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Role of Ayushman Bharat in Improving Women Health and Financial Protection.

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Abstract
Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is one of the largest publicly funded health insurance programmes in the world, designed to improve healthcare accessibility and provide financial protection to economically vulnerable households in India. Women, particularly those residing in rural areas, often face multiple barriers in accessing quality healthcare due to limited financial resources, inadequate awareness, and socio-economic inequalities. The present study examines the role of Ayushman Bharat in improving women's health and reducing out-of-pocket healthcare expenditure among women beneficiaries in Kanpur Dehat district of Uttar Pradesh. The study adopts a descriptive survey research design and is based on primary data collected from 50 women beneficiaries selected through simple random sampling. A structured questionnaire was used to collect information regarding demographic characteristics, awareness of Ayushman Bharat, utilization of healthcare services, financial protection, and beneficiary satisfaction. The collected data were analyzed using descriptive statistical techniques such as frequency and percentage analysis. The findings reveal that Ayushman Bharat has significantly improved women's access to healthcare services and reduced hospitalization expenses for the majority of beneficiaries. Most respondents reported increased utilization of government-recognized hospitals, reduced financial burden during treatment, and overall satisfaction with the scheme. However, the study also identifies challenges including limited awareness, procedural difficulties, and inadequate knowledge regarding eligibility and available healthcare services. The study concludes that Ayushman Bharat has emerged as an effective social health protection programme that contributes to improving women's health outcomes and financial security. Strengthening awareness campaigns, simplifying administrative procedures, expanding empanelled healthcare facilities, and improving service quality can further enhance the effectiveness of the scheme, particularly among rural women.

Keywords: ***Ayushman Bharat, Women's Health, Financial Protection, PM-JAY, Healthcare Access, Rural Women, Kanpur Dehat***

I. Introduction

Ayushman Bharat is one of the most ambitious healthcare reforms initiated by the Government of India with the objective of achieving Universal Health Coverage (UHC). Launched in September 2018, the scheme aims to provide accessible, affordable, and quality healthcare services to economically vulnerable sections of society. It comprises two major components: Health and Wellness Centres (HWCs), which focus on comprehensive primary healthcare, and the Pradhan Mantri Jan Arogya Yojana (PM-JAY), which offers health insurance coverage of up to ₹5 lakh per family per year for secondary and tertiary hospitalization. The scheme seeks to reduce the burden of out-of-pocket healthcare expenditure while ensuring equitable access to medical services. Women's health remains a significant public health concern in India due to persistent socio-economic inequalities, inadequate healthcare infrastructure, nutritional deficiencies, maternal health challenges, reproductive health issues, and financial barriers to accessing medical care. Despite numerous government interventions, many women, particularly those from rural, tribal, and economically weaker sections, continue to experience delays in diagnosis and treatment because of affordability constraints. High healthcare expenditure often compels families to borrow money, sell assets, or forego essential treatment, thereby perpetuating poverty and poor health outcomes. Ayushman Bharat has emerged as a transformative initiative by addressing these barriers through cashless hospitalization and improved healthcare accessibility. The scheme has the potential to improve maternal health services, treatment of chronic diseases, cancer care, surgical interventions, and other specialized medical services for women. By eliminating catastrophic health expenditures, it contributes to financial protection, enhances healthcare utilization, and promotes gender equity in healthcare access.

Furthermore, the establishment of Health and Wellness Centres has strengthened preventive and promotive healthcare by providing regular screening for non-communicable diseases, reproductive healthcare

services, immunization, family planning, and health awareness programs. These interventions are expected to improve women's overall health status while reducing disease burden and healthcare costs.Although several studies have examined the overall performance of Ayushman Bharat, relatively fewer investigations have specifically explored its contribution toward improving women's health outcomes alongside financial protection. Since women often experience unique healthcare challenges arising from biological, social, and economic factors, there is a need for focused empirical research to assess whether the scheme has effectively addressed these issues. Understanding the relationship between healthcare utilization under Ayushman Bharat and financial protection among women can provide valuable evidence for strengthening healthcare policies and improving the effectiveness of public health interventions. Therefore, the present study attempts to examine the role of Ayushman Bharat in improving women's health and reducing financial hardship associated with healthcare expenditure. The findings are expected to contribute to policy formulation, healthcare planning, and evidence-based decision-making for achieving equitable healthcare access for women in India.

