# A Study to Asses Knowledge Regarding Ayushman Bharat Yojana among Asha Workers at Dehradun with the View to Develop Information Booklet.

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**Abstract**
***BACKGROUND:*** *Government's world over commit to look after health of its people, to protect the real wealth of their nation and ensure healthcare is accessible and affordable to all citizens alike. India too announced the biggest ever government funded scheme of its kind in the world on Feb 1, 2018 which seeks to cover nearly 40% of its population called Ayushman Bharat- National Health Protection Mission on Feb 1, 2018. The purpose of the study is to assess the knowledge of ASHA workers regarding Ayushman Bharat Yojana with a view to develop an information booklet. In my study objectives are to assess knowledge of ASHA Workers regarding Ayushman Bharat Yojana. To find out the association between knowledge of ASHA Workers regarding Ayushman Bharat Yojana with their selected demographic variables.To develop and distributed information booklet on Ayushman Bharat Yojana to enhance the knowledge of ASHA Workers.* ***MATERIAL AND METHODS:****The quantitative research approach was adopted for this study and the descriptive research design was used. The study was conducted at SC, PHC, CHC at Dehradun, (U.K).with the help of non-probability convenient sampling technique 150 ASHA workers were selected as samples for the study. The data was collected by using standardized tools including demographic variables. At the end information booklet on Ayushman Bharat Yojana provided to ASHA workers to improve knowledge.*
***RESULTS:*** *In regards to the present study69 (46%) ASHA worker having good knowledge, 67 (44.7%) having very good knowledge, 10 (6.7%) with average knowledge and 4 (2.6%) workers having excellent knowledge towards "Ayushman Bharat Yojana."There is no significant association between knowledge of ASHA Workers regarding Ayushman Bharat Yojana and demographic variables.*
***CONCLUSION:*** *At the end conclude findings of the study revealed that majority of ASHA workers were having good knowledge and most of the ASHA workers having very good knowledge. Some ASHA workers having average knowledge and excellent knowledge. Poor knowledge not found among ASHA workers.*
***Keywords:****AYUSHMAN BAHRAT YOJANA, ACCREDITED SOCIAL HEALTH ACTIVIST, SUB CENTRE, PRIMARY HEALTH CENTRE, COMMUNITY HEALTH CENTRE.*

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## I.     Introduction
**'SWASTH BHARAT, SAMRIDDHA BHARAT' 'HEALTHY INDIA, PROSPEROUS INDIA'**
**TO FULFILL THE VISION**
**'HEALTH FOR ALL'**

     **HEALTH- The definition of according to WHO** health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. [1]

     Government's world over commit to look after health of its people, to protect the real wealth of their nation and ensure healthcare is accessible and affordable to all citizens alike. India too announced the biggest ever government funded scheme of its kind in the world on Feb 1, 2018 which seeks to cover nearly 40% of its population called Ayushman Bharat- National Health Protection Mission on Feb 1, 2018. [2]

     Prime Minister Shri Narendra Modi, in his Independence Day speech of 2018, announced the launch of the Ayushman Bharat-National Health Protection Scheme. He said that the national health insurance scheme will be rolled out on a pilot basis in some states. The full-scale roll-out of the project is expected to be in September end. On September 23, 2018. The Prime Minister Narendra Modi Launched Ayushman Bharat, world's largest government-funded heathcare scheme in Jharkhand's capital Ranchi. The center's flagship scheme has been renamed as Pradhan Mantri Jan Arogya Yojana. The scheme will become operational from

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September 25 on the birth anniversary of PanditDeendayalUpadhyay.Recently union government has announced the ayushmanbharatyojana .national health protection scheme- code named ayushmanbharat is aimed at making path breaking interventions to address health holistically, in secondary and tertiary care systems, covering both prevention and health promotion.

## II. Material And Methods

In this study quantitative (survey approach) research approach was used since the study aim at assess knowledge of ASHA workers regarding Ayushman Bharat Yojana.

**STUDY DESIGN:**Exploratory Descriptive Research Design.

**STUDY LOCATION:**The investigator selected SC, PHC, CHC at Dehradun, (U.K)

**STUDY DURATION:** October 2018 to October 2019.

**SAMPLE SIZE: 150**

**Sample size calculation:**In this study investigator population were selected ASHA workers of Dehradun, (U.k).the researcher has adopted the non-probability convenient sampling technique.the sample size actually obtained for this study was 150 ASHA workers of Dehradun Uttarakhand.

**Subjects and selection method:** a structured knowledge questionnaire for data collection.The data collection instrument used by the researcher. **Tool -1 socio- demographic profile:** tool for socio-demographic profile was developed by including socio-demographic variable. The selection of the variables was done by review of research and non-research literature related to Ayushman Bharat Yojana and effect of awareness related to knowledge of ASHA workers among community. Expert's opinion and suggestions were also included to select the variables.socio demographic variables included in the study were age, Education, Marital status, Religion, Type of family, Residential area, and Source of informationetc.**Tool -2 structured knowledge questionnaire**: Structured knowledge questionnaire to assess the knowledge of ASHA workers regarding Ayushman Bharat Yojana.Themultiplechoice questionnaire was prepared after extensive literature review. There were 30 questions related to knowledge regarding Ayushman Bharat Yojana. Each question had four alternatives among which only one was correct response. The scoring was done as the right answer will got one mark (1) and wrong answer got zero (0) marks. The maximum score was 30.

