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7. Adoption and future scope of digital health communication strategies: An evaluation through Ayushman App

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Abstract

With an emphasis on rural-urban differences, privacy issues and possible improvements this study investigates the adoption and future potential of digital health communication methods through the Ayushman app. Although 41.8% of app users used the app once or twice, only 6% used it frequently and 52.2% had never used it according to data gathered from users, indicating low engagement. The goal of the app was well understood by about 58% of respondents while several noted moderate difficulties with interface navigation and convenience of use. Just 14% of respondents totally trusted data sharing indicating privacy concerns. The results shed light on adoption trends, obstacles and possible areas where digital health communication strategies could be improved. The study seeks to determine how the digital divide affects adoption trends, assess how privacy and security concerns affect ongoing usage and identify areas that could be improved to improve health communication. The results show that although there is a moderate level of app awareness, regular usage is still low especially in rural regions underlining obstacles associated with insufficient digital literacy and access. Users show a modest level of satisfaction and a partial knowledge of the app's objective indicating the need for improved user-friendly interfaces and simple design. Despite these challenges most respondents are optimistic about how digital health platforms can enhance the provision of healthcare. To increase adoption and optimise the effectiveness of digital health communication in India this study emphasises the necessity of targeted efforts such as regional language support, simplified access and better connectivity. This study offers real time insights on how digital health platform can change the way health communication is delievered. This study also suggests possible improvements needed to make this platform more inclusive and adaptable across india .

Keywords: Ayushman bharat app, Digital health communication, ABDM (ayushman bharat digital mission), Digital divide, mHealth app, Digital literacy, Digital divide theory, TAM model, mHealth adoption

Introduction

The start of the COVID-19 pandemic was a major turning point that pushed the development of digital health methods for better communication. In order to ensure efficient patient care, timely information dissemination and healthcare system adaptability the crisis brought to light the necessity of technologies like telemedicine, health apps, chatbots, electronic health records and artificial intelligence. This has facilitated their adoption as well as integration into typical healthcare practices. As a result the pandemic presented an essential window of opportunity for research showing how digital health platforms can improve communication, quality of care and public health adaptability during emergencies and setting the foundation for the long-term implementation of digital strategies in india's traditional healthcare delivery. The World Health Organization (WHO) defines "digital health" as the "field of knowledge and practice associated with the development and use of digital technologies to improve health" WHO (2021). Digital health should be an integral part of health priorities and benefit people in a way that is ethical, safe, secure, reliable, equitable and sustainable. It should be developed

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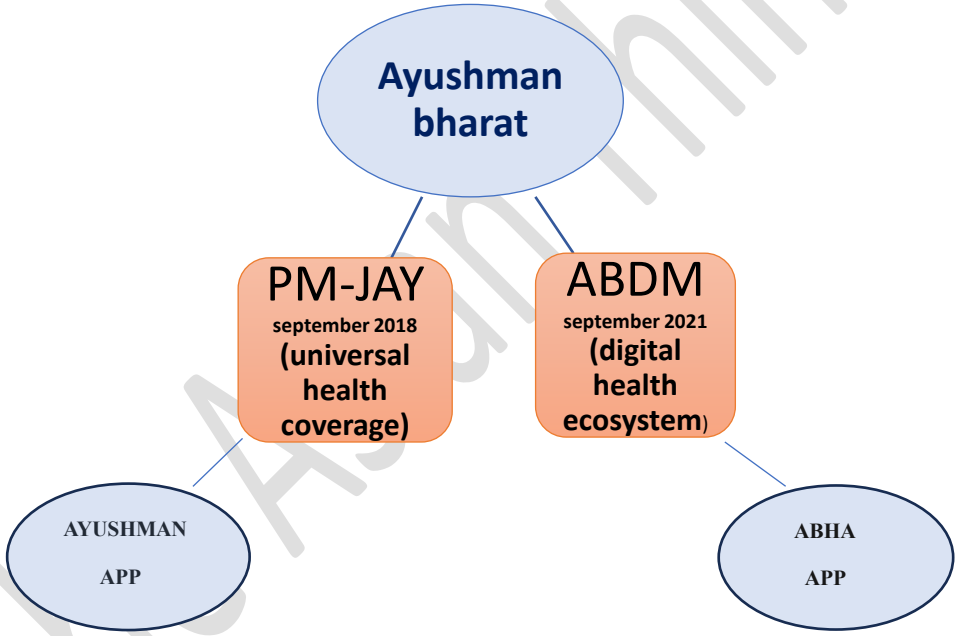
with principles of transparency, accessibility, scalability, replicability, interoperability, privacy, security and confidentiality for wide acceptance and adaptability.

