

“Knowledge of Patients and their relatives regarding AyushmanBharat Yojana.”

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Abstract:

BACKGROUND: Ayushmanbharatyojana is a new centrally sponsored scheme launched in 2018, under the Ayushman Bharat Mission of Ministry of Health and Family Welfare in India. The scheme aims at making interventions in primary, secondary and tertiary care systems, covering both preventive and promotive health, to address healthcare holistically. And Identify association between knowledge score and selected demographic variables. In this study quantitative evaluative research approaches with Descriptive Research Design. It is used helps in collecting data, analyzing data.

METHOD: In this research study a quantitative research approach with descriptive survey research design is used. The sampling techniques was non probability convenience sampling is used to collect the 100 samples of people visiting Dhiraj Hospital and Data collection done by administering the structured questionnaire. Data was analyzed by using descriptive and inferential statistics such as standard deviation, chi- test.

RESULT : With regards to the pre test assessment, the score was 14(14%) sample had poor knowledge on Ayushman Bharat Yojana. 86(86%) samples had average level of knowledge on Ayushman Bharat Yojana. nobody was found at good knowledge ,So this indicates sample having deficit knowledge regarding Ayushman Bharat Yojana. The obtained pre test mean score was 14.3 The pre-test standard deviation was 4.10592. So we accept H₁ partially.

CONCLUSION: The findings of the study concluded that majority of people were having average level of knowledge regarding Ayushmanbharatyojana.

Key Words

Assess, Knowledge , Ayushman Bharat Yojana

INTRODUCTION:

The global community faces a double challenge: significant parts of the world's population still lack access to even the most basic medicines. And still, health care costs the financial burden on societies and individuals continue to rise. Sandoz's own research on global access to healthcare has led us to group these challenges into three distinct areas. They believe that all societies need to: Build medical capacity, Increase access to medicine, Improve access to medical information. They believe that each of these challenges' demands a unique approach. And each approach must be multifaceted, because societies must search for solutions on several levels.¹In India, Indians have registered a 50% increase in the prevalence of ischemic heart disease and strokes over a period from 1990 to 2016, with the number of diabetes cases climbing from 26 million to 65 million. In the same period chronic obstructive lung disease went up from 28 million to 55 million, the proportional contribution of cancer to the total health in India has doubled from 1990 to 2016, but the incidence of different types of cancer varies widely between states.²

A number of studies have revealed that risk owing to low level of health security is endemic for informal sector workers. The vulnerability of the poor informal worker increases when they have to pay fully for their medical care with no subsidy or support. On the one hand, such a worker does not have the financial resources to bear the cost of medical treatment, on the other; the health infrastructure leaves a lot to be desired. Large numbers of people, especially those below poverty line, borrow money or sell assets to pay for the treatment in private hospitals. Thus, Health Assurance could be a way of overcoming financial handicaps, improving access to quality medical care and providing financial protection against high medical expenses.

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LITERATURE REVIEW:

Priyanka Jalal (2018) a descriptive study at lunkaransar block of Bikaner district of Rajasthan to assess the knowledge about Mid Day Meal scheme which was selected by lottery method. Aiming at improving nutritional status and school enrolment which was launched as a centrally sponsored programme. Sample size is 200 students study in sixth, seventh and eight classes 50 parents and 30 teachers which were selected randomly. The study revealed that majority of school children (78.5%), parents (80.0%), and teachers (70%) had medium level of knowledge

about mid day meal scheme whereas maximum number of respondents had less knowledge about year of state, dietary requirement of the children per day and revised guideline of government of India. It conclude that majority of school children, parents and teacher belongs to medium level of knowledge regarding mid day meal scheme.⁴

Neha Ande (2017) a cross sectional study to assess the knowledge and attitude of antenatal and postnatal mothers about Janani Suraksha Yojana at tertiary care hospital Bharti hospital in Pune city. A structured questionnaires in local language was used and information collected by interview method. Out of 65 participants 45 (69.23%) were not aware about the yojana only 20 (30.76%) participants has knowledge about this yojana. 15 (75%) had received information about this yojana from television and newspaper and 5 (25%) participants were informed by ASHAs. This study received that inadequacies in knowledge of antenatal and postnatal mothers regarding this yojana however, positive attitudes were found in those mothers who were aware about this scheme.⁵

Subhashini Revu(2017)an observational study to assess the impact of Janani Shishu Suraksha Karyakram Scheme on institutional delivery in Visakhapatnam district with objective to assess the impact of JSSK on institutional deliveries, maternal mortality and morbidity and find out drawback in the implication of this scheme especially among target population. Total 464 delivered women during this period were given structured quetionerries. In that, 87.8% of delivered women in vishakhapattanam hospital. 98.9% expressed their satisfied with the service at VGH. It concludes that pregnant women die in India due to a combination of important factor like poverty, unaffordable health care services. Maternal mortality rate and infant mortality rate high found because of lack of awareness.⁶

STUDY OBJECTIVES:

1. To assess the perception and attitude of primary school teachers towards delinquent children.
2. To correlate the perception and attitude of primary school teachers towards delinquent children.
3. To find out the association between perception and attitude among primary school teachers towards delinquent children with their selected demographic variables.

MATERIALS:

Section 1:- Demographic data which include age, gender, qualification, occupation, types of family, currently holding any government scheme, family monthly income, heard about Ayushman Bharat Yojana, family member working in health sector.

Section 2:- Self structured knowledge questionnaires was used which included 30 questions regarding Ayushman Bharat Yojana.