**criterion for measuring the level of knowledge**

| Level of knowledge regarding Ayushman Bharat Yojana | Score |
|---|---|
| Poor knowledge | 0-6 |
| Average knowledge | 7-12 |
| Good knowledge | 13-18 |
| Very good knowledge | 19-24 |
| Excellent knowledge | 25-30 |

**Inclusion criteria:** ASHA workers who are willing to participate in the study.

**Exclusion criteria:**ASHA workers who are not present at the time of data collection.

**Procedure methodology:**Permission was taken from ethical committee of state college of Nursing, Dehradun to conduct the research study. Permission was taken from the principal of state college of Nursing, Dehradun to conduct the research study. Permission taken from the Medical superintendent community health Centre Raipur, Dehradun. Written, informed consent was taken from each study subject.The reliability of the tools was obtained by administered to 15 ASHA workers. The stability of the structural knowledge questionnaire was established by split- half method in which was r= 0.7644 for the knowledge questionnaire, Hence tool was found reliable.The pilot study was conducted in the month of May 2019. The study was conducted on 15 samples at CHC Raipur, Dehradun. Convenient sampling technique was used. The purpose of study was explained to participants and informed written consent was obtained from the participants. Followed by distribution of information booklet was given to them.Obtained data analyzed for reliability of tool. Hence it was found feasible in terms of time, money, and material for the main data collection procedure. Data collection is the process of acquiring subjects and collecting information needed for the study. Formal administrative permission was obtained. Data was collected in the month of July 2019. In order to obtained true response, the selected subjects were explained about the purpose and usefulness of the study and assured for the confidentiality of their responses. A written informed consent was obtained from each participant of the study. The data was collected with the help of structured interview schedule.

**Statistical analysis:** The plan of data analysis includes both descriptive and inferential statistics. The analysis was planned to make on the basis of formulated objectives and hypothesis of the study. Following descriptive and inferential statistics were planned to use. Frequency and percentage distribution of demographic variables of the samples.Calculation of mean, standard deviation and mean percentage of the knowledge score.Chi − square used with Yates correlation to find the association between the socio-demographic variables and knowledge scores of ASHA workers.

# III. Result

Table-1 shows the distribution of subject according to age. The data revealed that majority 115 (76.7%)ASHA worker were in the age group of36 years and above followed by 26 (17.3%) were 31-35 years, 7 (4.7%) were in the age group of 26-30 year and only 2 (1.3%) were belongs to 21 to 25 year.

**Table- 1: Distribution of respondent according to Age in year**

**N=150**

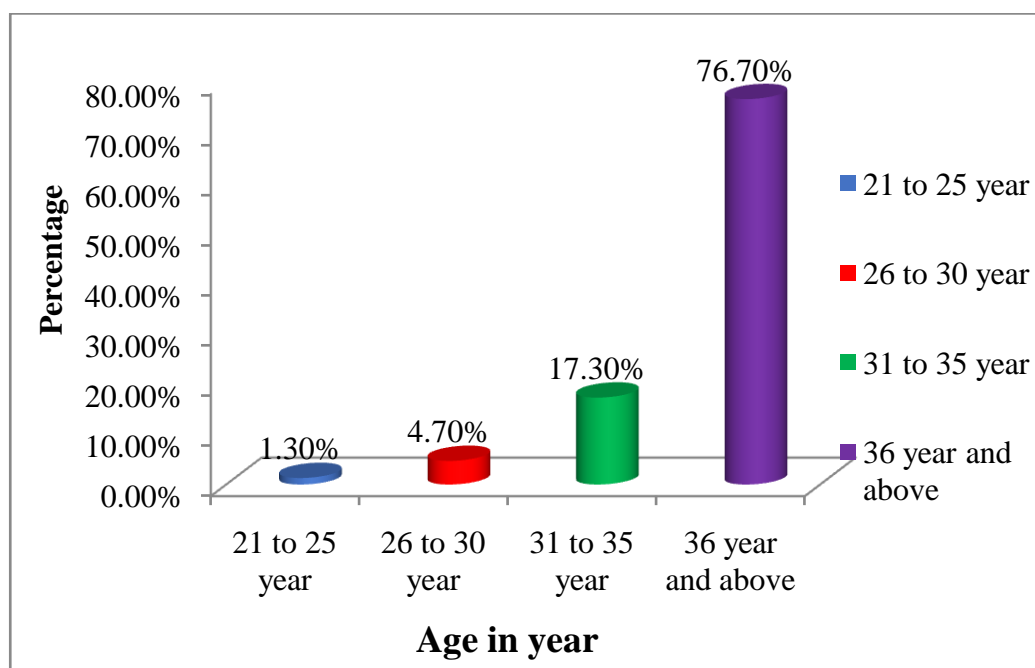| Age (in years) | Frequency | Percentage (%) |
|---|---|---|
| 21 to 25 | 2 | 1.3% |
| 26 to 30 | 7 | 4.7% |
| 31 to 35 | 26 | 17.3% |
| 36 and above | 115 | 76.7% |
| **Total** | **150** | **100 %** |



Table-2depicts thatamong the ASHA worker 47 (31.3%) of them had High school education followed by 42 (28%) were intermediate, 38 (25.4%) graduation and 23 (15.3%) were primary education.

