

# An Interpretative Phenomenological Study to Determine the Degree of Awareness of PMJAY, Public Healthcare, and Medical Insurance within Blue Collar Professionals in Gurgaon

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## ABSTRACT

The Public Healthcare system of India has undergone various reforms throughout its history, with its most recent iteration of reform coming through the National Health Policy in 2017. In particular, the reforms sought to offer an avenue to make private healthcare affordable, through the implementation of Ayushman Bharat - a government-supported health insurance scheme offering a cover of 5 Lakhs per year, per family for treatment at empanelled hospitals.

So far, research has been centered on examining Ayushman Bharat from a theoretical, national level, and if its implementation can be achieved successfully. Here, we examine Ayushman Bharat and the Healthcare system of Gurgaon, Haryana through an interpretative phenomenological study, examining the experiences and knowledge of the healthcare system and Ayushman Bharat of blue collar workers.

The results indicate a disparity in the enrolment and knowledge in Ayushman Bharat based on their state of origin as well as education, and an inconsistent experience with Ayushman Bharat. The results highlight a need to particularly address the migrant community, and to streamline the application process, especially online.

Demographics	Likert Scales	Objective Questions
Age	Success of Healthcare Treatment	Awareness of Medical Insurance
Gender	Cleanliness of Healthcare Facilities	Source of Medical Treatment
Education	Distance to Healthcare Facility	Awareness of PMJAY
Occupation		Enrolment and Utilisation of PMJAY
Family Income and Monthly Healthcare Expenditure		Enrolment in Govt. Schemes
State/Region of Origin		Enrolment/Coverage of Pvt. Insurance

Table 1. Parameters examined under the first phase of research

## INTRODUCTION

The Public Healthcare system of India has undergone a myriad of reforms throughout its history as the country has continued to evolve. The most recent development came in the form of Ayushman Bharat and the National Health Policy of 2017 which sought to prioritize Universal Health Coverage.

Most of the research in this field had been centered on national-level analysis on the feasibility, efficacy, and implementation of Ayushman Bharat (National Health Authority, India, n.d.), and as such, there is a glaring need to examine the specific awareness, accessibility, and availability of Public Healthcare to the least financially prudent sections of the society, which were ultimately the primary focus of these Healthcare reforms.

Further, the COVID-19 Pandemic has highlighted the importance of Public Health Infrastructure and the increased demands which the pandemic yielded.

## METHODOLOGY

An interpretative phenomenological study was undertaken to determine the degree of awareness of PMJAY, Public Healthcare, and Medical Insurance within maids, drivers, gardeners, and security guards, which are all low income professions in Gurgaon, and were confirmed to be through the study itself.

A phenomenological study examines the past experiences of participants to directly approach the stakeholders and thus negates the need to make inferences or assumptions over the target demographic of the study.

The study was divided in two phases, with the first being an objective-question based survey, followed by a qualitative schedule examining Ayushman Bharat in particular to allow for a two-pronged approach to analysis.

Given the flexible nature of an interpretative phenomenological study, the schedule devised for the second phase of research merely served as a general guide, with discussions largely revolving around the experiences in enrolment and usage of Ayushman Bharat. The comparison of their spending patterns of experiences before and after Ayushman Bharat was also discussed. The sample for the first phase of research (objective questionnaire) consisted of 48 participants, of which 16 were female, and 32 male (n = 48). Only 12 participants were native to the state of Haryana, while the remaining were migrants.

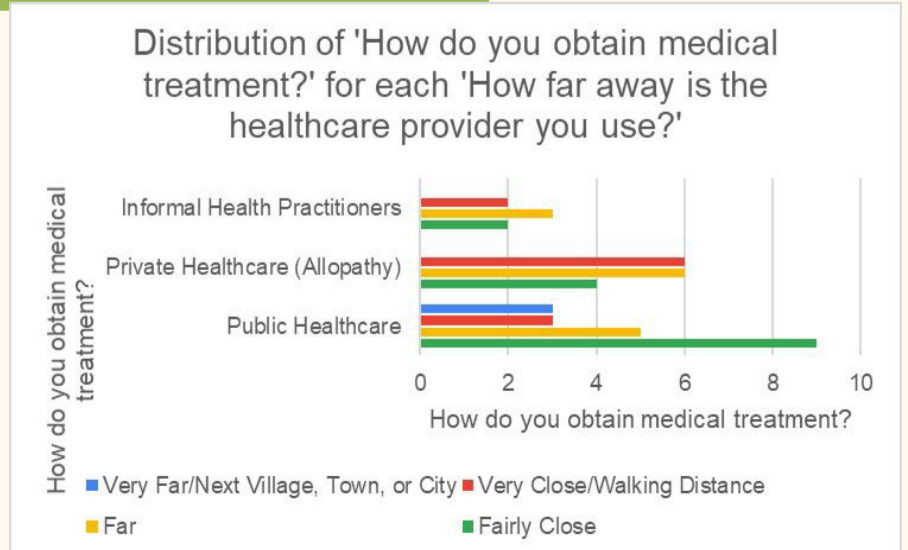


Figure 1.