METHOD:

In this study Quantitative research approach was used and descriptive research design was used. The data collection procedure was conducted, from 22 April 2019 to 26 April. Before data collection permission was obtained from Medical superintendent, Dhiraj Hospital for study conduction. Ethical clearance was obtained from Sumandeep Vidyapeeth Institutional Ethical Committee and individual consent was taken from each participants. A total of 100 samples were collected among people visiting Dhiraj Hospital.

DISCUSSION:

The present study was conducted to assess the knowledge regarding Ayushmanbharatyojana among people visiting Dhiraj hospital. In order to achieve the objectives of the study, a descriptive designed was adopted. Non probability convenience sampling technique was used in practice. The data was collected from 100 respondents by using self structured knowledge questionnaires.

7. ANALYSIS:

Section 1: Analysis and interpretation of demographic variable

This section deals with the description of demographic characteristics of people visiting Dhiraj hospital and has been presented in the form of frequency and percentage. The demographic data section comprised 9 items

Table: 1 frequency and percentage distribution of samples, according to their demographic characteristics

SR.N O	VARIABLE	CATEGORY	FREQUENC Y	%
1	Age	<15	0	0%
		16 To 25yr	22	22%
		Above 25yr	78	78%
2	Gender	Male	39	39%
		Female	61	61%
3	Educational status	Illiterate	13	13%
		Secondary	55	55%
		Higher Secondary	15	15%
		Graduate	17	17%
4	Type of family	Nuclear	44	44%
		Joint	56	56%
5	Family income monthly	Below 5000	22	22%
		6000 - 10,000	37	37%
		11,000-20,000	33	33%
		21,000-30,000	6	6%
		Above 31,000	2	2%
6	Occupation	Government Employee	4	4%
		Labourer	9	9%
		House Hold Work	42	42%
		Private Job	28	28%
		Self Employed	17	17%
7	Previous used of Yojana	No Use	32	32%
		RashtriyaSwasthyaBi ma	36	36%
		Mama Card	17	17%
		Janani Suraksha	12	12%

		Others	3	3%
8	Heard about Ayushman	Yes	78	78%
		No	22	22%
	If yes, through	Radio	21	21%
		Television	12	12%
		Newspaper	7	7%
		Friends	36	36%
9	Family member working with health sector	Yes	20	20%
		No	80	80%

Table 1 shows that majority of the people, 78 (78%) were above the 25 year of age and 61 (61%) female and 39 (39%) were male. 55(55%) had secondary education, 56(56%) belonged to joint family and 44 (44%) were belonged to nuclear family. Most of the participants 37 (37%) had monthly income were 6000-10,000 and majority 42(42%) belonged to household work as occupation. Most participants 36 (36%) were using RashtriyaSwasthyaBimaYojanaMost participants 78 (78%) had heard about AyushmanbharatYojana mostly through their friends (36%).

Table2: Knowledge score of people regarding Ayushmanbharatyojana

[N=100]

KNOWLEDGE SCORE	FREQUENCY	PERCENTAGE (%)
Poor	14	14
Average	86	86
Good	0	0

This table shows that out of 100 participants 14% had poor knowledge regarding Ayushman Bharat Yojana, 86% had average and none had good knowledge regarding Ayushmanbharatyojana.

Table: 3 Association between selected demographic variable and level of knowledge.

Sr. No.	Variable		Chi Square Value	Degree Of Freedom	Level of significance at 0.05 level
1	Age of people	<15 YEAR	1.254	1	1.254<3.84 NS
		16-25 YEARS			
		<25 YEARS			
2	Gender	Male	1.832	1	1.832<3.84 NS
		Female			
3	Educational status	Illiterate	48.115	3	48.115>7.82 S
		Secondary			
		Higher secondary			
		Graduates/masters			
4	Type of family	Joint	1.707	1	1.707<3.84 NS
		Nuclear			
5	Family income monthly	Below 5000	7.111	4	7.111<9.49 NS
		6000 - 10,000			
		11,000-20,000			
		21,000-30,000			
		Above 31,000			
6	Occupation	Government Employee	2.439	4	2.439<9.49 NS
		Labourer			
		House Hold Work			
		Private Job			
		Self Employed			
7	Previous used of Yojana	No Use	4.701	4	4.701<9.49 NS
		RashtriyaSwasthyaBima			
		Maa Card			
		Janani Suraksha			
		Others			
8	Heard about	Yes	1.254	1	1.254<3.84

	Ayushman Bharat Yojana	No			NS
	If yes,	Radio	2.365	3	2.365<7.82 NS
		Television			
		Newspaper			
		Friends			
9	Family member working with health care sector	Yes	5.502	1	5.502>3.84 S
	No				

*Significant at 0.05 level

NS-Non Significant

Above table depicts that the chi square is used to identify association between selected demographic variables and level of knowledge. According to demographic variable of people's educational status is significance at 48.115 level and people working with health care worker significant at 5.502 levels. So the H1 hypothesis in this study is partially accepted.

RECOMMENDATIONS:

- The similar study could be carried out on a large sample to generalize the findings
- A similar study can be performed in community setting.

CONCLUSION:The findings of the study have been discussed with reference to the objectives, hypothesis, and with the findings of other studies. Majority of people 86% samples have average level of knowledge on Ayushman Bharat Yojana.14% participants have poor knowledge regarding AyushmanbharatYojana. The chi square is used to identify association between selected demographic variables and level of knowledge regarding AyushmanbharatYojana. This is association between level of knowledge and participants' educational status, working with health worker at 0.05 level of significance.

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