**Table- 2: Distribution of respondent according to Education**

**N=150**

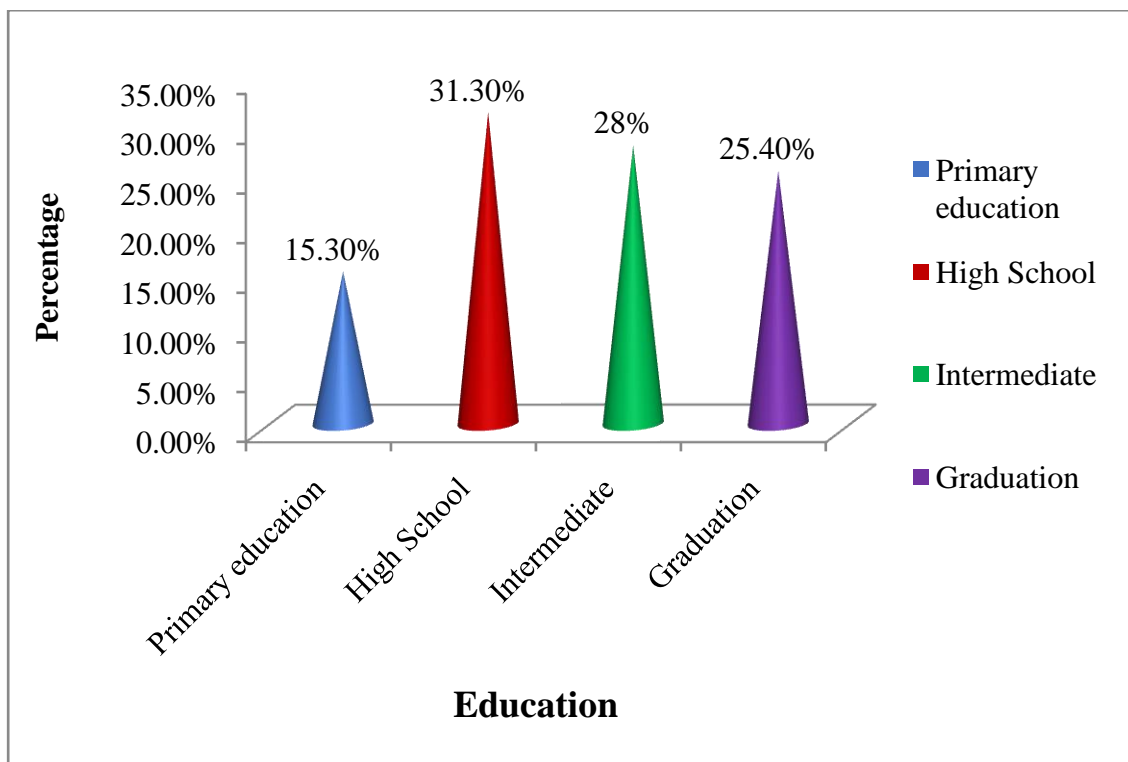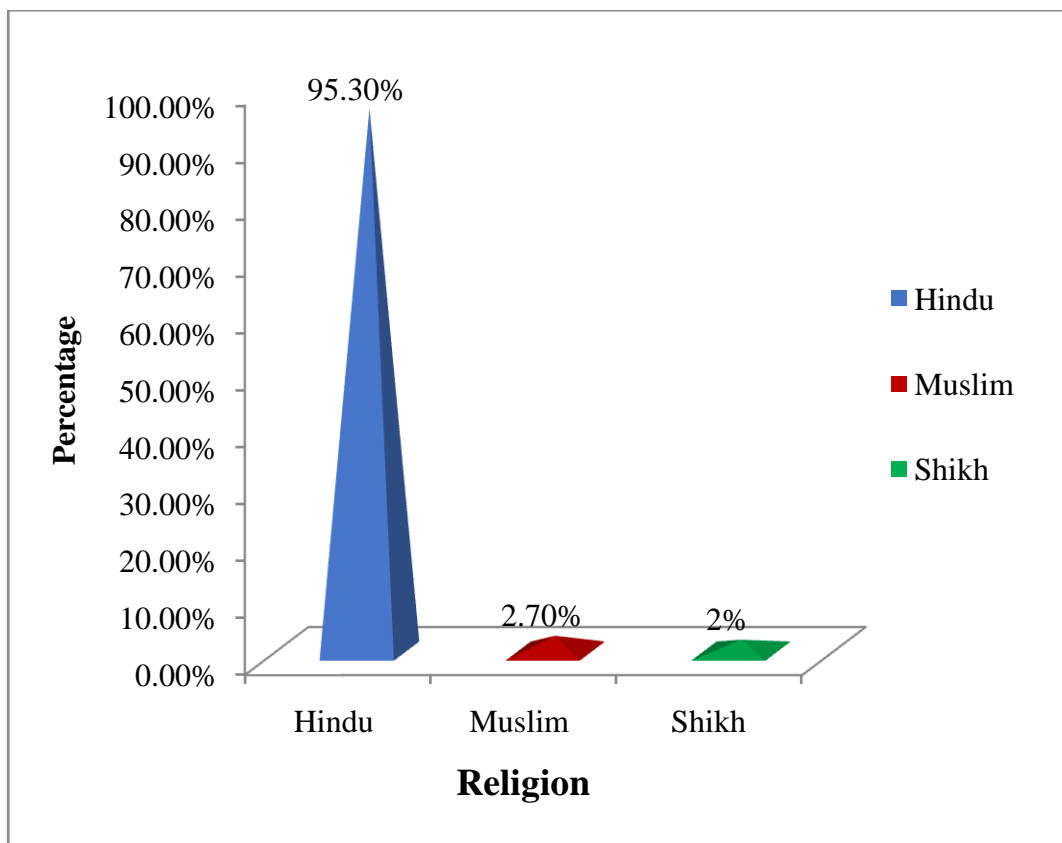| Education | Frequency | Percentage (%) |
|---|---|---|
| Primary education | 23 | 15.3% |
| High school | 47 | 31.3% |
| Intermediate | 42 | 28% |
| Graduation | 38 | 25.4% |
| **Total** | **150** | **100 %** |