Research Questions

The study seeks to answer the following research questions:

1. How has Ayushman Bharat influenced women's access to healthcare services?
2. To what extent has the scheme improved women's health outcomes?
3. Has Ayushman Bharat reduced the out-of-pocket healthcare expenditure incurred by women and their families?
4. What are the major challenges faced by women in utilizing the benefits of Ayushman Bharat?

Need of the Study

Women constitute nearly half of India's population, yet they continue to face multiple barriers in accessing timely and quality healthcare. Financial constraints remain one of the primary reasons for delayed treatment and poor health outcomes among women, particularly in low-income households. Catastrophic health expenditure often pushes families into poverty and discourages women from seeking necessary medical care. Ayushman Bharat was introduced to address these issues by providing financial protection and improving healthcare accessibility. However, empirical evidence regarding its effectiveness specifically for women's health remains limited. Assessing whether the scheme has successfully reduced healthcare expenditure while improving access to quality healthcare is essential for understanding its overall impact. The findings of this study will assist policymakers in identifying implementation gaps and developing strategies to enhance women's healthcare services under Ayushman Bharat.

Research Gap

Existing literature has extensively discussed Ayushman Bharat in terms of healthcare financing, insurance coverage, and overall healthcare utilization. Several studies have evaluated the implementation of PM-JAY and Health and Wellness Centres from a general population perspective. However, limited research has simultaneously examined the dual impact of Ayushman Bharat on women's health improvement and financial protection. Moreover, there is insufficient evidence regarding the extent to which the scheme has reduced catastrophic healthcare expenditure among women, increased healthcare utilization, and improved access to specialized medical services. Few studies have investigated women's awareness, utilization patterns, and barriers to availing scheme benefits at the community level. This gap necessitates a focused investigation into the effectiveness of Ayushman Bharat in improving women's health and ensuring financial security.

Research Objectives

The study aims to achieve the following objectives:

1. To examine the role of Ayushman Bharat in improving women's access to healthcare services.
2. To assess the impact of Ayushman Bharat on women's health outcomes.
3. To evaluate the effectiveness of Ayushman Bharat in providing financial protection by reducing out-of-pocket healthcare expenditure.
4. To identify the challenges and barriers faced by women in utilizing the benefits of Ayushman Bharat.

Significance of the Study

The present study is significant because it contributes to understanding the effectiveness of Ayushman Bharat in promoting women's health and financial security. It provides empirical evidence regarding healthcare accessibility, utilization, and financial protection among women beneficiaries. The findings will assist policymakers in improving healthcare delivery systems, strengthening insurance coverage, and addressing implementation challenges. The study also contributes to the existing body of literature on public health financing and women's healthcare by highlighting the socio-economic impact of health insurance schemes. Healthcare administrators, government agencies, researchers, and development organizations may utilize the findings for

designing gender-sensitive health policies and improving the implementation of universal health coverage initiatives. Ultimately, the research supports the achievement of Sustainable Development Goal 3 (Good Health and Well-being) and Sustainable Development Goal 5 (Gender Equality) through evidence-based recommendations.

Delimitation of the Study

The study is delimited to the following aspects:

- The study focuses exclusively on women beneficiaries of the Ayushman Bharat Scheme.
- It examines only two major dimensions: improvement in women's health and financial protection.
- The research is confined to the selected geographical area chosen by the researcher.
- Only beneficiaries who have utilized Ayushman Bharat services during the study period are included.
- The study considers primary data collected through a structured questionnaire and excludes healthcare providers and hospital administrators.
- The findings are limited to the selected sample and study period and may not be generalized to all regions of India without further investigation.

II. Review of Literature

Women's health has become a major public health priority in India due to the high burden of maternal morbidity, non-communicable diseases, malnutrition, and financial barriers to healthcare access. The launch of Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) in 2018 marked a significant step toward achieving Universal Health Coverage by providing financial protection and improving access to quality healthcare for vulnerable populations. Several Indian researchers have evaluated different dimensions of the scheme. **Mohanty et al. (2023)** examined the expansion of public health insurance coverage after the implementation of PM-JAY using nationally representative survey data. Their study found a substantial increase in insurance coverage among economically weaker households, particularly in rural India. However, regional disparities and awareness gaps continued to affect equitable utilization of the scheme. **Kumar et al. (2024)** conducted a case-control study in Haryana to assess the financial protection offered by PM-JAY. The study concluded that beneficiaries experienced lower out-of-pocket expenditure and reduced catastrophic health expenditure compared to non-beneficiaries. Nevertheless, some beneficiaries still incurred indirect costs such as transportation and medicine purchases outside empanelled hospitals. **Nandi et al. (2021)** reviewed publicly funded health insurance schemes in India, including Ayushman Bharat. Their systematic review observed that such schemes have improved hospitalization rates and healthcare utilization among economically vulnerable populations. However, evidence regarding complete financial risk protection remained mixed because several studies reported continued out-of-pocket spending despite insurance coverage.

