Journal Homepage: -www.journalijar.com

INTERNATIONAL JOURNAL OF ADVANCED RESEARCH (IJAR)

Article DOI: 10.21474/IJAR01/22808
DOI URL: http://dx.doi.org/10.21474/IJAR01/22808

RESEARCH ARTICLE

ASSESSING THE BASIC HEALTH FACILITIES AND SATISFACTION LEVEL OF RURAL PEOPLE IN THE EVIDENCE FROM DISTRICT SANGHAR, PAKISTAN

Muhammad Asif Rao[1], Adeel Aslam Khan[2], Muhammad Javed Sheikh[2] and Bushra Gul[2]

1. Department of Sociology, School of Public Administration, Hohai University, Nanjing, China.
2. Department of Rural Sociology, FASS, Sindh Agriculture University, Tandojam, Pakistan.

Manuscript Info

Manuscript History
Received: 12 December 2025
Final Accepted: 14 January 2026
Published: February 2026

Key words:-
health facilities; rural healthcare; patient satisfaction; socioeconomic factors; Sanghar; Pakistan.

Abstract

The availability of basic healthcare affects quality of life in rural and developing areas, with disparities in health services across Pakistan's Provincial Districts. We investigated access to essential health services and satisfaction with their use among people who sought healthcare in the District Sanghar, Sindh Province, Pakistan. This survey used a cross-sectional/multi-stage cluster sampling design,with a questionnaire distributed to 300 participants and including both closed- and open-ended questions.The study applied Descriptive and Multiple Regression Analyses to examine the availability of healthcare services and the factors, including socioeconomic indicators of access to healthcare facilities. This analysis showed that only one-fourth of the health facilities surveyed were rated "satisfactory" by their users, while another 40% were rated "unsatisfactory". The lowest in the satisfactory category was Jam Nawaz Ali taluka, one of the health facilities in this study. Even though many government hospitals and vaccination centers are nearby, the population still faces barriers to using an ambulance or making an appointment at a family planning center, a sanitation center, or a specialty care facility. The regression analysis (Adjusted R^2 = 0.526) found that access to basic healthcare was positively predicted by education, marital status, cemented housing, permanent residence, possession of a CNIC, and income support, but negatively by unstable employment. The study reveals that barrier to fair patient access and poor patient satisfaction in the healthcare system stem from structural, socioeconomic, systemic, and gender-based factors. The Government of Pakistan should invest in developing health infrastructure, enhancing the quality of care, and improving the socioeconomic status of rural residents to combat these barriers.

Introduction:-

Healthcare is part of community wellness because it facilitates community health development and supports social and economic growth. The availability of quality healthcare services will lead to early diagnosis, successful

Corresponding Author:-Muhammad Asif Rao
Address:-Department of Sociology, School of Public Administration, Hohai University, Nanjing

treatment, and disease prevention, and enhance people's quality of life (Khoso et al., 2022). Viable communities are those with reduced ill health and mortality, increased productivity, and social unity (WHO, 2020). Lack of effective healthcare systems may add further vulnerability to societal equality and unfairly affect vulnerable groups, such as the elderly, children, and the poor (Marmot & Bell, 2022). Preventive healthcare programs such as immunizations, maternal care programs and chronic disease management indeed lower the cost of healthcare and prevent outbreaks of infectious diseases (CDC, 2021); mental health services are also part of the overall well-being of individuals and communities, decrease the level of stress and foster the resiliency of a community (Patel et al., 2018; Suyuhan et al., 2026). Healthcare investments also have broad socioeconomic advantages, such as fostering healthier economies that are more inclined to join the workforce and drive economic growth, and supporting the environment for future generations (Bloom et al., 2021). The local economy is bolstered by hospitals, which provide jobs, promote health education through local schools, and support initiatives that enhance community members' health (Ying et al., 2024; Asif & Khoso, 2025). Therefore, by improving access to healthcare services, we also promote better health and build more resilient communities. (McCullough et al., 2022).

Since healthcare is an evolving field, the system's effectiveness must be measured, and patient satisfaction should be considered. Patient satisfaction is a person's reaction to the various characteristics of their healthcare experience (Donabedian, 2020). Patient satisfaction assessment may provide useful insights into the quality of daily care provision. It is widely recognized as a distinct aspect of healthcare quality, encompassing internal hospital factors (. Patient satisfaction, however, was not taken seriously before but is currently receiving growing interest in the healthcare sector (Aharany& Strasser, 2023). The quality of care is also directly associated with the services offered; therefore, it is important to consider the efficiency of care delivery. Some researchers have suggested a relationship between health outcomes and patient satisfaction. The proposed study aims to identify the key factors affecting patient satisfaction, helping healthcare managers optimize resource use and maximize the patient experience and overall satisfaction. (Pascoe, 2022).

Measurements of healthcare quality and satisfaction are essential to effective resource management and can be tailored to user preferences. When talking about public hospitals, conducting these studies may not be particularly interested in profits and therefore may not be financially interested. In a more competitive market, private companies must meet patient needs, satisfy patients, and remain loyal to the organization. Patient satisfaction helps to build reviews related to patient decisions regarding inpatient care. From an organizational management perspective, it is relevant (Otani et al., 2022). Therefore, the quality of health,patient satisfaction and services are key factors for the long-term success of health agencies. Despite extensive research on this topic, the results remain inconclusive and vary across documents. There is contradictory evidence due to the subjective nature of patient satisfaction studies. Because perceptions differ, fulfillment is a comparative concept shaped by individual expectations and evaluations of healthcare service quality (Batbaatar et al., 2021).

