ABDM Citizen Diagnostic Survey

Report

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A. Introduction

The Ayushman Bharat Digital Mission (ABDM) is aimed at creating a digital health ecosystem across the country to manage health data. The mission requires equal participation of citizens, healthcare professionals and healthcare facilities. Only the data stored via the Ayushman Bharat Health Account (ABHA) by citizens, the Healthcare Professional Registry (HPR) by healthcare professionals and the Healthcare Facility Registry (HFR) by healthcare facilities will be stored centrally.

One of the challenges faced in the implementation of ABDM is its low adoption by citizens. To support the National Health Authority (NHA) in its efforts to increase the adoption, **the Centre for Social and Behaviour Change (CSBC) conducted an exploratory research exercise with select citizens**. We conducted qualitative interviews and quantitative surveys with registered and unregistered citizens to understand the behavioural barriers and enablers to the adoption of ABDM. The findings may be used by NHA to inform their communication collateral/campaign to increase the adoption.

The following sections give an overview of the methodology used, the findings and the suggested solutions.

B. Methodology

CSBC used **a mix of qualitative interviews and quantitative surveys** to **understand the behavioural drivers** to the adoption of the ABDM by **citizens**. For both, we targeted citizens that are voluntarily registered with ABHA and the ones that are unregistered (which may or may not be aware about ABHA before the interview/survey).

Combining the responses gives us an in-depth understanding of what motivates citizens to register with ABHA as well as the reasons why they may not register.

B1. Qualitative Interviews

Sample description

The qualitative interviews were conducted remotely between 6th November 2023 and 25th January 2024 with a **total of 77 respondents.** Out of the 77 respondents, 40.3% (31) were unregistered and 59.7% (46) were voluntarily registered.

The respondents were **between the ages of 18 and 45** and belonged to urban and semi-urban areas of Uttar Pradesh, Uttarakhand, Rajasthan, Orissa, Chhattisgarh, Haryana, Tamil Nadu, Maharashtra, West Bengal, Jammu and Kashmir, Delhi, Kerala, Karnataka and Telangana.

Sample selection

The eligible pool of unregistered respondents was chosen from Ashoka University's database (however, we were able to interview 4 registered respondents as well) and the pool of registered respondents was chosen from NHA's list of registered citizens.

The selection of respondents was purely based on their interest and consent to participate in the interviews. Steps followed to recruit the respondents were:

1. The eligible pool of participants from Ashoka University's database were invited to participate through emails and those from NHA's list were invited to participate over telephonic calls (by the field team).

2. Interested respondents were asked to choose suitable time slots for the remote interviews.

3. During the chosen time slot, respondents were briefed about the study and asked to give verbal consent (the form was read to them). Only those who consented to participate were interviewed.

B2. Quantitative Surveys

Sample description

The quantitative surveys were conducted in a digital format on 17th November on a sample of 1019 respondents across urban and semi urban regions of India. A digital tool called SurveyMonkey was used to digitise and circulate the surveys.

The responses of 1019 participants were then filtered to remove bogus responses leaving us with a **total of 995 respondents**. The respondents were **between the ages of 18 and 45,** out of which 57% were voluntarily registered with ABHA. The highest number of respondents were from Maharashtra (15%) followed by Delhi-NCR (12%), Karnataka (10%) and Kerala (9%). Respondents also participated from Telangana, Tamil Nadu, Gujarat, Uttar Pradesh, Manipur, Goa, Bihar, Chhattisgarh, Uttarakhand and so on.

Sample selection

The selection of respondents was purely based on their interest and consent to participate in the surveys. Steps followed to recruit participants were:

1. Participants fitting our exclusion and inclusion criteria were invited to participate via Survey Monkey.

2. The survey, beginning with the consent form, was shared with interested participants.

3. Only those who consented to participate were asked to continue with the survey.

C. Findings

This section provides details about the barriers and enablers to the adoption of ABHA by citizens. The results of both the qualitative interviews and quantitative surveys have been analysed and synthesised to arrive at the barriers and enablers listed in this section. While the quantitative surveys provide us with strong data, the qualitative interviews add nuances to the data. It is important to note that:

- The results of the quantitative surveys are used to support both the barriers and to provide solutions to the barriers.
- The quantitative data is not to be used or analysed to derive causal relationships .

