

Awareness Regarding the New Initiatives of Ayushman Bharat 2026 Among Rural Population in Greater Noida, Uttar Pradesh: A Descriptive Study

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Abstract:

➤ Introduction:

Ayushman Bharat is a major public health initiative of the Government of India aimed at improving access to affordable healthcare and reducing financial barriers to healthcare utilization. The expansion of its digital health services and initiatives for senior citizens highlights the importance of community awareness for effective utilization of available healthcare benefits. Assessing knowledge regarding these initiatives is particularly important among rural populations, where gaps in health information may affect service utilization.

➤ Aim:

This study was carried out to assess the awareness regarding the New Initiatives of Ayushman Bharat 2026 Among Rural Population in Greater Noida.

➤ Method:

A descriptive study was conducted among 50 participants residing in Achheja village Greater Noida, Uttar Pradesh. Participants were selected using convenience sampling. Data were collected using a structured interview schedule comprising 20 knowledge items related to the new initiatives of Ayushman Bharat 2026. Descriptive statistics were used to summarize the data, and the chi-square test was applied to determine the association between knowledge level and selected sociodemographic variables.

➤ Result:

Among 50 participants, the mean knowledge score regarding the new initiatives of Ayushman Bharat 2026 was 5.48 ± 1.52 . Overall, 64% had moderate knowledge, while 36% had good knowledge. No statistically significant association was found between knowledge level and selected sociodemographic variables, including age, gender, education, income, marital status, housing type, previous knowledge, and source of information ($p > 0.05$).

➤ Conclusion:

Among the 50 rural participants studied, 64% demonstrated moderate knowledge and 36% demonstrated good knowledge regarding Ayushman Bharat 2026 initiatives. No selected sociodemographic variable showed a statistically significant association with knowledge. Continued health education and community outreach are recommended to improve understanding and potential utilization of available benefits, particularly among older adults. Therefore, the study concluded that the majority of participants (64%) had moderate knowledge regarding the new initiatives of Ayushman Bharat 2026, while 36% had good knowledge. No significant association was found between knowledge and selected demographic variables.

Keywords: Ayushman Bharat, Awareness, Rural Population, Senior Citizens, Health Education.

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I. INTRODUCTION

Ayushman Bharat represents a major component of India's efforts toward achieving universal health coverage. Its ecosystem includes publicly funded health protection, strengthening of primary healthcare, and digital health initiatives. For rural communities, awareness is an important prerequisite for understanding eligibility, available benefits, and the appropriate procedures for accessing healthcare services.

The present study focuses on awareness regarding the new initiatives associated with Ayushman Bharat 2026 among rural participants in Accheja village, Greater Noida, Uttar Pradesh. Particular attention is given to knowledge regarding senior-citizen expansion, digital health services, Ayushman Bharat Health Account (ABHA), telemedicine, and other emerging components included in the study instrument.

One of the recent initiatives associated with the Ayushman Bharat framework is Ayushman Vay Vandana, which provides health coverage to citizens aged 70 years and above, irrespective of their socioeconomic status. Senior citizens may benefit from a range of healthcare services covered under the scheme. As of early 2026, more than 10 million senior citizens across the country had received Ayushman Vay Vandana cards, providing access to cashless treatment at empanelled hospitals.

Health is an essential component of human development and an important determinant of quality of life. Access to affordable, equitable, and quality healthcare remains a major public health priority, particularly in low- and middle-income countries. In India, socioeconomic inequalities, high out-of-pocket expenditure, geographical barriers, and limited awareness of available health services may prevent individuals and families from obtaining timely healthcare. These challenges are particularly relevant in rural communities, where individuals may experience difficulties accessing specialized healthcare and understanding government health programmes. Therefore, strengthening awareness and accessibility of public health schemes is an important step toward achieving universal health coverage.

To address these challenges, the Government of India introduced Ayushman Bharat, a comprehensive health protection initiative aimed at moving the country toward universal health coverage. Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY) was launched on September 23, 2018, as a government-funded health assurance scheme. The scheme was designed to provide financial protection to eligible vulnerable families against major hospitalization expenses and to improve access to quality healthcare. The National Health Authority is responsible for implementing PM-JAY at the national level.

Ayushman Bharat has developed beyond conventional health insurance and financial protection. The programme is increasingly connected with digital health services and other initiatives intended to make healthcare more accessible, coordinated, and patient-centered. One important component is the Ayushman Bharat Digital Mission (ABDM), which aims to establish an integrated digital health ecosystem in India. Through ABDM, citizens can create an Ayushman Bharat Health Account (ABHA), a unique health identifier that enables individuals to link and share their health records digitally with participating healthcare providers, subject to appropriate consent.

