

Original Research Article

A quasi-experimental study to assess the effectiveness of planned teaching program on knowledge regarding Ayushman Bharat Yojana among community people in Panchayatan village, Greater Noida, Uttar Pradesh

Bharati Saikia^{1*}, Monalisha Pal¹, Wichamjailiu Ringkangmai², Suresh Krishnan³

¹Department of Community Health Nursing, SSNSR, Sharda University, Knowledge Park 3, Greater Noida, Uttar Pradesh, India

²Department of Child Health Nursing, Government Institute of Medical Science, Greater Noida, Uttar Pradesh, India

³Department of Preventive Medicine, Junior Resident, Indira Medical College and Hospital, Tamil Nadu, India

Received: 29 September 2023

Accepted: 31 October 2023

*Correspondence:

Dr. Bharati Saikia,

E-mail: bharati.saikia@sharda.ac.in, bharatijipmer2021@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: The Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY) is India's government-funded health care program that benefits more than 10.74 million poor and vulnerable families. While Pradhan Mantri Jan Arogya Yojana (PMJAY) has helped to correct state imbalances in health care spending, it has not been sufficient to compensate for the inherent fiscal difficulties of poor states. Ayushman Bharat is a holistic need-based health care service which was developed to accomplish the sustainable development goals (SDGS). The purpose of conducting this research is to assess the knowledge regarding Ayushman Bharat Yojana to the people of Panchayatan village, Greater Noida.

Methods: A quasi-experimental research design and convenience sampling technique was used to assess the effectiveness of planned teaching program on knowledge regarding Ayushman Bharat Yojana among 59 community people in Panchayatan village Greater Noida.

Results: The study found that majority of the samples (64.4%) was between the ages of 16-35 years, (83.1%) were having no previous knowledge and (86.4%) were having no source of information. The findings show mean value of 11.7 ± 4.16 knowledge level regarding Ayushman Bharat Yojana. The post-test mean score was 13.7 which was greater than the pre-test means score 9.6. Results show a significant association between the knowledge scores (post-test) with age ($p=0.051$) and monthly income ($p=0.019$).

Conclusions: The findings concluded that the planned teaching program on knowledge regarding Ayushman Bharat Yojana among community people in Panchayatan village was effective in increasing the knowledge among community people.

Keywords: Ayushman Bharat Yojana, Knowledge, Planned teaching program, PMJAY

INTRODUCTION

Ayushman Bharat is a holistic solution for a healthy India-PM Narendra Modi. The universal health care project Ayushman Bharat's major goal is to expand access to basic, secondary, and tertiary healthcare in India. It also

aims to increase both the affordability and accessibility of these services.¹

To aid economically disadvantaged families, the Indian government launched the Ayushman Bharat Yojana, commonly known as the Pradhan Mantri Jan Arogya

Yojana (PMJAY), in September 2018.² According to the World Health Organization, universal health coverage (UHC) is an idea that enables people and communities to have secure access to the preventive, therapeutic, rehabilitative, and supportive health services they need. The overarching principle of Ayushman Bharat is that flexibility and cooperative federalism are the characteristics of a state.³

Rastriya Swasthya Bima Yojana (RSBY) and the Senior Citizen Health Insurance Scheme (SCHIS) are two ongoing, centrally financed health insurance programs that will be used to implement the Ayushman Bharat Yojana-National Health Protection Scheme (AB-NHPM). The underprivileged and marginalized segments of the population who could not be offered both tertiary and secondary care could get financial aid from this insurance program.⁴

More than 10.74 million poor and vulnerable households are beneficiaries of India's government-funded health care program, Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB-PMJAY). The Pradhan Mantri Jan Arogya Yojana (PMJAY), while beneficial to combat state disparities in health care spending, has not been able to fully make up for the poorer states' inadvertent economic challenges.⁵ This initiative was developed to accomplish the sustainable development goals (SDGs) and its unquestioning promises, which is to "leave no one behind". Ayushman Bharat represents a shift away from a sectoral and fragmented approach to a comprehensive, tailored system of healthcare. The Ayushman Bharat Yojana is broken into two primary phases in order to accomplish the objectives. The first two are health and wellness centres, while the second is the national health protection scheme.⁶