India's Healthcare Industry

Kamath et al. (2025) In fiscal year 2023-2024, the government allocated INR341.02 crore to the ABDM to support its implementation and development . Since2016, India's healthcare sector has experienced significant expansion with a compound annual growth rate (CAGR) of approximately 22%. The hospital industry has shown substantial growth increasing from USD 61.79 billion in FY 2017 to USD 132.84 billion in FY2022 at a CAGR of 16–17%. The country's medical technology market is expected to grow dramatically reaching USD 50 billion by 2025. In 2019 the telemedicine market in India was worth approximately USD 830 million. It is expected to reach USD 5.5 billion by 2025 growing at a CAGR of 30.2% during 2022–2027. This robust growth and upward trend indicate the transformative potential of technological advancements and digital health innovations in enhancing healthcare accessibility, efficiency, and affordability in India's healthcare ecosystem while addressing persistent challenges in service delivery .

Ayushman Bharat- The umbrella scheme



SOURCE:*(SELF-CREATED flowchart)*

The making of the Ayushman bharat scheme was a progressive journey rooted in key national health initiatives. It began with the National Health Policy of 2017 which advocated for delivering quality healthcare through the use of affordable technology. In 2019 the National Digital Health Blueprint was released laying the groundwork for an integrated and interoperable digital health ecosystem. Pradhan mantri jan arogya yojna (PM-JAY) launched in september 2018 integrated into ABDM's digital ecosystem for its smooth paperless and cashless implementation at national level.

Achievements of ayushman bharat digital mission (ABDM)

As of February 6, 2025 the Ayushman Bharat Digital Mission (ABDM) has made significant strides in establishing a robust digital health ecosystem across India. Key milestones include: A total of

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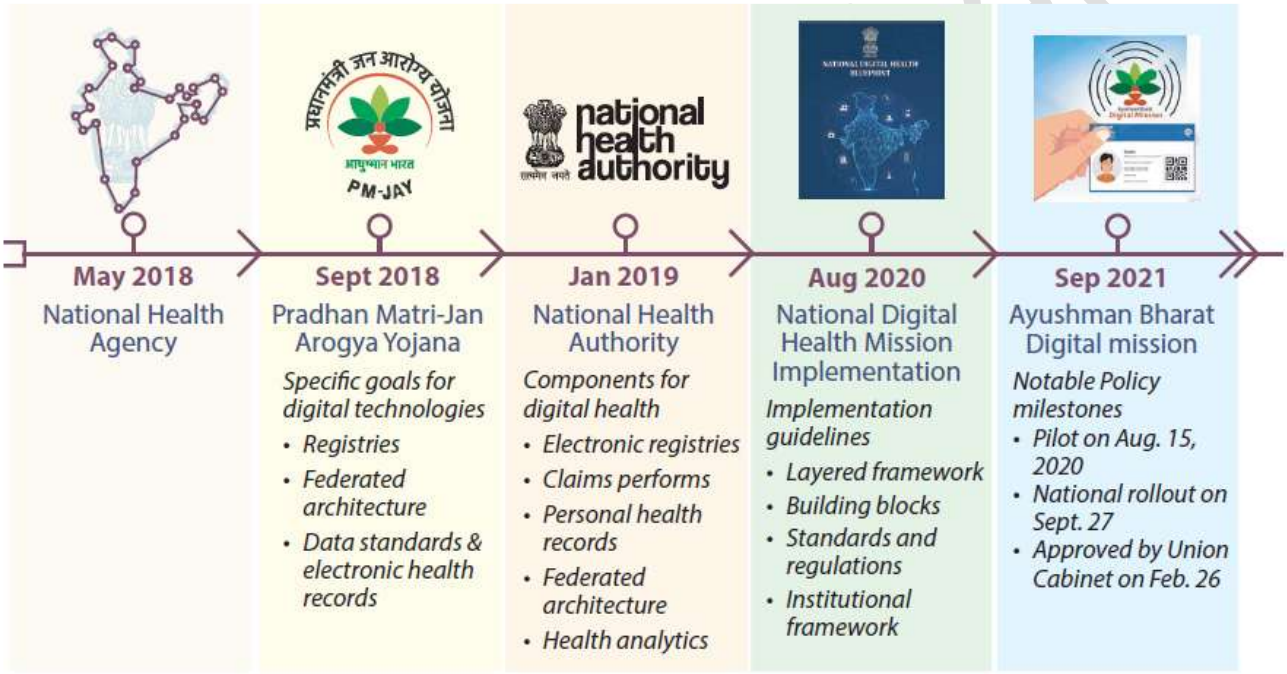
73,98,09,607 ABHA (Ayushman Bharat Health Accounts) have been generated, ensuring extensive coverage across all 36 states and union territories, including rural regions. Inamdar et al.(2025) This widespread adoption highlights the mission's success in reaching diverse populations.Over 3,63,520 health facilities have been registered, creating a comprehensive national directory of healthcare providers.A total of 5,64,851 healthcare professionals have enrolled in the HPR (Healthcare Professional Registry), enhancing connectivity and coordination within the healthcare sector. Over 1,59,020 health facilities are now utilising ABDM-enabled digital solutions, improving operational efficiency and accessibility in healthcare delivery. Approximately 49,06,02,540 health records have been linked to ABHA, ensuring seamless access to patient medical histories and enhancing the continuity of care across the country.