The sample of unregistered citizens was a mixed one with some citizens having prior awareness about ABHA and some not. The citizens with no prior awareness of ABHA were made aware of the same and asked questions accordingly. Overall, through both the qualitative interviews and quantitative surveys we ask questions to elicit the sources of awareness of ABHA, reasons for registering/not registering for ABHA and the perceived value add of ABHA. The findings of this exploratory research are presented in Tables 1 and 2 below.

Table 1: Barriers to the adoption of ABHA by citizens

Description	Behavioural Driver	Suggested Solutions
Barrier 1: *Low awareness of ABHA and/or its exact value proposition* As per the quantitative survey, 12% of the 995 respondents are completely unaware of ABHA and 32% are aware but unregistered		
1. Some citizens **have never heard**		It is suggested that media campaigns

about ABHA. 2. Citizens have heard about ABHA and even registered for it, but **do not exactly know what it is**. 3. Most registered citizens have **registered for ABHA mistaking it for the Ayushman Card** and its insurance benefits.	**Low salience** ABHA and its value proposition may not be salient in the minds of individuals; its benefits may be completely hidden or not standing out	adopt a step by step approach for awareness generation. 1. The first may be to **address the confusion between the Ayushman Card and ABHA**. 2. The next step may be to **spread the right kind of awareness about ABHA** that is relatable, clarifies misperceptions and highlights its exact value proposition. (*For more nuanced examples of how the collateral may be designed please refer to **this**.)* 3. Focus on how citizens can create their health identity. **Draw links between being an ABHA user with the identity of a healthy and responsible citizen**.
Barrier 2: *Low perceived value add of ABHA* As per the quantitative survey, ABHA is not seen as a significant service 28.6% of the time by citizens that are not keen on registering for ABHA (after they have been informed about the same)		
1. Digital health technologies like ABDM are not seen as valuable for the **fear of them making lives over digitised**. *(As per the quantitative survey, low preference for digital services was mentioned 16.67% of the time by participants who are not keen on registering with ABHA)* *2.* The benefits of registering with ABHA are not valuable to citizens that **do not have to visit healthcare professionals**	**Present bias** Individuals value immediate benefits more than future benefits; those who do not visit health care professionals frequently don't see ABHA as giving any immediate benefits	1. Specify the benefits of digitization by: - advertising ABHA as being safe, easy, convenient and promoting paperless transactions (*the tagline that "minimum sign-up time and maximum benefits" can also be used*) - highlighting the time saved in OPD registration queues 2. Establish **connection between having an ABHA ID and being prepared for health emergencies for oneself and family members**. This can be achieved

frequently.		using persuasive techniques that appeal to the emotions of the citizens. Examples: 1. Rani's son faced a health emergency out-of-the blue. She saved 45 minutes in the OPD registration queue as she was already registered with ABHA. 2. Rani's son faced a health emergency out-of-the blue. She wasted no time in looking for her son's medical records as she had already linked them with ABHA! 3. Focus on mindful messaging with an urgent call to action such as "Don't wait for an emergency, act now and sign-up for ABHA!".
Barrier 3: *Concerns about data privacy* As per the quantitative survey, concerns about data privacy was mentioned 26.7% of the time as a reason for not registering for ABHA		
1. Citizens doubt the government's intention/ability to keep health records secure due to **past data privacy issues with government digital platforms** . 2. Individuals worry about data privacy due to the **higher sensitivity associated with health records** . (*Individuals may use DigiLocker and still not register with ABHA as they view health records to be more sensitive than marksheets, licence, etc.)*	**Affect** The negative emotions associated with data privacy concerns inhibit citizens from registering for ABHA	1. Acknowledge the data privacy concerns and **highlight how safe and secure ABHA is because of the consent management process** for sharing health records.