On the occasion of Independence Day 2018, Indian prime minister honourable Narendra Modi announced the launch of his ambitious universal social health scheme, 'Ayushman Bharat', from Red Fort, the capital of New Delhi. The Ayushman Bharat health care scheme has been introduced with the intention of providing affordable healthcare to an estimated 200,000 people. There are 500 million economically poorer Indian citizens.⁷

The health care initiative's main goal is to lessen the economic strain placed on the poor and vulnerable populations as a result of an unexpected need for medical treatment or hospitalization brought on by an accident or other acute reasons. The scheme aims to provide affordable healthcare services to the needy around the world. Four out of every five Indian citizens are financially poor and are often under financial strain as a result of a medical crisis.⁸

Ayushman Bharat- Pradhan Mantri Jan Arogya Yojana (PM-JAY) has the following characteristics:

The plan intends to reach about 500 million Indians. It provides around 1350 hospital services, covering surgery,

surgical and day care services, medication and diagnostics costs, as well as a hospitalization fee of up to Rs. 50,000 per month. To those who are eligible, 5,00,000 per family per year is provided.⁹

The program does not necessitate formal enrolment or registration. There are no restrictions on the size of the family or existing illnesses under the plan. All public and accredited private hospitals in India are eligible to use the program's benefits for tertiary care as well as secondary hospitalization.

The entitlement to the scheme is based on the socio-economic caste census (SECC) 2011 data that showed who the impoverished were, deprived rural families approximating to around 10.74 crores and also certain occupational category of urban worker's families. The families enrolled under the scheme of Rastriya Swasthya Bima Yojana (RSBY) which were not covered under SECC data have also been included in the scheme.¹⁰

An easy way to assess the eligibility has been included. Individuals can check their eligibility by visiting www.mera.pmjay.gov.in or calling the toll-free number 14555.

In furthermore, the government has laid out necessities for the clan families who will not be eligible for program benefits. Homes with a motorized 2/3/4-wheeler or fishing boat, automated three- or four-wheeled agricultural equipment, and farmers with a kisan credit card with a credit limit of more than Rs. 20,000 are a few examples of these. A family member is regarded as a government employee if they make more than Rs. 50,000 annually, paying revenue taxation or professional taxation, owning a home with three or more rooms with pucca walls and roof, having a refrigerator and a landline phone, and having more than 2.5 acres of property that is irrigated with one irrigation system, among other things.⁶ 12 million individuals in the western Pacific region lost their lives to NCDs in 2019.

Despite improvements in lowering NCD-related premature mortality from 2000 to 2010, progress in several nations over the past ten years has been undone by new risk factors and shifting environmental conditions.⁷

More than 1 lakh beneficiaries have been served by the scheme, which includes more than 14,000 empanelled hospitals, within a month of its inception.

The goal of this study was to inform the residents of Panchayatn Village in Greater Noida about the Ayushman Bharat Yojana. With the help of this scheme many people and their family members of this village can register themselves. Whenever needed, people can avail of its benefits and utilize the scheme.

Objectives of the study

To assess the level of knowledge regarding Ayushman Bharat Yojana among community people in Panchayatan village, Greater Noida, Uttar Pradesh. To evaluate the effectiveness of planned teaching program on knowledge regarding Ayushman Bharat Yojana among community in Panchayatan village, Greater Noida, UP. To find out association between level of knowledge regarding Ayushman Bharat Yojana with selected demographic variables among community people in Panchayatan village, Greater Noida, UP.

METHODS

Research approach

The research approach selected for present study was the quantitative research approach.

Research design

In this study a quasi-experimental (one group pre-test and post-test) research design is used to assess the effectiveness of knowledge regarding Ayushmann Bharat scheme among people of Panchayatan village greater Noida, Uttar Pradesh.

Research setting

This study was conducted at Panchayatan village of Greater Noida, Uttar Pradesh.

Sample size

The samples for present study were 59 people of Panchayatan village, Greater Noida.

Inclusive criteria

People of Panchayatan village, Greater Noida. Participants who all were willing to participate in the study. People available at the time of data collection. Participants who can read and write Hindi and English.

Sampling technique

In this study convenience sampling technique was used.

Description of the tool

Tool consists of part A and Part B.