FIGURE: key milestone in the journey of creating digital health communication services in india



Source: adapted from NHA annual report 2021-2022 ,page 82(as per World Bank, 2023)

Scope of the study

With an emphasis on rural-urban disparities, hurdles linked to the digital divide and privacy and security issues this study will investigate the adoption and future potential of digital health communication tactics using the Ayushman app. As it has been 4 years of its integration in digital health ecosystem of ABDM this study will provide important insights on adoption and future scope of digital health communication strategies in india. It will examine users knowledge how often they use the app, how satisfied they are, how simple it is to use and how much they trust data sharing. Major challenges like low digital literacy, language difficulties and infrastructure limitations especially in rural areas will also be examined in this study. Future prospects for enhancing digital health communication will also be identified such as the requirement for improved connectivity, simple app design and support for regional languages. The study will not assess clinical outcomes or technical backend performance instead it will be restricted to user perceptions, adoption patterns and communication-related problems. Ayushman app is the initial stage of getting interaction with digital health ecosystem as it provides a digital platform to check

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eligibility, register and download their ayushman card for getting insurance coverage to indian households.

Literature Review

WHO (2021) highlights the increasing importance of digital technologies in strengthening health systems worldwide in WHO's Global Strategy on Digital Health 2020. The literature emphasizes that innovations such as artificial intelligence, big data analytics, the Internet of Things and telemedicine have the potential to significantly improve diagnosis, treatment, service delivery and data-driven decision making. However, despite these opportunities, many countries particularly low- and middle-income nations face persistent challenges including inadequate digital infrastructure, weak governance mechanisms, limited interoperability and gaps in cybersecurity and data privacy. The strategy also stresses the need for ethical and secure handling of health data, supported by strong legal frameworks and standards. A recurring theme across the literature is the critical shortage of digital literacy and skilled workforce, underscoring the need for capacity building among healthcare providers and citizens. Overall, the WHO framework positions digital health as a key driver for achieving Universal Health Coverage and recommends coordinated global collaboration, national digital health strategies and continuous evaluation to ensure sustainable and people-centred digital transformation.

Lahkar (2024) in his thesis indicates that digital health has emerged as a critical component of modern healthcare, enabling improved accessibility, enhanced service efficiency and strengthened patient–provider interaction. Prior studies consistently highlight the potential of tools such as telemedicine, electronic health records and mobile health applications in supporting clinical decisions and expanding care delivery. At the same time, researchers identify persistent challenges, including limited digital literacy, inadequate infrastructure, data protection concerns and organizational resistance to change. Evidence suggests that effective digital health adoption requires strong governance structures, clear regulatory frameworks, workforce training and sustained efforts to build trust among users. Overall, existing scholarship underscores that while digital health offers transformative benefits, its success depends on addressing both technological and human-centred barriers.

Dahatonde(2020) study shows that mhealh apps are important for risk communication especially during pandemics. His research pointed out that digital health apps like arogya setu app is effective but it needs improvement like transparent data practices , strong user data privacy and features to increase adoption and long term user trust.

Narayan et al.(2021) research focused on India's evolving digital health strategies and information technologies. It pointed out how ABDM launched in 2021 created an integrated digital health ecosystem that emphasizes personal health records, ensuring that each citizen health date is accessible and under their control. Their study looked on challenges to the scale up of India's digital healthcare ecosystem is the uneven technological and infrastructural landscape across the country.

Mishra et.al (2024) in his research assessed the ayushman bharat digital mission through the lens of control knob framework adapted from Roberts et al.(2024). Through this framework they concluded that in order to achieve the health systems ultimate goals, the CKF framework stresses achieving intermediate goals like access, quality and efficiency.

Inamdar et.al (2025) in their study looked out on how ABDM worked as foundation for creating National digital health ecosystem in India. In their study they also looked out on challenges which

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creates hurdle in its implementation especially lack of technological infrastructure in rural areas. They also focused on how data and security concerns need to be shortout to ensure fast adoption of digital and to create digital health ecosystem in india.

Weik et. al (2024) in their study focused on factors which are responsible for acting as barrier in digital health adoption. The main obstacles identified in their study is the high implementation costs of digital health solutions and the absence of compensation for related services. Financial incentives for the adoption of digital health were also identified by GPs (general practitioners) in their study as one of the most crucial improvement methods.

Narayan et al. (2023) in their study explained digital health ecosystem through architectural framework in which they divides responsibilities in 3 level National, State and Municipal. Their study found out that awareness and knowledge gaps working as barrier in this ongoing digital transformation of ABDM. Their research suggested that if patient empowerment and digital technical advancements are combined , the goal of digital health care will be more effective.

Subbarao et al. (2023) in their study explored how availability of technological infrastructure like ICT , PHCs is important to scale up the adoption of digital healthcare ecosystem especially in country like india. In their study they investigated current literature and in context of ABDM identified six main readiness factors. They told that these 6 factors affects the adoption of digital healthcare. They also suggested that for its wide acceptance of ABDM , needs to structure a robust governance framework to create a positive culture and acceptance of digital transformation.