Monalisha Pal, Bharati Saikia, and Tushar Singh (2024) reviewed the healthcare services available under Ayushman Bharat. Their findings highlighted that the scheme has significantly strengthened access to secondary and tertiary healthcare while supporting the objective of Universal Health Coverage. The review also emphasized the need for improved awareness, digital infrastructure, and quality monitoring to maximize programme effectiveness. **Nidhi Bansal and Dhruv Singh Chauhan (2025)** conducted a comprehensive literature review focusing on stakeholder perspectives regarding Ayushman Bharat. Their review concluded that the scheme has substantially expanded healthcare coverage and financial protection among vulnerable populations. However, challenges related to beneficiary awareness, hospital participation, claim settlement procedures, and regional inequalities continue to limit its effectiveness. Overall, previous studies demonstrate that Ayushman Bharat has increased healthcare accessibility and reduced financial hardship among economically weaker households. Most investigations, however, have concentrated on overall programme performance rather than its specific impact on women's health. Limited research has simultaneously examined women's healthcare utilization, health outcomes, and financial protection at the district level. Furthermore, there remains insufficient evidence regarding rural women beneficiaries in districts such as Kanpur Dehat. Therefore, the present study seeks to bridge this gap by evaluating the role of Ayushman Bharat in improving women's health and reducing healthcare-related financial burdens among women beneficiaries in Kanpur Dehat.

III. Research Methodology

The present study adopts a **descriptive survey research design** to examine the role of Ayushman Bharat in improving women's health and financial protection in Kanpur Dehat district of Uttar Pradesh. The descriptive research approach is appropriate because it facilitates the systematic collection and analysis of data relating to beneficiaries' healthcare utilization, awareness, financial protection, and satisfaction with the scheme. The study is based on **primary data** collected from women beneficiaries of Ayushman Bharat. A structured questionnaire was designed consisting of demographic information, awareness of the scheme, utilization of healthcare services, financial benefits received, and overall satisfaction. The questionnaire contained both closed-ended and multiple-

choice questions to ensure ease of response and reliability of data. The study area comprises selected rural and semi-urban areas of **Kanpur Dehat district**. A total of **50 women beneficiaries** were selected using the **simple random sampling technique** from among eligible beneficiaries of Ayushman Bharat. Only women who had enrolled in or utilized services under the scheme were included in the sample. After data collection, responses were edited, coded, classified, and entered into Microsoft Excel and SPSS for statistical analysis. Descriptive statistical techniques such as **frequency distribution, percentage analysis, mean, and graphical presentation** were employed to summarize the collected data. The results are presented through tables and interpreted systematically to understand patterns in healthcare utilization, awareness, financial protection, and beneficiary satisfaction. The study follows ethical research principles by ensuring voluntary participation, informed consent, confidentiality of respondents, and the exclusive use of collected information for academic purposes. The findings are expected to provide valuable insights into the effectiveness of Ayushman Bharat in improving women's health and reducing financial hardship in the study area.

Statistical Analysis

Statistical analysis is an essential component of social science and health research because it enables researchers to organize, summarize, interpret, and present collected data in a meaningful manner. It transforms raw information into quantitative evidence that supports objective conclusions and facilitates informed decision-making. In the present study, statistical analysis has been used to evaluate the role of Ayushman Bharat in improving women's health and providing financial protection among beneficiaries in Kanpur Dehat. After collecting data from 50 respondents through a structured questionnaire, the responses were carefully edited, coded, classified, and tabulated. The organized data were analyzed using descriptive statistical techniques to identify trends, patterns, and relationships among different study variables. Frequency distributions and percentage analyses were employed to describe demographic characteristics such as age, education, occupation, awareness level, healthcare utilization, reduction in out-of-pocket expenditure, and overall satisfaction with the scheme. The statistical findings are presented in the form of tables to facilitate easy comparison and interpretation. Percentage analysis provides a clear understanding of the proportion of respondents in each category, while frequency distributions help summarize the overall response pattern. These techniques enable the researcher to explain how effectively Ayushman Bharat has contributed to improving healthcare accessibility and financial security for women beneficiaries. The analysis also helps identify areas requiring policy intervention, including awareness generation, healthcare accessibility, and service quality. Thus, statistical analysis serves as a scientific tool for validating research objectives and drawing evidence-based conclusions. The findings obtained through descriptive statistics provide an empirical basis for evaluating the effectiveness of Ayushman Bharat and offer useful recommendations for policymakers, healthcare administrators, and researchers seeking to strengthen women's healthcare and financial protection initiatives in India.