ABHA and other digital health components have the potential to improve continuity of care by allowing individuals to access and manage their health information. The digital ecosystem can support the availability of health records, laboratory reports, prescriptions, and other healthcare information across participating systems. The ABDM framework also includes health-facility and healthcare-professional registries and other digital building blocks intended to improve interoperability within the healthcare system.

Another important development within the Ayushman Bharat framework is the expansion of health protection for older adults. Increasing age is associated with a greater need for healthcare services because of chronic diseases, disability, and increased healthcare utilization. The availability of government-supported healthcare benefits for senior citizens therefore has important implications for financial protection and access to treatment. Awareness among older adults and their families is particularly important because eligibility, registration, and utilization procedures may be unfamiliar to many community members.

Digital health initiatives can further support healthcare delivery through services such as digital registration, electronic health records, and telemedicine. However, the availability of technology alone does not ensure its utilization. Individuals require adequate knowledge regarding the purpose, eligibility, benefits, and procedures associated with these services. Citizen-oriented information and educational resources on ABHA and ABDM, including materials available in Hindi and other Indian languages, highlight the importance of accessible communication.

Awareness is therefore an important determinant of the effective utilization of public health programmes. Individuals who are unaware of eligibility criteria or available benefits may not approach empanelled healthcare facilities or may be unable to use digital services effectively. Similarly, inadequate understanding of ABHA may limit the use of digital health records and related services. In rural communities, these challenges may be influenced by educational level, socioeconomic circumstances, digital

literacy, availability of health workers, and access to reliable information.

Community health workers and nurses have an important role in improving awareness of government health initiatives. Nurses working in community and primary healthcare settings are often in direct contact with individuals and families and can provide information regarding available health services, eligibility, and appropriate referral pathways. Accredited Social Health Activists (ASHAs), community health officers, and other frontline health personnel can also support the dissemination of information at household and community levels. Health education delivered through interpersonal communication, community meetings, and local-language materials may be particularly useful in rural settings.

Despite the expansion of Ayushman Bharat and its associated digital health initiatives, knowledge regarding newer components may vary considerably among community members. cng financial protection.

II. DATA ANALYSIS

The data collected from 50 rural participants from Accheja village, Greater Noida, Uttar Pradesh, were systematically coded, tabulated, and analyzed according to the objectives of the study. Both descriptive and inferential statistical methods were used for analysis.

Descriptive statistics were used to summarize the sociodemographic characteristics of the participants and their level of knowledge regarding the new initiatives of Ayushman Bharat 2026. Frequency and percentage were calculated for categorical variables such as age, gender, religion, educational status, marital status, monthly family income, type of housing, previous knowledge of the scheme,

and source of information. The overall knowledge score was summarized using mean, standard deviation, minimum, and maximum scores.

The knowledge questionnaire consisted of 20 items, with one mark awarded for each correct response and zero for an incorrect response. The total knowledge scores obtained by the participants were categorized into appropriate knowledge levels as specified in the study tool. The overall mean knowledge score was 5.48 ± 1.52 , with scores ranging from 3 to 10. Among the 50 participants, 32 (64.0%) had moderate knowledge, while 18 (36.0%) had good knowledge regarding the new initiatives of Ayushman Bharat 2026.

Inferential statistics were used to determine the association between the level of knowledge and selected sociodemographic variables. The Chi-square (χ^2) test was applied to examine the association between knowledge level and variables including age, religion, gender, education, marital status, monthly family income, type of housing, previous knowledge of the scheme, and source of information. The level of statistical significance was set at $p < 0.05$.

III. RESULT

Among 50 participants, the mean knowledge score regarding the new initiatives of Ayushman Bharat 2026 was 5.48 ± 1.52 . Overall, 64% had moderate knowledge, while 36% had good knowledge. No statistically significant association was found between knowledge level and selected sociodemographic variables, including age, gender, education, income, marital status, housing type, previous knowledge, and source of information ($p > 0.05$).

➤ Utilisation

Table 1 Frequency and Percentage Distribution of Participants According to Selected Sociodemographic Characteristics (N = 50)

Sociodemographic variable	Category	Frequency (f)	Percentage (%)
Age (years)	50–60	14	28.0
	60–70	21	42.0
	70–80	15	30.0
Religion	Hindu	46	92.0
	Muslim	3	6.0
	Sikh	1	2.0
Gender	Male	31	62.0
	Female	19	38.0
Education	No formal education	7	14.0
	Primary/middle school certificate	3	6.0
	High school certificate	9	18.0
	Intermediate/post-high-school diploma	30	60.0
Marital status	Graduate/postgraduate	1	2.0
	Married	25	50.0
	Widow	13	26.0
	Divorced	7	14.0
Monthly family income	Unmarried	5	10.0
	₹7,770 and above	22	44.0
	₹3,808–₹7,769	26	52.0
	₹2,253–₹3,808	2	4.0