Subbarao et al. (2025) in their review paper finds out 11 main challenges in any healthcare adoption. In their study after reviewing they suggested that indian healthcare system needs a strong digital infrastructure with reliable connectivity, secure data share and consent-based data sharing. It must also reduce the urban - rural gap in both digital infrastructure and skilled healthcare workforce. A clear governance framework is essential for major digital transformation. Since lack of digital knowledge among healthcare staff remains a major challenge, focused trains and digital literacy program are necessary to help leaders and clinicians efficiency to adopt and recommend digital healthcare services to patients.

Research Gap

Existing research focuses mainly on the benefits of ABDM and PM-JAY but lacks detailed study on adaptability of app, privacy concern's impact on long term user trust and adoption of these mHealth apps. Even the PM-JAY scheme eligible individuals do they really adapt app or totally dependent on empanelled hospitals for getting insurance coverage. There is limited and lack of research on how different population rural and urban adopts digital health communication tools. There is lack of research on why still majority of population choose it because of its necessity of insurance coverage not by their own will as regular digital health communication platform.

Conceptual Framework

This conceptual framework explains that how digital literacy (independent variable) influences how well users can understand and operate digital health platforms. "Ease of use" acts as intervening variable that strengthen effect of digital literacy by enabling users to interact smoothly with the platform. When the app is easier to use it leads to higher user engagement and adoption.

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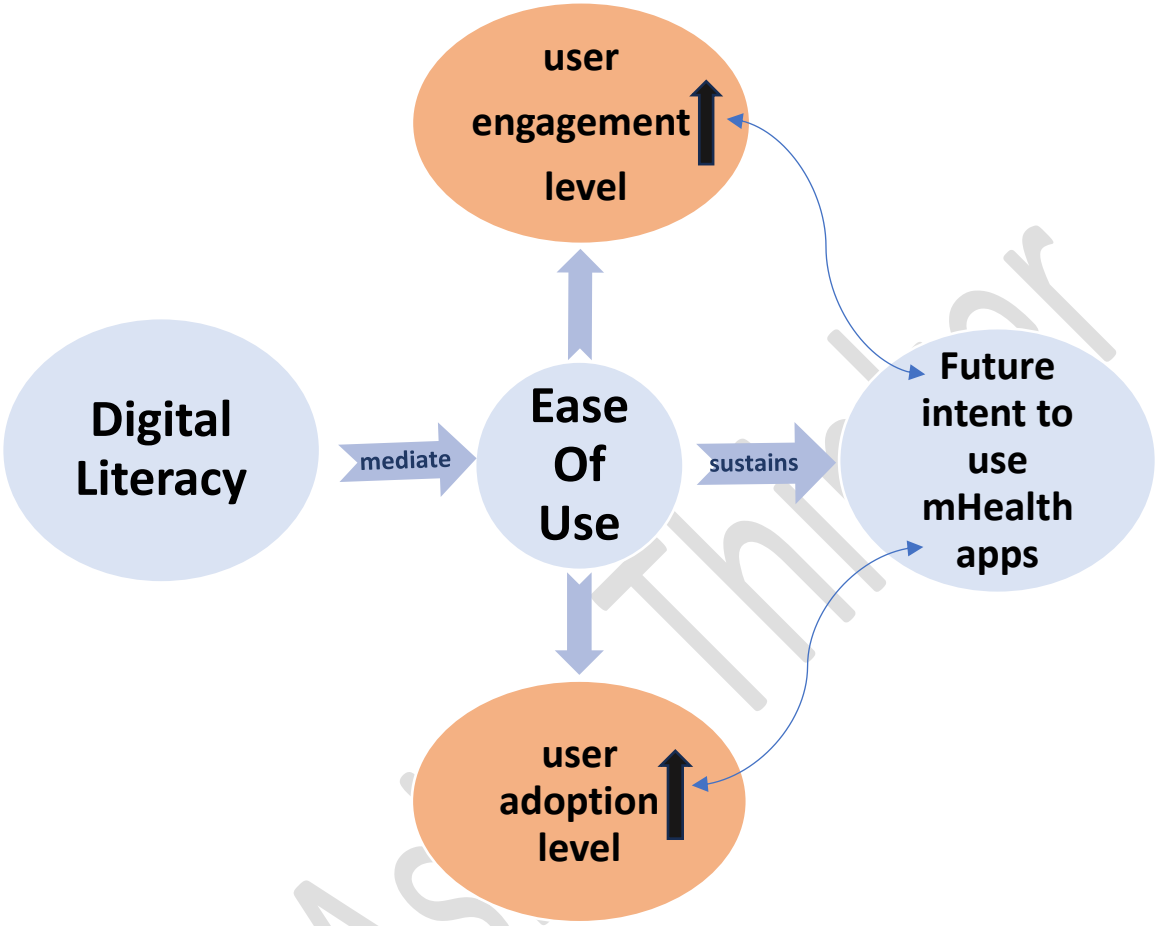
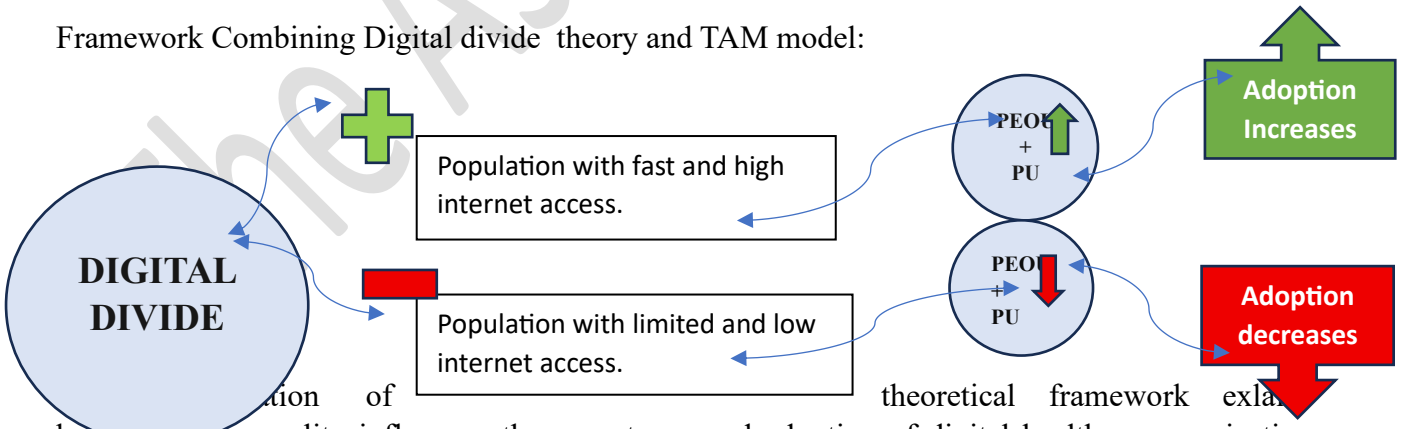
These two outcomes then shape the users future intent to use mHealth apps and helps in future sustainability of such digital health communication strategies.