Table- 3 shows that majority 143 (95.3%) subject belongs to Hindu religion, 4 (2.7%) were Muslim and 3 (2%) were Shikh.

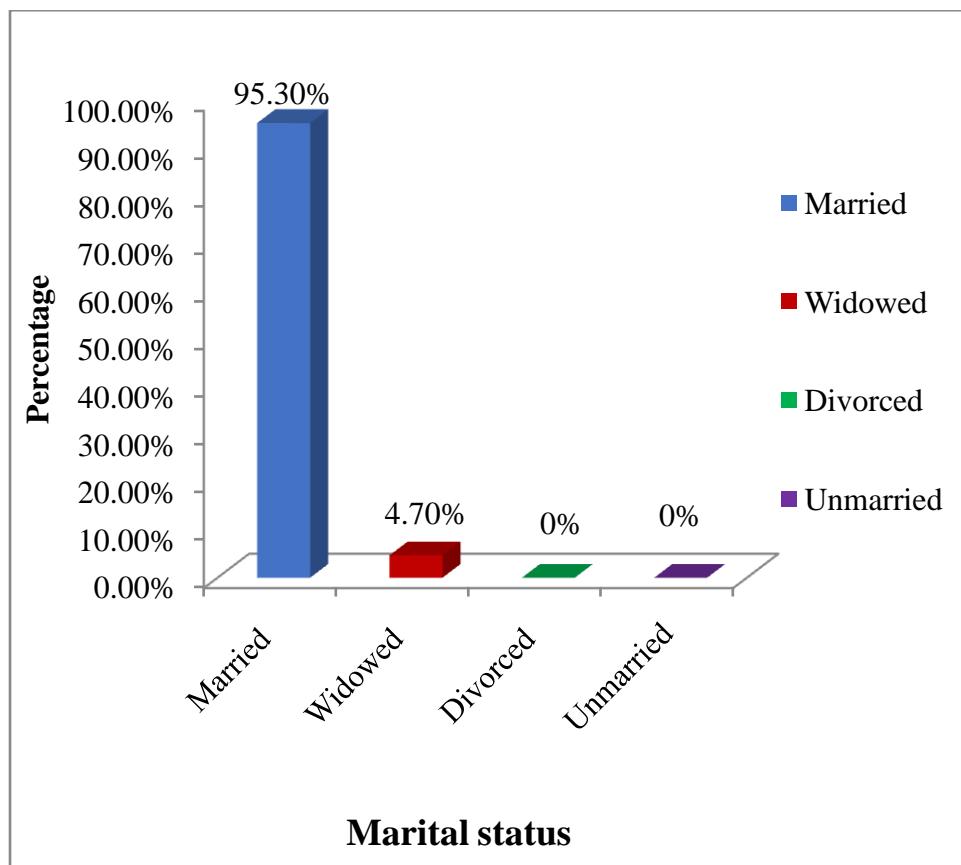**Table- 3:Distribution of respondent according to Religion**

**N=150**

| Religion | Frequency | Percentage (%) |
|----------|-----------|----------------|
| Hindu | 143 | 95.3% |
| Muslim | 4 | 2.7% |
| Shikh | 3 | 2% |
| **Total** | **150** | **100 %** |

The table 4 reveals that the 143 (95.3%) subjects were Married, followed by 7 (4.7%)widowed.