## RESULTS AND DISCUSSION

The results indicate a parity in the quality and cleanliness of the healthcare facilities, although the distance travelled varied significantly, with public healthcare facilities often being the most far away. Further, education and awareness of medical insurance and by extension Ayushman Bharat had a significant correlation, with those with lesser education showing lesser awareness. The origin of state of also had a significant impact, with those from Haryana having a higher likelihood of being enrolled in Ayushman Bharat (33.3%) vs. migrants (15%). Awareness about Ayushman Bharat also often did not translate to enrolment (approx. 40% of respondents indicated awareness of Ayushman Bharat).

The second phase of research (qualitative schedule) indicated a mixed response with regards to their experience with Ayushman Bharat. Those who obtained a card through a government camp or enrolment drive had a largely seamless process of enrolment, while those who attempted to enrol independently were redirected by empanelled hospitals. A few were also denied treatment at private empanelled hospitals. A participant also indicated difficulties with the website, with the "Am I Eligible" section of the website - used to determine if a family or individual is eligible for Ayushman Bharat - with searching for their name being difficult, or their name not being visible at all.

The results indicate a general lack of awareness of Ayushman Bharat, with a majority having no knowledge of the scheme. As the flagship healthcare scheme of India, further collaboration between the State Governments and the Central Government will be crucial in increasing the outreach of the scheme to migrants, who are disproportionately neglected under the scheme currently, especially as the website interface relies on documentation from their native state. Given the old reference database for determining eligibility (SECC 2011), a requirement to conduct a new survey is also highlighted. Certain states like West Bengal, which have rejected to implement Ayushman Bharat, also negatively impact their migrant communities, as the results indicate that the primary source of enrolment is government outreach. The highly developed, urban landscape of Gurgaon would also negate the significance of distance of healthcare facilities to a large degree, which would otherwise limit choice of empanelled hospitals or facilities in rural regions of India. The study is limited by its small sample size, as well as the sample itself - which disproportionately included migrants. Certain respondents were also confused between different government schemes, and as such, certain responses could not be included in the study. In certain situations, a lack of proficiency in Hindi also served as a limitation.

Distribution of 'How do you obtain medical treatment?' for each 'How effective/successful do you think your healthcare treatment has been so far?'

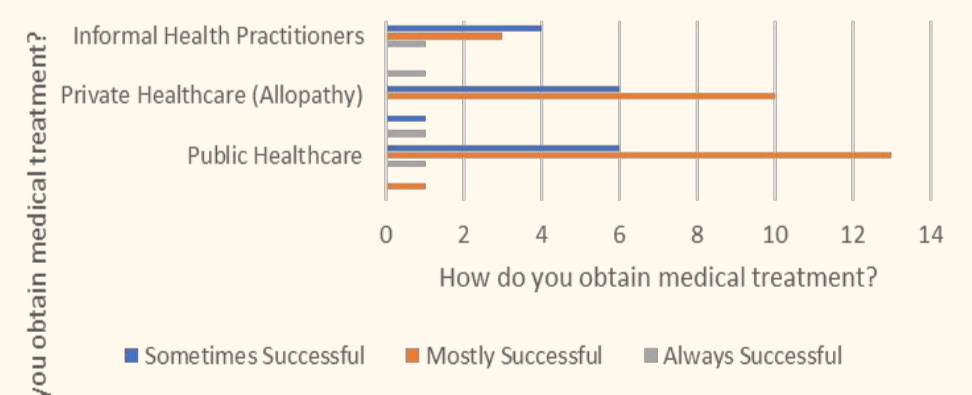


Figure 3.

Distribution of 'Education' for each 'Do you know what medical insurance is?'

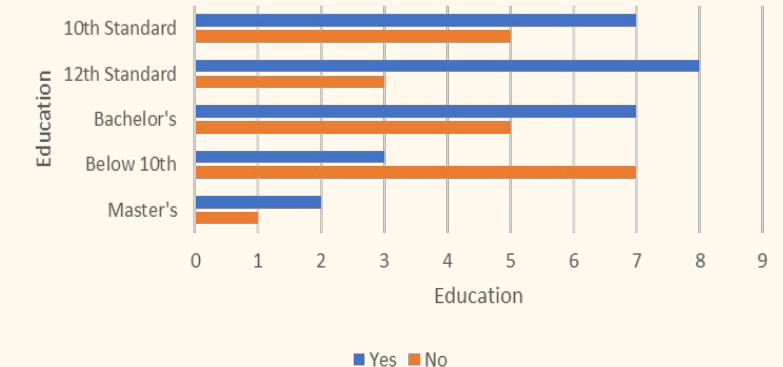


Figure 2.

## CONCLUSIONS

A majority of respondents were not aware of Ayushman Bharat, but most reflected a satisfactory experience in healthcare facilities. As such, the need for outreach efforts to migrant communities in particular is highlighted, who were disproportionately unaware of Ayushman Bharat. A need to streamline the application process is also highlighted, which is currently dependent on an outdated database. Future research should focus other penetration of Ayushman Bharat in rural regions.

## REFERENCES

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