source: *(Self created both conceptual and theoretical framework's flowchart)*



Framework Combining Digital divide theory and TAM model:



...tion of theoretical framework exla... how ...inequality influences the acceptance and adoption of digital health communication delievering application using technology accceptance model and digital divide theory to study both obstacles and facilitators of adoption. As both theory are quite opposing in nature but the integration of both help in understanding why adoption does not happen and how adoption happen This study uses variables based on Digital Divide Theory, Jan van Dijk's (2005) and the Technology Acceptance Model, Davis (1989). The Technology Acceptance Model (TAM) explains that people

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adopt a technology when they find it easy to use and useful whereas the Digital Divide reminds us that many people never reach to this stage. They cannot judge whether an app is easy or useful because they do not have basic access to smartphones and internet, do not have the skills to use digital tools or are not even aware that such apps exist. The independent variables include digital divide factors such as access to smartphones and internet, digital literacy levels, socio-economic differences and users past experience with digital services. These factors influence how easily people can use digital tools. The mediating variables taken from TAM include perceived ease of use (PEOU), perceived usefulness (PU) and behavioral intention which explain how users evaluate the app and decide whether to use it or not.

Research problem

The Ayushman app adoption is still unequal despite its promise to increase access to digital healthcare because of low awareness, a lack of technical skills and worries and concerns about usability and data protection. The purpose of this study is to determine the elements influencing its uptake as well as the role of digital divide and gaps that restrict the potential of digital health communication in India and possible potential improvements needed in this app.

Objectives of the study

1. To identify role of digital divide in creating adoption differences in ayushman bharat app in rural and urban population
2.To examine upto what extent privacy and security concern in users influences decision to continue using digital mhealth app.
3.To identify possible potential improvements needed in ayushman app to deliver better health communication.

Research Methodology

This study adopts a 'mixed method' approach utilising both qualitative and quantitative data based on a descriptive research design. The research involves collecting data to assess the adoption ratio and possible improvements needed in ayushman app. Data has been gathered through surveys, interviews,review and analysis of relevant documents to arrive at a final conclusion.

Sampling Method

This study includes 'convenience sampling method' which enables to gather 50 responses from mostly young college students. It includes students seeking 'Masters in Biotechnology' and 'Masters in Public Health' since they will be future health professionals who will directly interact and engage with digital infrastructure. Their informed perspectives on awareness, usability and communication difficulties provide valuable insights into the challenges and potential of implementing the Ayushman app. Their insights aid in identifying system shortcomings that general users may overlook as well as advising policymakers and developers on how to improve digital health communication techniques for wider and more successful adoption.

Data Collection Method

Both primary and secondary data have been used in this study. For primary data the survey and interview method is used using a structured questionnaire as the main tool to get response from respondents. This study also utilised a semi-structured almost 30 min.long indepth interview to collect data. In this interview a total of 15 postgraduate students pursuing masters in biotechnology from 'gorakhpur university' and 2 students from 'MIT-world peace university' pune pursuing masters in public health participated in this interview.