Part A: socio demographic variables

The socio demographic variables included in the study are age, religion, gender, educational, marital status, family income, housing, previous knowledge and source of information.

Part B: self-structured questionnaire on Ayushmann Bharat Yojana

Self-structured questionnaire was developed to assess the level of knowledge regarding Ayushmann Bharat Yojana. The questionnaire consists of 20 questions. Researcher have interviewed the participants using self-structured questionnaire. Score was given as 1 for each correct answer and 0 for every wrong answer.

Pilot study

After obtaining the formal ethical permission from the committee of SSNSR, Sharda University, Greater Noida, the pilot study was conducted from 22 February 2023 to 29 February 2023. 11 people from Rauni village were selected for the study. Pre-test was conducted on 22 February 2023 by using self-structured knowledge questionnaire. The average time taken by each person to fill the questionnaire was 10 to 15 minutes. Post test was conducted after one week of intervention further study i.e., on 29 February 2023. Investigator proceeded with the actual data collection for the main study.

Reliability of the tool

Reliability of structured knowledge questionnaire was assessed by using Cronbach's alpha which was found to be 0.96.

Ethical consideration

The ethical Clearance was obtained from ethical committee Sharda University, Greater Noida prior to the commencement of data collection and is as listed below:

Data collection procedure

After attaining ethical permission from Sharda School of Nursing Science and Research, Sharda University, samples were selected on the basis of inclusion criteria and by convenient sampling technique. The purpose of the study was explained to the participant and informed consent was taken from them. The interview was taken using self-structured questionnaire from the people of Panchayatan village Greater Noida.

Plan for data analysis

Data analysis plan was divided into 3 sections:

Section-I: Description of socio demographic variables.

Section-II: Effectiveness of planned teaching program on knowledge regarding Ayushman Bharat Yojana among community people in Panchayatan.

Section-III: Association between knowledge score with selected demographic variable.

Data analysis and interpretation

The study's chosen objectives were taken into consideration when conducting the analysis and interpretation. Data was transferred to a master data sheet after data collection. Descriptive and inferential statistics were used for data analysis and interpretation.

Hypothesis

Hypothesis is the explanation of the relationship between two variables. It suggests that an independent and dependent variable have a predictable connection.

Ho: There would be no significant association between the knowledge regarding Ayushman Bharat Yojana Scheme and socio demographic variables at 0.05 level of significance.

H1: There would be a significant association between knowledge regarding Ayushman Bharat Yojana Scheme and socio demographic variables at 0.05 level of significance.

RESULTS

Findings were organized under the following sections: Section-I: Description of Socio demographic variables. Section-II: Knowledge score of participants. Section-III: Effectiveness of planned teaching program on knowledge regarding Ayushman Bharat Yojana among community people in Panchayatan. Section-IV: Association between knowledge score with selected demographic variable.

Section-I: description of socio demographic variables

Table 1 shows that, (64.4%) of the participants were in the age group of 16-35 years, most (96.6%) of them belong to Hinduism, (67.8%) were females, (30.5%) were educated till primary school certificate, (32.2%) were having monthly income above Rs. 7770, (71.2%) were married, (84.7%) were residing in Pacca houses, (83.1%) have no previous knowledge regarding Ayushman Bharat Yojana and (86.4%) have no source of information regarding Ayushman Bharat Yojana.

Table 1: Frequency and percentage distribution of participants based on variables (n=59).

Background variables	Frequency	%
Age in years		
16-25	19	32.2
26-35	19	32.2
36-55	12	20.3
Above 55	9	15.3
Religion		
Hindu	57	96.6
Muslim	2	3.4
Sikh	0	0
Others	0	0
Gender		
Male	19	32.2
Female	40	67.8
Education		
No formal education	13	22.0
Primary/middle school certificate	18	30.5
High school certificate	9	15.3
Intermediate or post high school certificate	17	28.8
Graduate or postgraduate	2	3.4
Marital status		
Married	42	71.2
Widow	5	8.5
Divorced	0	0
Unmarried	12	20.3
Monthly income		
7770 and above	19	32.2
3808-7769	5	8.5
2253-3808	19	32.2
1166-2253	16	27.1

Continued.