Barrier 4: ***Preference to continue with existing practices*** As per the quantitative survey, 64% of the respondents maintain paper based records		
1. The **effort required to maintain paper based records is lower** than the effort required to register for and use ABHA. 2. Citizens are reluctant to register for ABHA as **hospitals such as Max and Apollo offer the same services as ABHA.** Citizens going to hospitals such as Max and Apollo do not foresee themselves going elsewhere.	**Status Quo Bias** The effort required to register for and use ABHA is high as compared to its value ad, making citizens wanting to continue with their existing practices	1. Restructure citizens' physical environment to **onboard more healthcare professionals onto ABDM**. This will increase the demand for ABHA by the professionals making citizens more likely to register. 2. **Compare the experience of an ABHA user and a non-ABHA user** (maybe through a video) 3. Establish **connection between having an ABHA ID and being prepared for health emergencies for oneself and family members**. This can be achieved using persuasive techniques that appeal to the emotions of the citizens. Example: Rani's son faced a health emergency out-of-the blue. She wasted no time in looking for her son's medical records as she had already linked them with ABHA!
Barrier 5: ***Limited supporting ecosystem***		
1. Citizens are hesitant to sign-up for ABHA due to the **absence of known/familiar healthcare professionals linked with ABDM**. 2. Services such as DigiLocker are widely used due to convenience and seamless integration with the ecosystem. **This is lacking for ABDM.**	**Low salience** The absence of ABHA featuring seamlessly in people's health care routines make make them reluctant to register for ABHA	1. Restructure **citizens' physical environment to onboard more healthcare professionals onto ABDM**. This will increase the demand for ABHA by the professionals making citizens more likely to register. - If endorsed by healthcare professionals, the registrations and usage of ABHA may increase as citizens may perceive this to be

		socially acceptable behaviour.
Barrier 6: *Inclusion and Exclusion*		
1. Citizens perceive that **government services are only for the disadvantaged sections** **2.** There is an implicit assumption that **government services offer or should offer monetary benefits** **3.** Citizens that are less educated or less digitally inclined may **feel a lack of confidence in using digital technology**		1. The messaging on collateral can focus on **addressing the misperceptions about ABDM** and highlight how it is "hassle free" / "easy, safe and convenient to use for ALL". **Shift the focus to the actual benefits of ABHA from the perceived ones** (highlight its time saving quality as opposed to any monetary benefits).

Table 2:Enablers to the adoption of ABHA by citizens

Description	Data from quantitative survey	Suggestions
Enabler 1: *Social proof or trustworthy source of awareness*		
Citizens may be more likely to sign-up for ABHA if the recommendation comes from trustworthy sources like friends/family	1. **Registered citizens report friends/family/colleagues** as the primary source of awareness of ABHA **70.53% of the time** 2. **Aware but unregistered citizens report friends/family/colleagues** as the primary source of awareness of ABHA **61% of the time** 3. Citizens who know individuals	The adoption of ABHA may be increased by **focusing communication materials on social-proof / social norm based messaging**. Examples: 1. xx% of the individuals in your city have signed-up for ABHA. Have you? 2. Fed up of having to search for health records everywhere in the house, Rani registered for ABHA to have all the

	around them who have signed-up for ABHA are also **47% more likely to sign-up**	records in one single place! 3. Rani's son faced a health emergency out-of-the blue. She saved 45 minutes in the OPD registration queue as she was already registered with ABHA. 4. Rani's son faced a health emergency out-of-the blue. She wasted no time in looking for her son's medical records as she had already linked them with ABHA!
Enabler 2: ***Having a clear call to action***		
Most of the barriers mentioned are around misinformation about ABHA or lack of clarity about its benefits.	N/A	**Specific and nuanced messaging** may be used to increase the adoption of ABHA. Examples: 1. It is crucial to **address the confusion between the Ayushman Card and ABHA**. 2. Focus on how citizens can create their health identity. **Draw links between being an ABHA user with the identity of a healthy, responsible citizen**. 3. Highlighting the ABHA experience as being "hassle free" / "easy, safe and convenient to use for ALL". 4. Using terms similar to "safe data" to assure data privacy and highlighting the consent management process.

		5. Focusing on addressing the "why" of a certain call to action. For example, not stopping the message at "Faster OPD registrations" but extending the same to say why it may be important. (*This may also be done by adopting persuasive messaging like "Rani saved her son's life through faster OPD registrations. Sign up to ABHA and get faster medical access"*)