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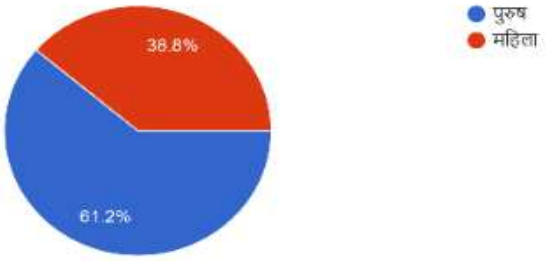
Data analysis

This study includes responses from 50 participants of gorakhpur, a tier-2 city. Collecting data from students pursuing Masters in Biotechnology and Masters in Public Health is important because they are future health professionals and also having exposure with ayushman app during their internship in hospital. Also their informed views on awareness, usability, and communication issues provide meaningful insights into the challenges and opportunities of adopting the Ayushma app.

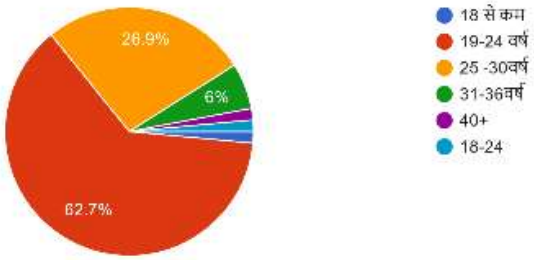
Gender composition

The study takes great care to display the participants gender mix. Men make up 61.2% of the respondents while women make up 38.8%. This split indicates that both male and female perspectives are included



in the study. Because of this gender ratio split the study's findings are diverse and comprehensive. This makes the research more reliable and accurate.

Age group



The study includes participants from five different age groups to understand how people of various generations think and behave. Most respondents are young with those aged 19–24 making up the largest share at 62.7%. This group is generally more open to new ideas and technology which gives the research fresh and modern perspectives. The next major group, aged 25–30, represents 26.9% of the sample. These individuals are in the early stages of building their careers and personal lives so their views reflect a balance of ambition and initial work experience. Only 6% of participants fall within the 31–36 age group, contributing more mature, practical viewpoints shaped by increasing responsibilities. Overall the results mainly highlight youth perspectives while still incorporating insights from slightly older adults.

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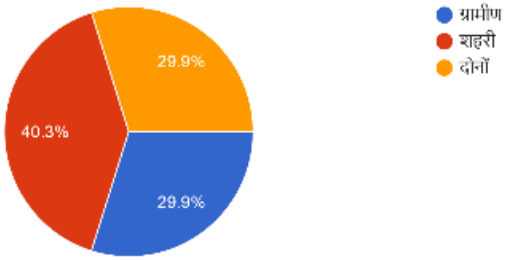
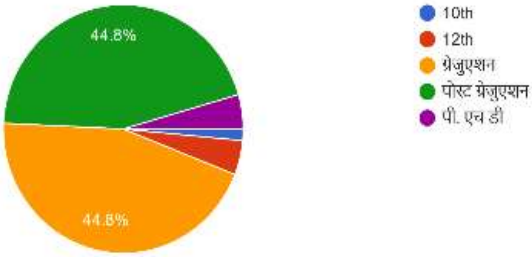
Population distribution



The study carried out in Gorakhpur consisting 64.2% of population from total response a Tier-2 city that combines strong rural region with expanding urban growth, making it a perfect place to evaluate the uptake and potential future reach of digital health communication tactics using the Ayushman app. This diversity is reflected in the demographic distribution- 40.3% of respondents are from urban areas where better connectivity and greater exposure to digital services support higher engagement with health apps 29.9% have experiences in both rural and urban settings, offering a blended perspective on how digital health tools operate across different environments and 29.9% are from rural areas, offering insights into challenges like limited digital infrastructure and lower awareness

Educational qualification



Participants in this survey are almost evenly divided between graduates and postgraduates with 44.8% holding graduation degrees and 44.8% holding postgraduate certificates. This balance suggests that most respondents have good intellectual backgrounds allowing them to approach digital health issues seriously and critically. Graduate responders bring a wide range of perspectives and a good understanding of technology, whereas postgraduate participants add deeper analytical abilities and advanced comprehension, which is especially important when evaluating the Ayushman Bharat app's uptake and future potential. Overall, respondents' high level of education improves the quality and reliability of the study's findings.