Background variables	Frequency	%
Less than 1166	0	0
Housing		
Kachcha house	9	15.3
Pacca house	50	84.7
Previous knowledge		
Yes	6	10.2
No	49	83.1
Little bit	4	6.8
Source of information		
Television	0	0
Social media	0	0
Health department	1	1.7
Family and friends	7	11.9
No source	51	86.4

Section-II: knowledge score of participants

Table 2 shows that the majority of the participants were having poor knowledge (62.71%) and 33.90% were having average knowledge.

Table 2: Descriptive statistics of the participants based on knowledge scores (knowledge profile).

Knowledge score	Pre-test (f)	Percentage
Good (14-20)	2	3.39
Average (7-13)	20	33.90
Poor (0-6)	37	62.71

Table 3: Knowledge score of the participants based on pre-test and post-test.

Test	Knowledge score		
	N	Mean	SD
Pre-test	59	9.69	5.18
Post-test	59	13.71	3.14

Table 3 shows that the mean knowledge score of the participants was 11.7±4.1.

Table 4: Effectiveness of planned teaching program on knowledge regarding Ayushman Bharat Yojana among community people in panchayatan (n=59).

Test	Knowledge score			Mean difference	Paired t-test	P value
	N	Mean	SD			
Pre-test	59	9.69	5.18	4.01	4.82	0.000*
Post-test	59	13.71	3.14			

(p<0.05-Significance level, S: Significant).

Table 5: Association between the knowledge score (pre-test) with selected demographic variables of the community people (n=59).

Background variables	Knowledge score			df	Chi-square value	P value
	N	Good	Average			
Age in years				13	48.074	0.051*

Continued.

Section-III: effectiveness of planned teaching program on knowledge regarding Ayushman Bharat Yojana among community people of Panchayatan village

Table 4 shows the comparison of pre-test and post-test knowledge scores regarding Ayushman Bharat Yojana among community people in Panchayatan. Paired t-test was computed to find out the significant mean differences. It shows that there was highly significant (p<0.05) mean difference noted among community people. It indicates planned teaching program was an effective intervention in enhancing the knowledge of community people regarding Ayushman Bharat Yojana.

Section-IV: association between knowledge score with selected demographic variable

Table 5 shows the association between the knowledge scores (pre-test) with selected demographic variables of the community people. Paired t-test was computed to find the significant association. It shows that the association between knowledge score and age was highly significant (p=0.051) and between knowledge score and monthly income was highly significant (p=0.019).

Background variables	Knowledge score				df	Chi-square value	P value
	N	Good	Average	Poor			
16-25	19	1	9	9			
26-35	19	0	3	16			
36-55	12	1	4	7			
Above 55	9	0	4	5			
Religion							
Hindu	57	2	18	37	13	11.925	0.534
Muslim	2	0	2	0			
Sikh	0	0	0	0			
Others	0	0	0	0			
Gender							
Male	19	0	7	12	13	12.366	0.377
Female	40	2	13	25			
Education							
No formal education	13	1	5	7	52	41.680	0.846
Primary/middle school certificate	18	0	8	10			
High school certificate	9	0	2	7			
Intermediate or post high school certificate	17	1	5	11			
Graduate or postgraduate	2	0	0	2			
Marital status							
Married	42	2	13	27	26	25.514	0.440
Widow	5	0	1	4			
Divorced	0	0	0	0			
Unmarried	12	0	6	6			
Monthly income							
7770 and above	19	0	9	10	39	59.375	0.019*
3808-7769	5	2	0	3			
2253-3808	19	0	9	10			
1166-2253	16	0	2	14			
Less than 1166	0	0	0	0			
Housing							
Kachcha house	9	0	4	5	13	14.778	0.321
Pacca house	50	2	16	32			
Previous knowledge							
Yes	6	0	2	4	26	27.264	0.396
No	49	2	18	29			
Little bit	4	0	0	4			
Source of information							
Television	0	0	0	0	39	38.471	0.494
Social media	2	0	1	1			
Health department	1	0	0	1			
Family and friends	7	0	2	5			
No source	49	2	17	30			

(p<0.05-Significant level).