**Table- 4: Distribution of respondent according to marital status**

N=150

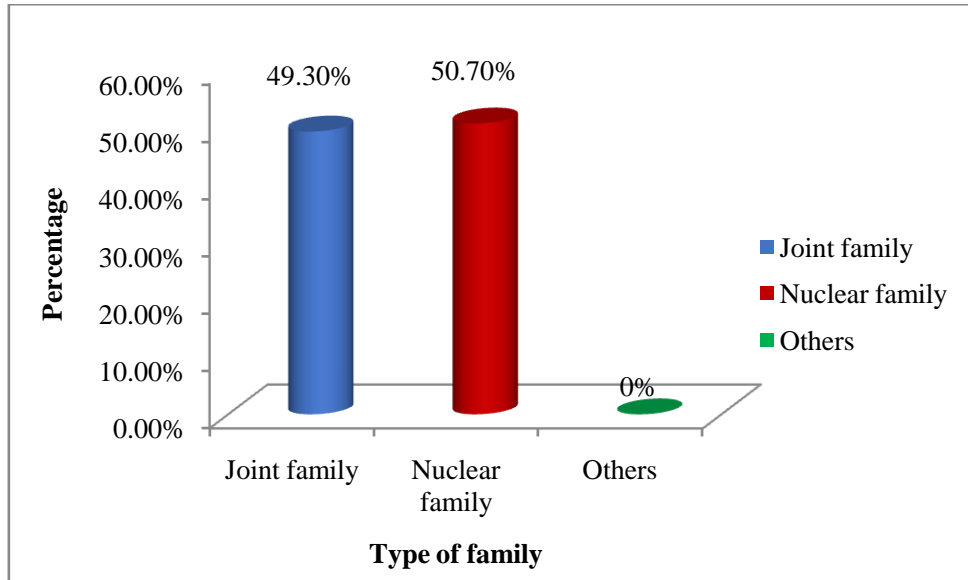| Marital status | Frequency | Percentage (%) |
|---|---|---|
| Married | 143 | 95.3% |
| Widowed | 7 | 4.7% |
| Divorced | 0 | 0% |
| Unmarried | 0 | 0% |
| **Total** | **150** | **100 %** |

The table 5 shows that the 76 (50.7%) were living in nuclear family and 74 (49.3%) in joint family.

**Table- 5: Distribution of respondent according to Type of family**
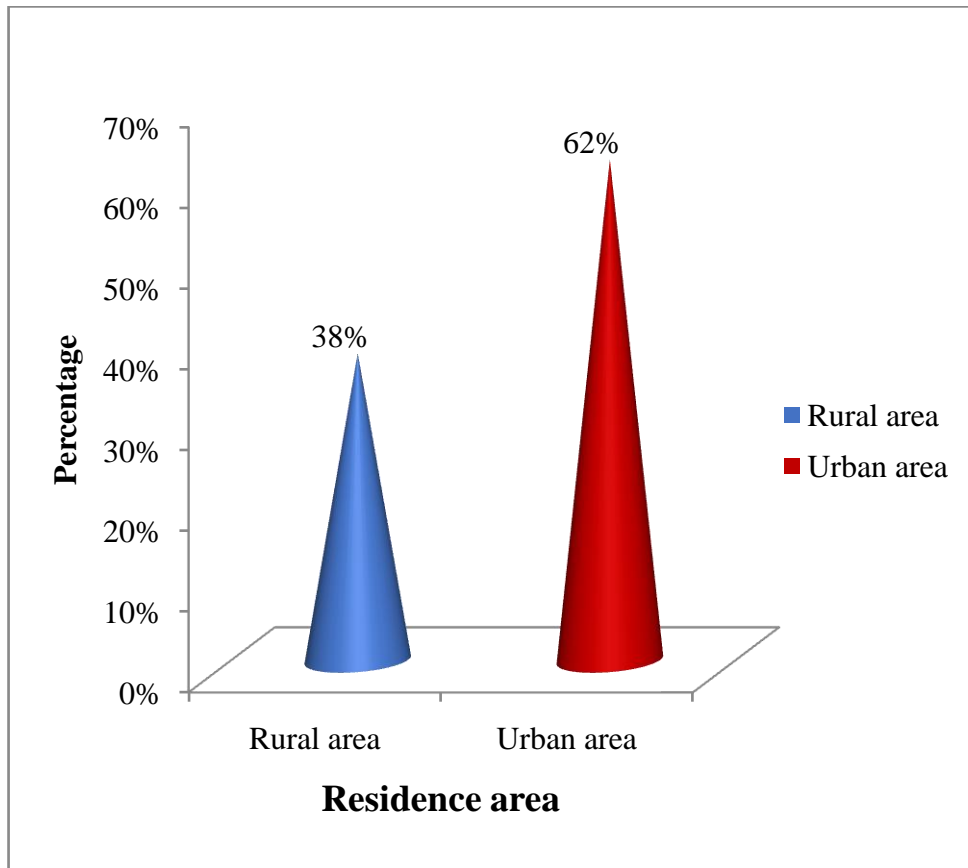
N=150

| Type of family | Frequency | Percentage (%) |
|---|---|---|
| Joint family | 74 | 49.3% |
| Nuclear family | 76 | 50.7% |
| Others | 0 | 0% |
| **Total** | **150** | **100 %** |

The table 6 shows that the majority 93 (62%) subjects were living inurban area and 57 (38) were in rural area.

**Table- 6: Distribution of respondent according to residence area**

**N=150**

| Residence area | Frequency | Percentage (%) |
|---|---|---|
| Rural area | 57 | 38% |
| Urban area | 93 | 62% |
| **Total** | **150** | **100 %** |



The table 7 depicts that majority 96 (64%) respondent got the information from health department followed by 27 (18%) from television, 21 (14%) from news paper and only 6 (4%) from social media.