Type of housing	Kaccha house	3	6.0
	Pucca house	44	88.0
	Other	3	6.0
		10	20.0
Previous knowledge of the scheme	Yes	9	18.0
	No	31	62.0
	Little bit	5	10.0
Source of information	Television	7	14.0
	Social media	38	76.0
	Health Department		

Table 2 Descriptive Statistics of Knowledge Score Regarding the New Initiatives of Ayushman Bharat 2026

Variable	Mean $\pm$ SD	Minimum	Maximum
Total Knowledge Score	5.48 $\pm$ 1.52	3	10

The participants had a mean knowledge score of 5.48 ± 1.52 . The knowledge scores ranged from **3 to 10**, indicating variation in the level of knowledge regarding the new initiatives of Ayushman Bharat 2026.

Table 2 Association Between Level of Knowledge Regarding New Initiatives of Ayushman Bharat 2026 and Selected Demographic Variables (N = 50)

Sociodemographic Variable	Category	Good n (%)	Moderate n (%)	χ^2	df	p-value
Age (years)	50–60	6 (42.9)	8 (57.1)	0.893	2	0.40
	60–70	8 (38.1)	13 (61.9)			
	70–80	4 (26.7)	11 (73.3)			
Religion	Hindu	18 (39.1)	28 (60.9)	2.450	2	0.294
	Muslim	0 (0.0)	3 (100.0)			
	Sikh	0 (0.0)	1 (100.0)			
Gender	Male	12 (38.7)	19 (61.3)	0.260	1	0.610
	Female	6 (31.6)	13 (68.4)			
Education	No formal education	1 (14.3)	6 (85.7)	4.230	4	0.376
	Primary/middle school certificate	1 (33.3)	2 (66.7)			
	High school certificate	2 (22.2)	7 (77.8)			
	Intermediate/post-high-school diploma	14 (46.7)	16 (53.3)			
	Graduate/postgraduate	0 (0.0)	1 (100.0)			
Marital status	Married	11 (44.0)	14 (56.0)	2.340	3	0.506
	Widow	3 (23.1)	10 (76.9)			
	Divorced	3 (42.9)	4 (57.1)			
	Unmarried	1 (20.0)	4 (80.0)			
Monthly family income	₹7,770 and above	10 (45.5)	12 (54.5)	2.290	2	0.319
	₹3,808–₹7,769	8 (30.8)	18 (69.2)			
	₹2,253–₹3,808	0 (0.0)	2 (100.0)			
Type of housing	Kaccha house	0 (0.0)	3 (100.0)	3.840	3	0.280
	Pucca house	18 (40.9)	26 (59.1)			
	Other	0 (0.0)	2 (100.0)			
Previous knowledge of the scheme	Yes	3 (30.0)	7 (70.0)	1.370	2	0.504
	No	2 (22.2)	7 (77.8)			
	Little bit	13 (41.9)	18 (58.1)			
Source of information	Television	1 (20.0)	4 (80.0)	1.970	2	0.374
	Social media	4 (57.1)	3 (42.9)			
	Health Department	13 (34.2)	25 (65.8)			

Table shows that there was no statistically significant association between the level of knowledge regarding the new initiatives of Ayushman Bharat 2026 and any of the selected sociodemographic variables, including age ($\chi^2 = 0.893$, $p = 0.640$), religion ($\chi^2 = 2.450$, $p = 0.294$), gender (χ^2

$= 0.260$, $p = 0.610$), education ($\chi^2 = 4.230$, $p = 0.376$), marital status ($\chi^2 = 2.340$, $p = 0.506$), monthly family income ($\chi^2 = 2.290$, $p = 0.319$), type of housing ($\chi^2 = 3.840$, $p = 0.280$), previous knowledge of the scheme ($\chi^2 = 1.370$, $p = 0.504$), and source of information ($\chi^2 = 1.970$, $p = 0.374$), as all p -

values were greater than 0.05. Thus, the level of knowledge was not significantly associated with any of the selected sociodemographic variables among the participants.

IV. DISCUSSION

The present study assessed knowledge regarding the new initiatives of Ayushman Bharat 2026 among rural residents of Achheja village, Greater Noida. The findings demonstrated that the overall knowledge level was predominantly moderate. Among 50 participants, 64.0% had moderate knowledge and 36.0% had good knowledge, with a mean knowledge score of 5.48 ± 1.52 .

The predominance of moderate knowledge suggests that although participants had some familiarity with Ayushman Bharat and its newer initiatives, their understanding was not comprehensive. This is particularly relevant because the newer components of Ayushman Bharat include digital health services and other initiatives requiring beneficiaries to understand eligibility, registration, access mechanisms and available services.

The findings are consistent with the broader concern identified in the dissertation that rural populations may experience limitations in health literacy and digital literacy. The background of the study notes that limited awareness of Ayushman Cards and ABHA IDs may prevent eligible rural families from fully benefiting from available services.