Major findings of the study

Most of the samples (64.4%) were between the age group of 16-35 years, (96.6%) were Hindus, (67.8%) were female, (30.5%) were educated till primary school, (71.2%) were married, (64.4%) were having monthly income above Rs. 7770, (84.7%) were living in pacca house, (83.1%) were having no previous knowledge and (86.4%) were having no source of information. The

findings show mean value was 11.7 ± 4.16 of level of knowledge regarding Ayushman Bharat Yojana Scheme.

Objective-I

To assess the level of knowledge regarding Ayushman Bharat Yojana among community people in Panchayatan village, Greater Noida, UP.

The mean knowledge score was 11.7 and according to knowledge profile: 3.38% participants were having good knowledge; 33.89% participants were having average knowledge; 62.71% participants were having poor knowledge

Objective-II

To review the effectiveness of planned teaching program on knowledge regarding Ayushman Bharat Yojana among community people in Panchayatan village, Greater Noida, UP.

The data was compared between pre-test and post-test knowledge scores using Paired t-test regarding Ayushman Bharat Yojana among community people of Panchayatan village. It showed that the mean knowledge score (post-test) was 13.7 and for (pre-test) was 9.6. It indicates that the planned teaching program was an effective intervention in enhancing the knowledge of the community people regarding Ayushman Bharat Yojana.

Objective-III

To find out association between levels of knowledge regarding Ayushman Bharat Yojana with selected demographic variables among community people in Panchayatan village, Greater Noida, UP.

Chi-square test was used to find out significant association. It showed that there was a significant association found between the knowledge scores (post-test) with age ($p=0.051$) and between the knowledge score and monthly income ($p=0.019$). Hence researcher rejected null hypothesis (H_0). There was a significant association between knowledge score and selected demographic variables.

DISCUSSION

The knowledge score in our study according to the criteria states that 3.3% participants were having good knowledge, 33.8% participants were having average knowledge and 62.7% were having poor knowledge. A similar study conducted by Menon et al reported that 62% of samples were having poor knowledge, 22% were having average knowledge and 16% were having good knowledge about Ayushman Bharat Yojana.¹¹

The findings of our study show that the post-test mean score was 13.7 which is greater than the pre-test mean score 9.6. Paired t-test shows that there was significant association found between the knowledge scores (post-test) with age ($p=0.051$) and between the knowledge score and monthly income ($p=0.019$). Therefore, this study concluded that planned teaching program on knowledge regarding Ayushman Bharat Yojana give significant result among community people in Panchayatan village.

This study has some limitations. Generalizability is limited because of small sample size. Study is limited to only one village.

Implications

Ayushman Bharat can be used in in-service education as a method of teaching program to improve the knowledge of the staff regarding Ayushman Bharat Yojana Scheme. By bringing services closer to communities and being able to meet the needs of the most marginalized through the primary health care team, health and wellness centers will fundamentally alter how responsive the health system is to the needs of its patients.

CONCLUSION

The findings conclude that the planned teaching program on knowledge regarding Ayushman Bharat Yojana among community people in Panchayatan village, Greater Noida, UP was effective in increasing the knowledge among community people.

ACKNOWLEDGEMENTS

Authors would like to thank their college management, Dr. Uppu Praveen, HOD of community health nursing, professor cum principal Sharda School of Nursing Science and Research, Sharda University.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

REFERENCES

1. Gopichandaran V. Ayushman Bharat Yojana. *Asian Bioeth Rev*. 2019;11(1):69-80.
2. Sriee VP, Maiya GR. Coverage, utilization, and impact of Ayushman Bharat scheme among the rural field practice area of Saveetha Medical College and Hospital, Chennai. *J Fam Med Prim Care*. 2021;10(3):1171-6.
3. Shrisharath K, Hiremat S, Kumar SN, Rai P, Erappa S, Holla A, et al. A study on the utilisation of Ayushman Bharat Arogya Karnataka (ABArK) among COVID patients admitted in a tertiary care hospital. *Clin Epidemiol Glob Health*. 2022;15(1):2-5.
4. Dhaka R, Verma R, Aggarwal H, Kumar G. Ayushman Bharat Yojana. *India J Community Med*. 2018;5(8):3152-3.
5. Bakshi H, Sharma R, Kumar P. Ayushman Bharat initiative (2018): What we stand to gain or lose!. *Indian J Community Med*. 2018;43(2):63.
6. Upadhyay B, Sen SK. Ayushman Bharat Yojana. *J Health Plan Manage*. 2017;33(2):294-308.
7. Saikia B, Singh S, Pal M. Early recognition of risk factors and screening may stave off non-