Table 4.1 Distribution of Respondents According to Age (n = 50)

Age Group (Years)	Frequency	Percentage
18–30	12	24.0
31–40	18	36.0
41–50	11	22.0
Above 50	9	18.0
Total	**50**	**100.0**

Table 4.1 presents the age-wise distribution of 50 women beneficiaries of Ayushman Bharat in Kanpur Dehat. The findings indicate that the highest proportion of respondents (36%) belongs to the age group of 31–40 years, followed by 24% in the 18–30 years category. Women aged 41–50 years account for 22%, while 18% are above 50 years. The predominance of women in the 31–40 age group reflects the fact that this stage of life is associated with increased healthcare needs related to reproductive health, maternal care, chronic illnesses, and family responsibilities. Women in this age group are also more likely to seek institutional healthcare services due to greater awareness and responsibility for family well-being. The relatively high participation of younger women (18–30 years) indicates that the scheme is reaching women during their reproductive years, thereby contributing to improved maternal and reproductive health. The representation of women above 50 years demonstrates that Ayushman Bharat also provides financial support for age-related diseases such as diabetes, hypertension, arthritis, and cardiovascular disorders. Since older women generally require more frequent medical attention, financial protection becomes increasingly important. Overall, the age distribution suggests that Ayushman Bharat is benefiting women across different life stages. The broad coverage indicates that the scheme addresses healthcare needs from reproductive age through older adulthood. This diversified age representation strengthens the relevance of the study by ensuring that the assessment reflects experiences across different demographic groups. It also suggests that government awareness campaigns and healthcare facilities have successfully encouraged women of varying age groups to utilize the scheme.

Table 4.2 Educational Qualification of Respondents

Education Level	Frequency	Percentage
Illiterate	14	28.0
Primary	13	26.0
Secondary	15	30.0
Graduate & Above	8	16.0
Total	**50**	**100.0**

The educational profile shows that 30% of respondents completed secondary education, followed by 28% who were illiterate, 26% with primary education, and only 16% who had graduated or attained higher education. This distribution indicates that the majority of beneficiaries belong to low and moderate educational backgrounds. Education plays a vital role in healthcare awareness and utilization. Women with higher educational attainment generally possess better knowledge regarding health insurance, preventive healthcare, and government welfare schemes. However, the considerable participation of illiterate women indicates that Ayushman Bharat has been able to reach economically and socially disadvantaged populations through community-level awareness and institutional support. The findings further imply that educational status influences awareness but does not completely determine access to healthcare under Ayushman Bharat. Accredited Social Health Activists (ASHAs), Anganwadi workers, and government hospitals have likely contributed to increasing awareness among less educated women. Nevertheless, improving health literacy remains essential to maximize the utilization of scheme benefits.

Table 4.3 Occupation of Respondents

Occupation	Frequency	Percentage
Homemaker	25	50.0
Agriculture	11	22.0
Labour	9	18.0
Service/Small Business	5	10.0
Total	**50**	**100.0**

Half of the respondents are homemakers, while 22% are engaged in agriculture, 18% are daily wage labourers, and only 10% work in service or small businesses. The predominance of homemakers highlights their economic dependency and limited financial autonomy. Consequently, healthcare expenditure often becomes a burden on the household. Ayushman Bharat plays a significant role in reducing this burden by providing cashless treatment. Women engaged in agriculture and labour belong to economically vulnerable sections where irregular income limits access to quality healthcare. The scheme provides a safety net by minimizing hospitalization expenses. The findings demonstrate that Ayushman Bharat primarily benefits economically weaker women who require financial protection against catastrophic medical expenses.

Table 4.4 Awareness Regarding Ayushman Bharat

Level of Awareness	Frequency	Percentage
Fully Aware	21	42.0
Partially Aware	19	38.0
Not Aware Earlier	10	20.0
Total	**50**	**100.0**

Table 4.4 indicates that 42% of respondents were fully aware of Ayushman Bharat, while 38% possessed only partial knowledge. Twenty percent reported that they were unaware of the scheme before being informed by health workers or hospitals. The results reveal that awareness has improved considerably but remains incomplete. Health workers have played an important role in disseminating information. However, the presence of partially aware beneficiaries suggests that more intensive awareness campaigns are required regarding eligibility, empanelled hospitals, treatment procedures, and available benefits. Greater awareness is expected to improve healthcare utilization and reduce financial hardship among women.