Adoption pattern and Digital divide

The Ayushman app's adoption shows the influence of the digital divide, especially among users in rural and urban areas. More than half (52.2%) of respondents had never used the app, showing little use despite widespread awareness while 41.8% used it only once or twice and 6% used it frequently. Users

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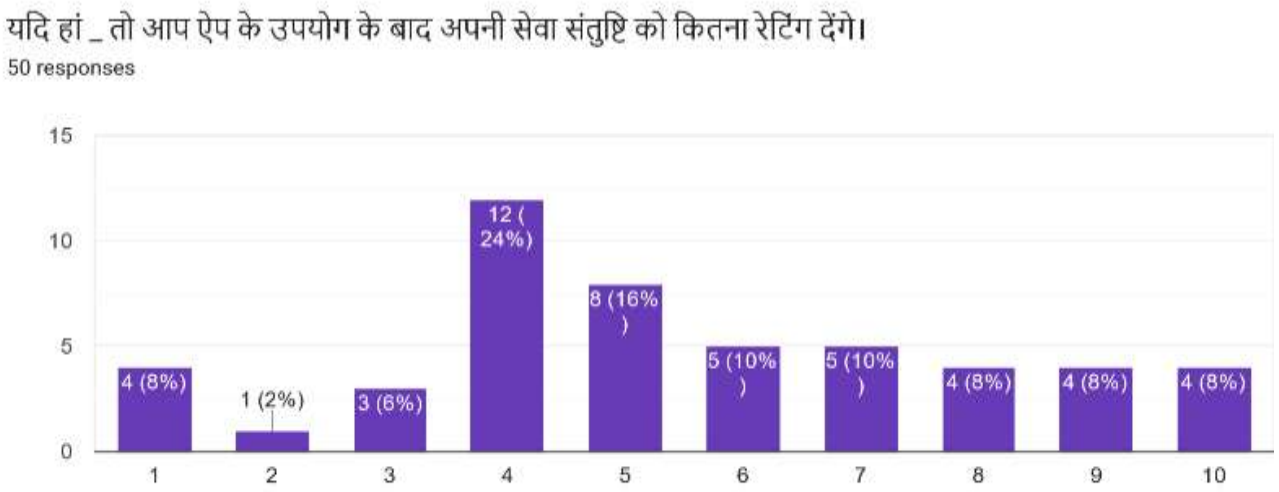
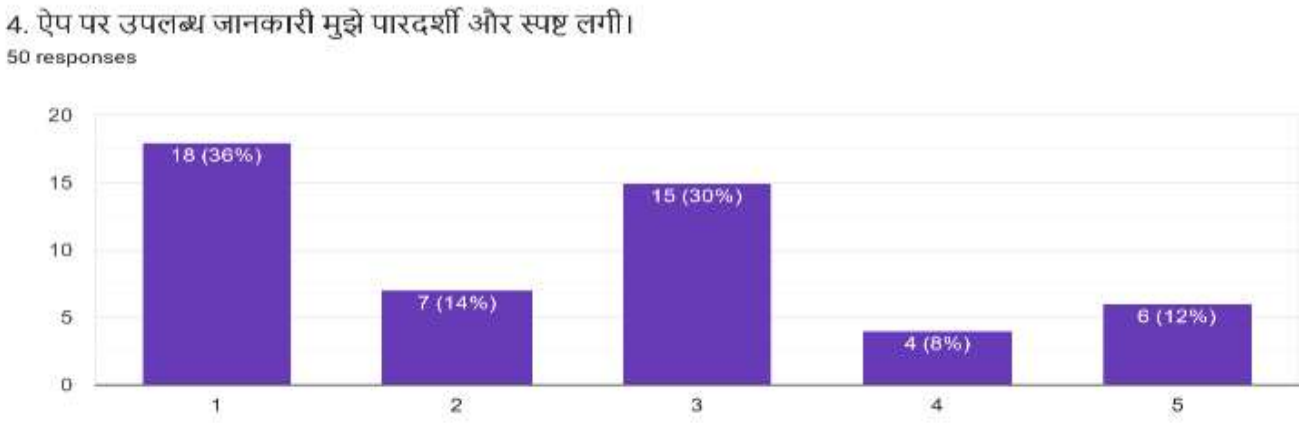
understanding of the app varies, 58% claim having a clear understanding while the remaining users especially those in rural areas show incomplete or low understanding. Only 14% of respondents said the app procedure was easy and 64% rated it between 1 and 3, signifying significant difficulty, therefore ease of use is still a worry. Also, user interface ratings stayed below average with only 18% giving it.



Privacy and security concerns

Nearly one-third (30%) of respondents clearly doubt data handling with only 14% fully agreeing and 46% partly agreeing that they feel comfortable sharing their health data compared to 20% disagreeing and 10% strongly disagreeing. When asked if privacy concerns prevented them from using apps 34% of respondents claimed they didn't, 20% said they did, 18% agreed somewhat and 8% strongly disagreed. This implies that while privacy concerns do exist, they are not the main barrier in comparison to problems like digital literacy. In terms of administrative trust 72% of respondents think that authorities are working to enhance digital health services, yet overall trust is still moderate with 32% neutral, 34% moderate and only 10% high. The results show that privacy and security concerns play a meaningful role in shaping users willingness to continue using digital m-health apps in future.