**Table- 7: Distribution of respondent according to source of information**

N=150

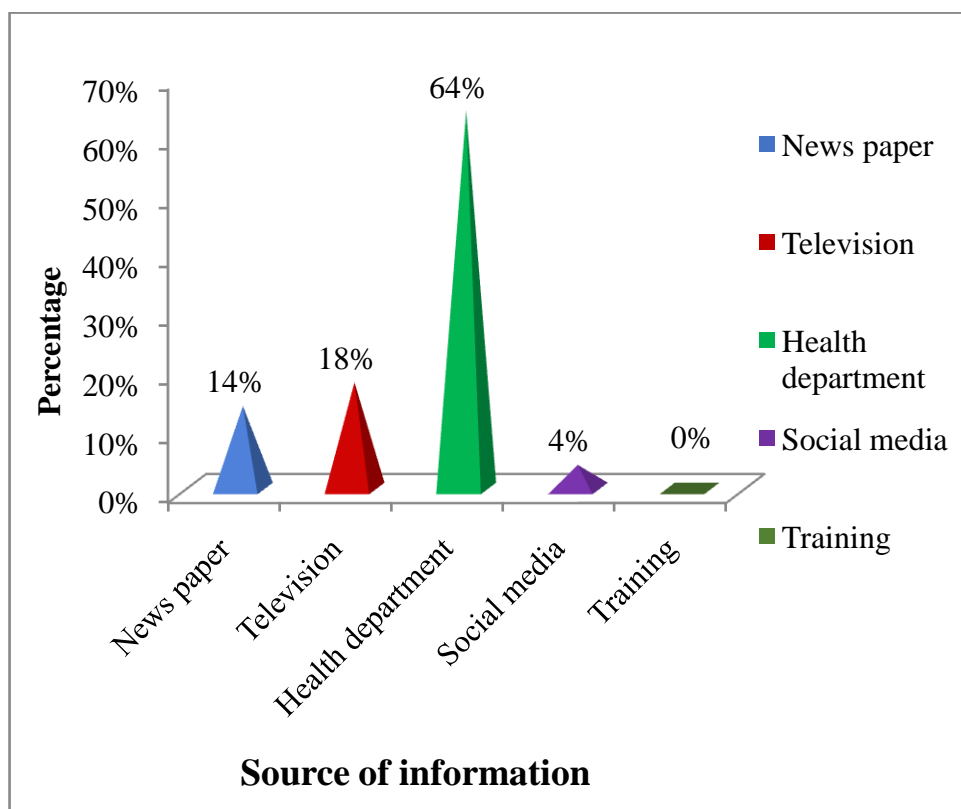| Source of information | Frequency | Percentage (%) |
|---|---|---|
| News paper | 21 | 14% |
| Television | 27 | 18% |
| Health department | 96 | 64% |
| Social media | 6 | 4% |
| Training | 0 | 0% |
| **Total** | **150** | **100 %** |



Table 8 depicts the knowledge score of the ASHA worker regarding Ayushman Bharat Yojana. The data shows the mean scores of the respondents were found to be 18.36, mean percentage 61.2% with standard deviation 3.67.
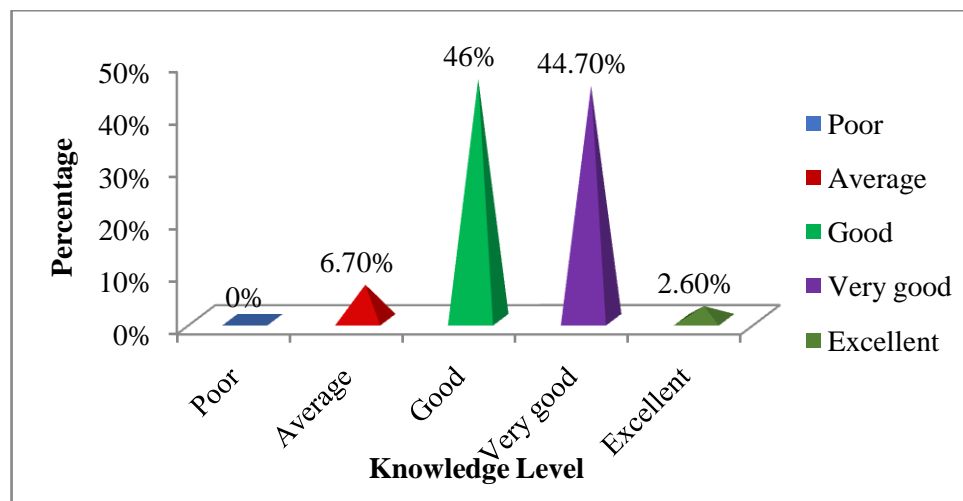
**Table 8: Mean, Mean % & standard Deviation of the knowledge score.**

N=150

| Categories | Minimum score | Maximum score | Mean | Mean percentage | SD |
|---|---|---|---|---|---|
| Knowledge score | 0 | 30 | 18.36 | 61.2% | 3.67 |

Table 9 depicts that 69 (46%) ASHA worker having good knowledge, 67 (44.7%) having very good knowledge, 10 (6.7%) with average knowledge and 4 (2.6%) workers having excellent knowledge towards "Ayushman Bharat Yojana"