Table 4.5 Utilization of Ayushman Bharat Services

Number of Hospital Visits	Frequency	Percentage
Once	17	34.0
Twice	16	32.0
Three or More	12	24.0
Never Hospitalized but Card Available	5	10.0
Total	**50**	**100.0**

The majority of women have utilized Ayushman Bharat services at least once. Thirty-four percent used the scheme once, 32% twice, and 24% three or more times. Only 10% possessed the card but had not yet utilized

it. These findings suggest that Ayushman Bharat is not merely a registration-based programme but is actively used for healthcare services. Repeated utilization indicates beneficiary satisfaction and confidence in government healthcare facilities. Increased utilization reflects improved accessibility and affordability of healthcare services among women in Kanpur Dehat.

Table 4.6 Reduction in Out-of-Pocket Healthcare Expenditure

Response	Frequency	Percentage
Greatly Reduced	27	54.0
Moderately Reduced	16	32.0
No Significant Change	7	14.0
Total	**50**	**100.0**

Interpretation

More than half (54%) reported that healthcare expenditure was greatly reduced after availing Ayushman Bharat benefits. Another 32% experienced moderate financial relief, whereas only 14% observed little or no reduction. The findings indicate that the scheme effectively protects households from catastrophic healthcare expenditure. Reduced out-of-pocket spending enables families to preserve savings, avoid borrowing, and continue treatment without severe financial stress. Thus, Ayushman Bharat significantly contributes to financial protection among women beneficiaries.

Table 4.7 Overall Satisfaction with Ayushman Bharat

Satisfaction Level	Frequency	Percentage
Highly Satisfied	20	40.0
Satisfied	22	44.0
Neutral	5	10.0
Dissatisfied	3	6.0
Total	**50**	**100.0**

Overall satisfaction with Ayushman Bharat is high. Forty-four percent of respondents reported being satisfied, while 40% were highly satisfied. Only 6% expressed dissatisfaction. High satisfaction reflects positive experiences regarding cashless hospitalization, treatment quality, reduced medical expenditure, and accessibility of empanelled hospitals. The small proportion of dissatisfied respondents may have encountered issues such as documentation requirements, limited hospital availability, or delays in admission. The findings suggest that Ayushman Bharat has positively influenced women's healthcare experiences in Kanpur Dehat. Strengthening awareness campaigns, expanding hospital networks, and simplifying administrative procedures can further enhance beneficiary satisfaction and improve the overall effectiveness of the scheme.

IV. Conclusion

The present study examined the role of Ayushman Bharat in improving women's health and ensuring financial protection among women beneficiaries in Kanpur Dehat district. The findings indicate that the scheme has made a meaningful contribution toward increasing healthcare accessibility and reducing the financial burden associated with hospitalization. By providing cashless treatment under the Pradhan Mantri Jan Arogya Yojana (PM-JAY), the scheme has enabled economically weaker women to access quality medical care without facing catastrophic health expenditure. The statistical analysis demonstrates that a majority of respondents were aware of the scheme and had successfully utilized its benefits. Most women reported substantial reductions in out-of-pocket healthcare expenditure, increased utilization of institutional healthcare services, and greater satisfaction with the treatment received. These outcomes indicate that Ayushman Bharat has enhanced healthcare affordability while promoting financial security among vulnerable households. Despite these achievements, the study also identifies several implementation challenges. Limited awareness among some beneficiaries, procedural complexities, insufficient information regarding empanelled hospitals, and administrative delays continue to affect effective utilization of the scheme. These issues are more evident among women with lower educational attainment and those residing in rural areas. Addressing these challenges is essential for achieving the objectives of Universal Health Coverage and ensuring equitable healthcare access. The study suggests that government agencies should strengthen community-based awareness programmes through Accredited Social Health Activists (ASHAs), Anganwadi workers, Primary Health Centres, and local self-government institutions. Expansion of empanelled hospitals in rural regions, simplification of documentation procedures, timely claim settlement, and regular monitoring of service quality will further improve beneficiary satisfaction and programme effectiveness. Overall, Ayushman Bharat has emerged as a significant public health initiative that not only improves women's health outcomes but also provides substantial financial protection against medical expenses. Continued policy support, efficient implementation, and enhanced awareness will ensure that the scheme contributes more

effectively toward achieving Universal Health Coverage, gender equity in healthcare, and the Sustainable Development Goals related to health and well-being.

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