur village in Meerut.

Inclusion Criteria:

- Adult and old age are willing to participate in the study.
- The adult and old age is residing in rural area in Meerut.
- Both male and female
- Subject who are able to understand Hindi or English language.
- Who are present at the day of data collection.

Exclusion criteria for sampling

- The child not participates in the study.

Tool for Data Collection: A structured knowledge questionnaire consisting of 31 multiple-choice questions covering the following areas:

A tool is a testing device for measuring a given event such as, questionnaire. The researcher has developed two sections –

TOOLA: Demographic data consist **10 items of MCQ**

TOOL B: Self structured questionnaires on Ayushman Bharat yojana consist of **31 MCQ** to assess the knowledge regarding Ayushman Bharat yojana among community people in Bhawanpur village.

Score Interpretation-

Level of knowledge	Score
Very poor knowledge	0-7
Low level knowledge	8-15
Moderate level knowledge	16-23
High level of knowledge	24 & above

Total question= 31

Max= 31

Min- 0

Data Analysis: Data was analyzed using descriptive (mean, SD) and inferential statistics

(Paired t-test, chi-square test for associations)

Results

The study revealed that the mean pre-test score was 8.25 (SD = 3.10), indicating inadequate knowledge. After administering the structured teaching programme, the mean post-test score rose to 14.1 (SD = 3.26), which falls in the moderate-to-adequate knowledge range.

A paired t-test revealed a significant increase in knowledge ($t = \text{significant}$, $p < 0.05$). The gain in

knowledge was statistically associated with certain demographic variables, such as:

- Source of information (media, seminars)
- Type of family (nuclear vs. joint)
- Previous exposure to HPV awareness

The aim of the study was to assess the effectiveness of planned teaching programme on knowledge regarding Ayushman Bharat yojana. some of the community people have very poor level of knowledge regarding Ayushman Bharat yojana. The pre-test knowledge was assessed using structured questionnaire regarding the Ayushman Bharat yojana. Among community people

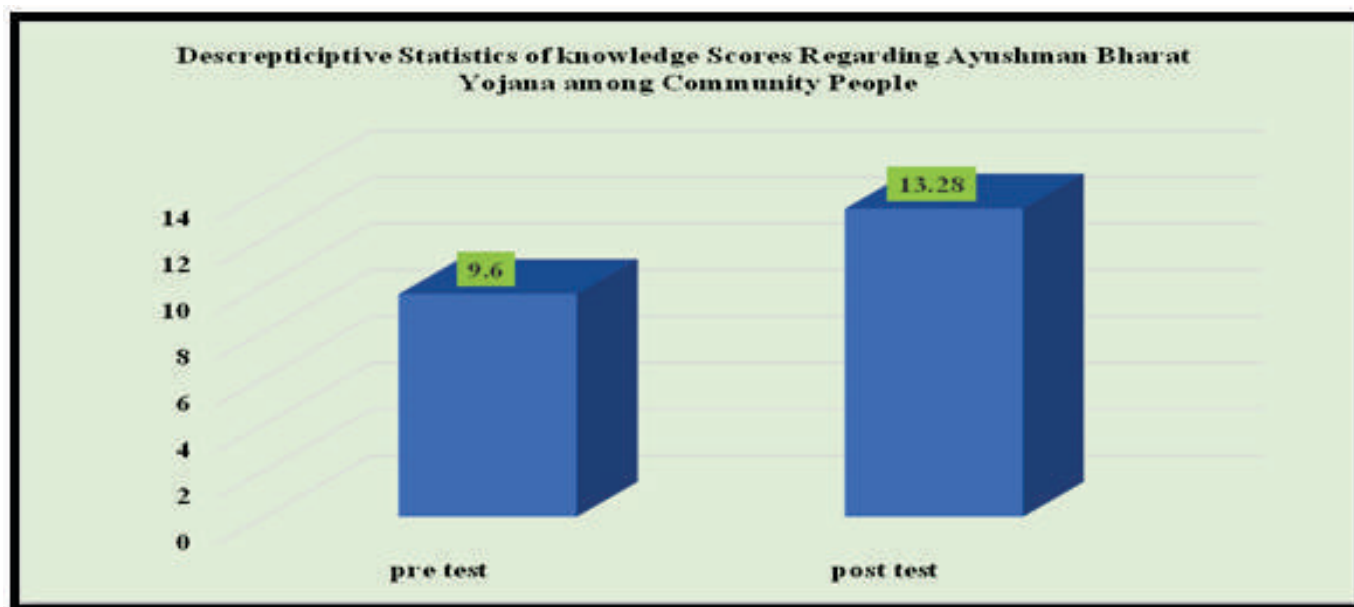
Bhawanpur. It shows that majority samples had low level of knowledge (81.7%). moderate level knowledge (1.6%) high level of knowledge (0%). Very poor knowledge (16.7%). The post-test knowledge was assessed using structured questionnaire regarding the Ayushman Bharat yojana. Among community people Bhawanpur. It shows that majority samples had low level of knowledge (88.3%). moderate level knowledge (10%) high level of knowledge (0%). Very poor knowledge (1.7%). When the pre-test and post-test scores are compared after the planned teaching