**Table 9:- Knowledge level of the ASHA worker.** N=150

| Knowledge level | Score range | Frequency | Percentage |
|---|---|---|---|
| Poor knowledge | 0-6 | 0 | 0% |
| Average knowledge | 7-12 | 10 | 6.7% |
| Good knowledge | 13-18 | 69 | 46% |
| Very good knowledge | 19-24 | 67 | 44.7% |
| Excellent knowledge | 25-30 | 4 | 2.6% |

The table 10shows chi – square value for Age in year($\chi^2$ =16.029, Education($\chi^2$ =15.219), Religion($\chi^2$ =5.666), Marital status($\chi^2$ =1.459), Type of family($\chi^2$ =1.119), residence area($\chi^2$ =1.228), and source of information($\chi^2$ =13.232).The obtained p value for these variable is more than p>0.05 which indicates that there is no significant association between Knowledge of ASHA worker regarding "Ayushman Bharat Yojana"with selected demographic variables. Hence, the research hypothesis $H_1$ is rejected.

**Table 10:- Association between knowledge of ASHA worker with selected demographic variables.**

**N= 150**

| Variable | Average | Good | Very good | Excellent | Chi-square value | P value | Inference |
|---|---|---|---|---|---|---|---|
| **Age in year** | | | | | | | |
| 21 – 25 year | 1 | 0 | 1 | 0 | 16.029 df = 9 | 0.066 | NS |
| 26 – 30 year | 2 | 3 | 2 | 0 | | | |
| 31 – 35 year | 3 | 12 | 11 | 0 | | | |
| 36 and above | 4 | 54 | 53 | 4 | | | |
| **Total** | **10** | **69** | **67** | **4** | | | |
| **Education** | | | | | | | |
| Primary education | 2 | 10 | 10 | 1 | 15.219 df =9 | 0.085 | NS |
| High school | 6 | 23 | 18 | 0 | | | |
| Intermediate | 2 | 16 | 24 | 0 | | | |
| Graduation | 0 | 20 | 15 | 3 | | | |
| **Total** | **10** | **69** | **67** | **4** | | | |
| **Religion** | | | | | | | |
| Hindu | 9 | 68 | 62 | 4 | 5.666 df=6 | 0.462 | NS |
| Muslim | 1 | 0 | 3 | 0 | | | |
| Sikh | 0 | 1 | 2 | 0 | | | |
| **Total** | **10** | **69** | **67** | **4** | | | |
| **Marital status** | | | | | | | |
| Married | 9 | 65 | 65 | 4 | 1.459 df=3 | 0.692 | NS |
| Widowed | 1 | 4 | 2 | 0 | | | |
| **Total** | **10** | **69** | **67** | **4** | | | |
| **Type of family** | | | | | | | |
| Joint family | 5 | 33 | 33 | 3 | 1.119 df=3 | 0.773 | NS |
| Nuclear family | 5 | 36 | 34 | 1 | | | |
| **Total** | **10** | **69** | **67** | **4** | | | |
| **Residence area** | | | | | | | |
| Rural area | 3 | 24 | 28 | 2 | 1.228 df=3 | 0.746 | NS |
| Urban are | 7 | 45 | 39 | 2 | | | |
| **Total** | **10** | **69** | **67** | **4** | | | |
| **Source of information** | | | | | | | |
| News paper | 0 | 14 | 6 | 1 | 13.232 df=9 | 0.152 | NS |
| Television | 3 | 16 | 8 | 0 | | | |
| Health department | 6 | 36 | 51 | 3 | | | |
| Social media | 1 | 3 | 2 | 0 | | | |
| Total | 10 | 69 | 67 | 4 | | | |