Challenges and future scope

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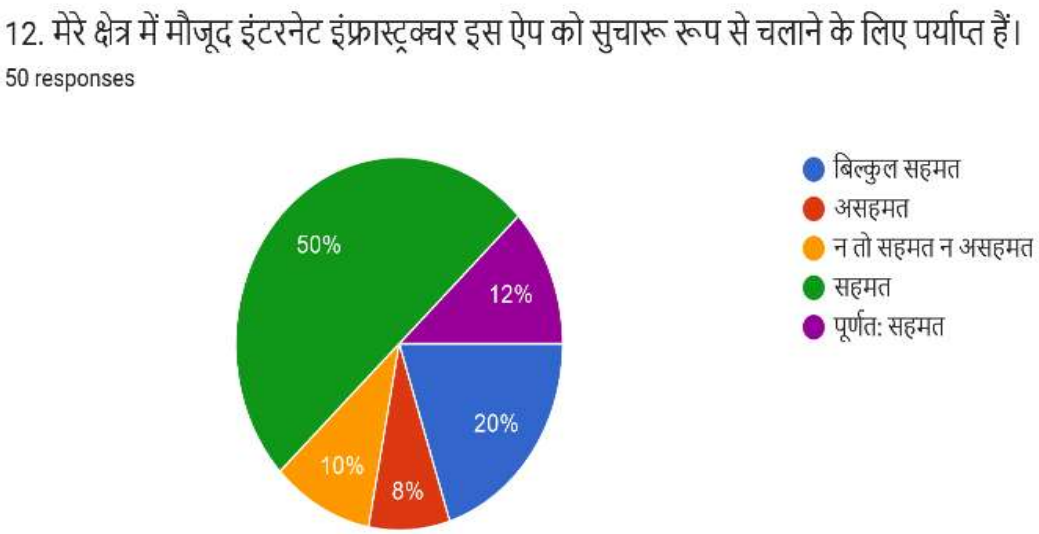
The results point out important obstacles and upcoming chances to enhance the Ayushman app. The biggest obstacle is low digital literacy, with 62% of users particularly those who live in rural areas and are older reporting difficulty using the app due to a lack of skills.

Another issue is language 40% of respondents agree and 30% partly agree that language hurdles impact usage while 30% disagree. This suggests the need for voice-based support more regional languages and easier-to-follow instructions. Adoption is made more difficult by infrastructure limitations just 32% strongly agree that internet facilities facilitate easy usage while 18% disagree or strongly disagree. With these challenges the general picture is positive 64% of respondents think digital health platforms will improve healthcare delivery in the future, suggesting significant potential for expanding digital health communication.



Finding and conclusion

One of the most important finding come from this study is that People mostly use the Ayushman app only when they need not regularly. This shows the app is used for only when there is necessity of taking health insurance benefits by government but not for own use. The study conducted in gorakhpur ,a tier2 city with both rural and urban exposure around 90% of respondents are in age group (19-30) but only 6% of respondent have used this app on regular basis and only 41.8% have used this app 1-2 time . 52.2% of participants have never used this app which shows majority of young population is not adopting this platform. The results of the study show that users mainly depend on the Ayushman Bharat app for necessary need-based actions like obtaining health benefits, checking eligibility at the time of insurance claim and attracted the highest response percentages. This pattern suggests that using accessing medical records functions that the app is more essential than usual or curious. But the digital divide has a big impact on adoption. Just 32% of respondents strongly believe that internet infrastructure facilitates smooth usage while a significant 62% of respondents express difficulty due to insufficient digital literacy. Rural users are more impacted by these challenges than urban users. Concerns about security and privacy can influence user behavior. Communication, trust-building problems, infrastructure and legal concerns all influence the acceptance and effectiveness of digital health solutions. Overcoming these limits is critical for ensuring fair access, high-quality care and patient involvement in digital health

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interventions.The Digital Personal Data Protection Act (DPDP Act) was passed in 2023, affecting key components of India's healthcare system including the ABDM and Ayushman Bharat-Pradhan Mantri Jan Aarogya Yojana (AB-PMJAY).The Act emphasises overcoming the enormous problems of guaranteeing data portability and interoperability among various consent managers. India, with 1.2 billion mobile users and more than 600 million smartphones, offers a unique opportunity to improve digital health. By investing in 5G technology and updating communication infrastructure in emerging countries such as India, there is enormous opportunity to improve the landscape of digital health services and delivery.kamath et al.(2025) . Just 14% of respondents are completely comfortable in revealing their health information and over 30% show mistrust which lowers regular use. Overall trust is still moderate also 34% of respondents saying that privacy concerns do not stop them from using the app This is confirmed by the fact that although 72% of respondents think authorities are working to enhance digital health services, this confidence does not result in high trust. Language is another challenge here around 70% of users say language barriers make the app harder to use. Even with these problems, people are hopeful 64% think digital health platforms will improve healthcare in the future. Interview taken in this study comes at a conclusion that there is high reliability of individuals on empanelled hospitals and CSCs operators despite being moderate digital literate, their adoption on their own digital device is very low among rural population. Overall the study shows that the app is useful but for its wider adoption it is challenged by low digital skills, poor infrastructure, privacy worries and language issues. To increase usage the app needs better language support, simpler design, clearer privacy information, digital literacy training and stronger internet access.

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