- communicable diseases among elderly- a review article. *Int J Sci Res*. 2023;12(9):01-5.
8. Borde AK, Borgave S. An Analytical Review on India's Universal Healthcare Scheme- Ayushman Bharat. *Mukt Shabd J*. 2020;9(8):2347-3150.
 9. Keshari VR, Gupta S. Ayushman Bharat Yojana. *J Mahatma Gandhi Inst Med Sci*. 2019;24(2):65-7.
 10. Haque A, Choudhary S. An exploratory study to assess the knowledge of the people regarding Ayushman Bharat Yojana in the selected rural area of the Balia District UP. *Int J Multidiscipl*. 2019;4(5):2575-7.
 11. Dhanger P, Sharma R. A Study to Asses Knowledge Regarding Ayushman Bharat Yojana among Asha workers at Dehradun with the view to develop information booklet. *IOSR J Nurs Health Sci*. 2021;10(5):57-67.
 12. Menon DS, Tomar DV. A study on awareness of Ayushman Bharat Pradhan Mantri Jan Arogya Yojana. The Health Insurance Scheme of Government of India Among People in KDMC Region. 2022.
 13. Kaur P, Kaur G. Study to assess knowledge and utilization regarding Ayushman Bharat Yojna among adults. *Int J Nurs Sci Pract Res*. 2022;8(1):305p.
 14. Shrisharath K, Hiremat S, Kumar SN, Rai P, Erappa S, Holla A, et al. A study on the utilisation of Ayushman Bharat Arogya Karnataka (ABArK) among COVID patients admitted in a tertiary care hospital. *Clin Epidemiol Global Health*. 2022;15(1):2-5.
 15. Naib P, Kumar P, Chandrashekar S, Smith O, Chhabra S. Trends in cardiac care utilization under Ayushman Bharat Pradhan Mantri Jan Arogya Yojana, India. *Ann Clin Cardiol*. 2023;3:63-8.
 16. Prasad SSV, Singh C, Naik BN, Pandey S, Rao R. Awareness of the Ayushman Bharat-Pradhan Mantri Jan Arogya Yojana in the rural community: a cross-sectional study in eastern India. *Cureus*. 2023;15(3):35901.
 17. Girish B, Surendran J, Vishma BK, Jyothika V, Tahreem S. Study on awareness and utilization of Ayushman Bharat Arogya Karnataka scheme in Chamarajanagar taluk: a cross-sectional study. *Int J Res Med Sci*. 2023;11(2):544-50.
 18. Akshay V, Umashankar GK, Pramila M, Maiti R, Aswini M, Manjusha PC. Oral health utilization and awareness of Ayushman Bharat (PMJAY) health insurance scheme in Bangalore. *Int J Community Med Public Health*. 2021;8(8):4012-8.
 19. Venkatesh U, Mogan KA, Kumar M, Doley P, Kishore J. Ayushman Bharat is a boon for the country: for the motion. *Int J Prevent Curat Community Med*. 2019;5(3):31-5.
 20. Furtado KM, Raza A, Mathur D, Vaz N, Agrawal R, Shroff ZC. The trust and insurance models of healthcare purchasing in the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana in India: early findings from case studies of two states. *BMC Health Serv Res*. 2022 Dec;22(1):1-8.
 21. Saikia B, Ramesh R, Jayalakshmy R, Pegu B. A mixed method study to assess the prevalence of persistent anemia among the third trimester mother attending antenatal clinics in tertiary care hospital Puducherry. *Int J Innov Sci Res Tech*. 2023;8(6):11.
 22. Lahariya C. Ayushman Bharat program universal coverage in India. *Indian Pediatr*. 2018;55(6):495-506.

Cite this article as: Saikia B, Pal M, Ringkangmai W, Krishnan S. A quasi-experimental study to assess the effectiveness of planned teaching program on knowledge regarding Ayushman Bharat Yojana among community people in Panchayatan village, Greater Noida, Uttar Pradesh. *Int J Community Med Public Health* 2024;11:157-64.