*Significant at 0.05 level.          S = Significant,     NS = Not – Significant

## IV. Discussion

| Study findings | Supportive study |
|---|---|
| In my study Regarding the knowledge of ASHA workers, the objective of my study was To assess knowledge of ASHA workers regarding Ayushman Bharat Yojana.To find out the association between knowledge of ASHA workers regarding Ayushman Bharat Yojana with their selected demographic variables.<br>To develop and distributed information booklet on Ayushman Bharat Yojana to enhance the knowledge of ASHA workers. The process of selecting a portion of the population to represent the entire population.Sampling is the process of selecting a representative unit from an entire population of the study. In this study the researcher has adopted the non-probability convenient sampling technique. Sample size is the number of subjects that are examined in the study. In this study sample size were 150 ASHA workers.The study results shows That 69 (46%) ASHA workers had good knowledge, 67 (44.70%) had very good knowledge, 10 (6.70%) had average knowledge, and 4 (2.60%) had excellent knowledge.In my study the mean scores of the respondents were found to be 18.36, mean percentage 61.2% with standard deviation 3.67.Majority of the ASHA works 115 (76.70%) were in the age group of 36 years and above, 26(17.30%) were in the age group of 31-35 years, 7 (4.7%) were in the age group of 26-30 year and only 2 (1.3%) were belongs to 21-25 year.<br>Majority of the ASHA workers 47(31.30%) of them had high school education, 42(28%) were intermediate, 38(25.4%) were graduation and 23(15.3%) were primary education.<br>Majority of the ASHA workers 143 (95.30%) belongs to Hindu religion, 4(2.7%) were Muslim and 3(2%) were Shikh.<br>Majority of the ASHA workers 143 (95.30%) were married, 7(4.7%) were widowed.<br>Majority of the ASHA workers 76 (50.70%) were living in nuclear family, and 74(49.30%) were living in joint family.<br>Majority of the ASHA workers 93 (62%) were living in urban area, 57(38%) were living in rural area.<br>Majority of the ASHA workers 96 (64%) respondents got the information from health department, 27(18%) from television, 21(14%) from newspaper and only 6(4%) from social media.<br>In my study the mean scores of the respondents were found to be 18.36, mean percentage 61.2% with standard deviation 3.67.A non-significant association between the knowledge score with their selected demographic variables the knowledge score at the level p>0.05.<br>Hence H1 is rejected and the result is Non-Significant | The result was supported by the findings of the study conducted by Nikhilanarayanan,prakashbabukodali 2018. To assess the out of pocket health expenditure and catastrophic health expenditure among the beneficiaries of comprehensive health insurance scheme in Kerala.<br>The study results showed that 100% of the beneficiaries incurred out of pocket expenditure and 76.6% of the beneficiaries incurred catastrophic health expenditure. Factors associated with CHE were transportation charges(OR-5.20,95% CI .07-13.02), distance from the hospital (OR-4.82,95%CI-1.73-13.44), bystander expenditure (OR-4.67,95% CI1.78-12.21) and days of admission (OR-2.79,95% CI1.15-6.74).factors associated with OOPE includes type of disease (OR-3.70,95% CI 1.66-8.23), distance from the hospital (r=0.34,p=<0.01),transportation charges (r=0.30,p=<0.01), bystander expenditure (r=0.20,p=<0.01) and insured amount (r=0.32,p=<0.01). Were found to be significant.<br>Hence the H1is accepted And the result is significant.[48]<br>In other study, The findings suggest that the scheme help to improve the health care utilization, it provided limited protection against high health care costs and indirect expenditure. Public health system strengthening along with policy modification within comprehensive health insurance scheme will improve to further.<br>In other results supported by the findings of the study conducted by R. C. Goyal, Sonali Choudhari 2018.The objective of the study was to assess the patient safety culture in a rural tertiary health care hospital situated in central India. A survey conducted during year 2015, in a rural tertiary health care teaching hospital, Maharashtra (India). The study results total 144 participants included in the study, 75 (52%) were females and rest were males 48%. Out of these 111 (77), maximum number of staff (57.05%) was belonging to different intensive care units. 57% of participants had worked in the hospital for 1 to 5 years. For the unit level safety culture dimension, the maximum composite score of positive response was obtained for "organizational learning- continuous improvement" (67%) followed by "hospital management support for patient safety" (65%). On the other hand only 48% survey participants gave an affirmative opinion with respect to "feedback and communication about error". For the hospital wide dimensions response rate was obtained as 62% for the "teamwork across hospital units" while for the dimension "hospital and transitions", the score came out as 55%. The comparison of composite response among staff of emergency care and other departments revealed no significant association difference for most of the patient safety culture dimension except for feedback and communication about error, teamwork across hospital units and hospital handoffs and transitions (p>0.05) were found to be non- significant.<br>Hence the H1 is rejected and the result is non- significant.[49] |

## V. Conclusion

Based on the findings of the present study it is concluded that the most of the ASHA workers had good knowledge about Ayushman Bharat Yojana. The following conclusions were drawn on the basis of present study.From the findings of the study it can be concluded that national campaign on ayushmanbharatyojana in Dehradun has got a positive impact on health behavior of ASHA workers and their things should be promoted in our society for national growth. From the findings of the study it can be concluded that the demographic variables such as Age, Education, Marital status, Religion, Type of family, Residential area, and Source of information etc. has no significant association with their knowledge score about Ayushman Bharat Yojana.

## References

[1]. Gulani K. K. Community Health Nursing, 1st edition Kumar publishing house pg.- 10
[2]. Home page: Ayushman Bharat. (2018), Retrieved from http://www.abnhpm.gov.in
[3]. India, and News, I. (2018). Cabinet approves the larges government funded Health Program-Ayushman Bharat National Health Protection Mission (NHPM). Retrieved from https://www.ibef.org/news/cabinet-approves-the-largest-goverment-funded-health-programayushman-bharat-national-health-protection-mission-nhpm
[4]. Government of India. Ayushman Bharat-National Health Protection Mission 2018.Available from:
[5]. https://www.india.gov.in/spotlight/ayushman-bharat-nationa-health-protection-mission

[6].    https://indianexpress.com/article/opinion/is-ayushman-bharat-a-game-changer-national-health-insurance-scheme-5054394/
[7].    https://www.studydhaba.com/ayushman-bharat-national-health-protection-mission-ab-nhpm-pdf/
[8].    http://ayushmanbharat.net/framework-for-ayushman-bharat-nationalhealth-protection-mission/
[9].    Ministry of health and family welfare. Operational guidelines on Ayushman Bharat National Health Protection Mission.2018[cited 12 october 2018] Available from
[10].    https://ayushmanbharatharyana.in/assests/pdfs/and www.ayushmanuttarakhand.org
[11].    AB-NHPM%20Operational%Guidelines%20June%202018.pdf.