programme have great influence on improve knowledge. Show a statistically significant association with pre-test and post -test knowledge levels as P-value 0.001S. however the type of family (value 0.98, df1, p value $P < .05$) was found to have a significant association with post-test knowledge level, indicating the family structured influenced knowledge outcomes. There for the type of family the demographic variables did not significantly affect post-test knowledge level regarding Ayushman Bharat yojana

Table 6: Descriptive Statistics of Knowledge Scores Regarding Ayushman Bharat Yojana Among Community People=60

Score	Mean	SD	IQR	Min.	Max.	Range
Pre-test Knowledge	9.6	2.411	2.75	2	17	15
Post-test Knowledge	13.28	2.380	3	5	19	14

Figure no 16- Post-Test knowledge level regarding Ayushman Bharat yojana among community people



Recommendations

The current study has opened avenues for future research in the following ways.

- The study can be conducted on large scale
- The study can be done on urban area
- A study can be done to assess the attitude of people

Limitation of The Study -

- The study was limited to small number which limit the generalization that can made.
- The study was limited to community people Bhawan pur people, Meerut
- The study was confined to only 60 samples.

- The structured knowledge questionnaire was used for data collection, which restrict the amount of information that can be obtained from the respondents.
- The patient's perspective of the Ayushman Bharat yojana level of service of requires to be evaluated on a regular basis.
- The study covers a single community of Bhawanpur Meerut and similar studies in more state may be needed to capture the diversity in the large country.
- Study is restricted to the geographical boundary of Ayushman Bharat yojana Bhawanpur (Meerut)UP.

Conclusions

The study confirmed the positive impact of structured teaching programmes in increasing awareness about Ayushman Bharat yojana. community people are a key population for intervention as they play important role in effectiveness of programmes. it recommended that such educational interventions be incorporated regularly into the curriculum.

Financial support and sponsorship: Nil

Conflicts of interests: There is no conflict of interest

References

01. Furtado melo kheyra et al. the trust and insurance models of health care purchasing in the Ayushman Bharat Pradhan Mantri Jan Arogya yojana in India: early findings from case studies of two states. BMC health services research. 18 august 2022;1056:1-18.
02. Chellaiyan D Gana Vinoth. Pradhan Mantri Jan Arogya yojana-Ayushman Bharat. Indian journals of community health. 30 june 2020; vol 32(issue no 02): 377-340.
03. Patton Rajkumar. Ayushman Bharat -Pradhan Mantri Jan Arogya yojana (AB-PMJAY). members reference service Larrdis Lok Sabha secretariat new Delhi. November-2019; No 7: 1-7.
04. Saxena Kumar Nitesh et al. an empirical study on citizen perception, and satisfaction towards Ayushman Bharat yojana (PM JAY). international journal of mechanical engineering. 2 February 2022; ISSN NO:0947- 5823. VOL.7:3226-3227.
05. J. Lalit Kanore. a study of awareness about Ayushman Bharat yojana among low-income urban families an exploratory study. ASM business review. 2020; vol 9 issue no 2: p31.
06. Kumar Arvind. Thakur Jyoti. a study of awareness level of Ayushman Bharat among the beneficiaries of Himanchal Pradesh. JETIR.ORG january 2023; volume 10. issue no 1. ISSN-2349-5162. 62-63.
07. Prasad VSS. awareness of the Ayushman Bharat - Pradhan Mantri Jan Arogya yojana in the rural community a cross-sectional study in eastern India. Cureus publishing beyond open access. march 8 2023; DOI no- 10.7759/cureus.35901. PMID- pmc10081073. PMID-37033537:1-14.
08. Haque Jasimul et al. an exploratory study to assess the knowledge of the people regarding Ayushman Bharat yojana in the selected rural area of the Balia district up. Research reviews international journal of multidisciplinary. may 2019; volume 4. issue no 05. 2575-2577.
09. Kanwal Shweta et al. measuring the effect of Ayushman Bharat Pradhan Mantri Jan Arogya yojana (AB-PMJAY) on health expenditure among poor admitted in a tertiary care hospital in the northern state of India. Indian journals of community medicine. march 7 2024; volume 49 issue-2: 342- 348.