The demographic findings showed that the largest age group was 60–70 years. Although the proportion of good knowledge varied across age groups, the statistical analysis did not demonstrate a significant association between age and knowledge ($\chi^2 = 0.893$, $p = 0.640$). Thus, the observed differences between age categories should be interpreted as descriptive rather than evidence of a statistically significant relationship.

Similarly, gender was not significantly associated with knowledge. Male participants constituted 62% of the sample and female participants 38%, yet the difference in knowledge categories was not statistically significant ($\chi^2 = 0.260$, $p = 0.610$). This indicates that knowledge gaps may affect both male and female members of the rural community.

Education also did not demonstrate a statistically significant association with knowledge ($\chi^2 = 4.230$, $p = 0.376$). Although the majority of participants had intermediate or post-high-school education, the findings suggest that formal educational attainment alone may not ensure adequate understanding of government health initiatives. This reinforces the importance of targeted health education rather than relying exclusively on general literacy.

Monthly family income was likewise not significantly associated with knowledge ($\chi^2 = 2.290$, $p = 0.319$). This finding suggests that knowledge gaps existed across income categories within the study population. Consequently, awareness programmes should be designed to reach rural households irrespective of socioeconomic status.

Previous knowledge of the scheme also showed no significant association with the final knowledge category ($\chi^2 = 1.370$, $p = 0.504$). This may indicate that simple exposure to information does not necessarily result in adequate understanding. The quality, accuracy, clarity and comprehensiveness of information may be more important than exposure alone.

The source of information was also not significantly associated with knowledge level ($\chi^2 = 1.970$, $p = 0.374$). The dissertation identifies television, social media and the Health Department among the sources of information.

These findings have practical implications for community health nursing. Nurses and community health workers can play an important role in explaining the eligibility criteria, benefits and procedures associated with Ayushman Bharat. Community-based education can also address barriers related to digital health services, particularly among individuals who may have difficulty accessing or understanding digital platforms.

The literature reviewed in the dissertation similarly identifies continuing gaps in awareness and utilization among rural and vulnerable populations. Previous studies included in the review have reported limited awareness, geographical disparities, infrastructure-related barriers and differences in utilization despite improvements in financial protection and health coverage.

The findings therefore support the need for sustained community-level health education. Rather than focusing exclusively on increasing awareness of the existence of Ayushman Bharat, educational interventions should emphasize how to use the scheme, where services can be accessed, eligibility requirements, the role of Ayushman cards and ABHA, and how beneficiaries can seek assistance.

The study also has implications for addressing OOOPE. Although the present study did not directly quantify participants' out-of-pocket expenditure, financial protection is a central rationale for health insurance schemes. The literature cited in the dissertation reports that Ayushman Bharat can reduce financial risk, while also identifying continuing disparities and the persistence of out-of-pocket payments in some circumstances.

Overall, the findings indicate that rural residents had a basic-to-moderate level of knowledge but that further community education is needed to translate awareness into effective utilization. Community health nurses, ASHA workers, ANMs, CHOs and other frontline healthcare personnel may serve as important channels for disseminating accurate information and assisting beneficiaries in navigating available services.

V. CONCLUSION

The present study assessed knowledge regarding the new initiatives of Ayushman Bharat 2026 among rural residents of Achheja village, Greater Noida, Uttar Pradesh.

The findings demonstrated that the majority of participants had a moderate level of knowledge, with 64.0% classified as having moderate knowledge and 36.0% having good knowledge. The mean knowledge score was 5.48 ± 1.52 , indicating that although participants possessed some understanding of Ayushman Bharat and its newer initiatives, important knowledge gaps remained.

No statistically significant association was identified between knowledge level and the selected sociodemographic variables, including age, gender, education, religion, marital status, monthly family income, type of housing, previous knowledge and source of information. These findings suggest that knowledge gaps were present across different demographic groups within the study population.

The findings emphasize the importance of strengthening community-based health education regarding Ayushman Bharat, particularly its newer initiatives, eligibility criteria, benefits, digital health services and mechanisms for accessing services. Nurses, ASHA workers, ANMs, CHOs and other healthcare professionals can play an important role in providing accurate and understandable information to rural communities. Special attention should be given to individuals who experience difficulties with digital literacy or navigating health-service systems.

Regular awareness campaigns through health facilities, community meetings, frontline health workers, local communication channels and appropriately designed digital resources may help improve understanding and facilitate utilization of available benefits. Larger community-based studies involving diverse rural populations are recommended to generate more generalizable.

DECLARATIONS

Ethics approval and consent to participant informed written consent was obtained from respondent and legal representative confidentiality was maintained strictly. the dataset was anonymized before starting analysis. The study was approved by the Pradhan of village Achheja.

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