Similarly, the most frequently used methods are lacking, and none provide an inclusive, in-depth analysis with bibliographic support. Therefore, this analysis aims to assess various aspects of patient satisfaction in global health settings and to identify key countries, in this field institutions, documents, authors, and journals, along with joint citation and bibliographically coupled networks. This systematic review can contribute to the understanding of patient satisfaction, including whether influential factors or recommended methodologies are important to researchers and scientists assessing it. The constant request for better outcomes and higher-quality health services is crucial to developing more effective organizational policies tailored to patients' needs. Health organizations recognize that health market promotions and service quality are particularly relevant to public image (Parasuraman et al., 2020). Thus, it is possible to assess and identify the surface of patient satisfaction as a variable to enhance the quality of healthy tissue and identify the most relevant dimensions. Patient satisfaction helps measure health care quality and, therefore, serves as an essential indicator. It impacts clinical outcomes, medical misconduct, and timely, efficient, and patient-centered health care (Gill & White, 2021). Patient satisfaction and the quality of health services are priorities for the service industry, given increased consumption, and are key factors in the long-term success of the Institute of Health (Sofaer &Firminger, 2020).

The evaluation of basic healthcare facilities and individuals' level of satisfaction with their healthcare services are two critical components of effectively managing healthcare quality. The data collected during this evaluation process will provide information on how well existing healthcare systems serve the population, where to focus improvement efforts, and whether there is sufficient access to meet patient needs (Donabedian, 2023). Three domains created by Donabedian, namely structure, process, and outcome, can be used to evaluate the quality of

healthcare. These three types offer a holistic model of evaluating the accessibility, availability and quality of healthcare facilities and services. Another valid outcome measure of healthcare organization quality is patient satisfaction. Many factors determine satisfaction levels and the quality of healthcare facilities, such as how services are provided, employee competence, the time patients spend waiting, and the physical facilities (Alhassan et al., 2023). The accessibility of healthcare facilities and the quality of medical services received are good measures of an efficient healthcare system. Primary care facilities, hospitals, and specialty clinics that offer a significant range of health-related services are examples of basic healthcare facilities. To provide these services, facilities should be equipped with the resources needed, including emergency care, maternal/child health, and chronic illness management. According to the World Health Organization (WHO) in 2018, access to basic health care is a right that ensures people have the medical treatment they require (WHO, 2018). Assessments of health facilities typically involve evaluating the building and its installations, employee performance, drug and equipment inventory, and doctors' and nurses' attitudes toward patients. (Harrison et al., 2023).

The most widely used measure of healthcare quality is patient satisfaction, typically assessed through surveys or patient feedback. High patient satisfaction indicates that the services met or exceeded expectations and that patients are more likely to pursue treatment and achieve their treatment objectives (Ware et al., 2021). Health care professionals' competence and ability, communication with patients, facility cleanliness, and the overall treatment experience are among the factors that help determine patient satisfaction (Jenkins et al., 2019). Alghamdi et al. (2017) found that the relationship between staff and patients and the accessibility of patient care, such as the timeliness of care, were two important determinants of patient satisfaction in a primary health care system. In most cases, patient satisfaction is measured using a standardized instrument, such as the Patient Satisfaction Questionnaire (PSQ) or SERVQUAL, which allows researchers and policymakers to assess and compare expectations and perceived quality of health care services (Parasuraman et al., 2021). The outcomes of the tools can also highlight areas for improvement in health care services. Moreover, Williams (1994) outlined other critical factors influencing patient satisfaction: wait times, staff attitudes, and clinical quality of care.

Assessing health facilities helps determine how well healthcare systems function and the disparities in the provision of healthcare resources. Most low-income countries have basic health facilities that are underfunded or poorly managed, leaving patients dissatisfied. Research has found that the availability of necessities and qualified healthcare workers negatively affects the quality of services patients receive and patient satisfaction (Mutale et al., 2023). Furthermore, the availability and proper functioning of basic health services would lead to greater patient satisfaction, especially in rural regions with limited access to care. (Kruk et al., 2024). Weaknesses identified by Healthcare Systems allow participants and stakeholders to gather and use data to improve the Access, Effectiveness, and Efficiency of Healthcare Services. As a result, healthcare systems' ongoing efforts enable continual adaptation to a rapidly growing population while maintaining high-quality health care. Continued Investment in Research and Evaluation of Health Facilities and Population Satisfaction will help promote Health Equity and improve the overall health of Communities (Gupta et. al., 2019). Therefore, this study evaluated the level of satisfaction amongst the local population of Sanghar District regarding the Basic Health Facilities Available to them.

Research Gap:-
Research investigating levels of access to health care services and patient satisfaction has tended to focus on cities, tertiary hospital systems, or the national level. Research at a rural district level is limited. Research evidence from the district level across Sindh remains particularly sparse. Disparities in access to information and services, along withsocioeconomic status differences, shape patients' health-seeking behavior in Sindh. To date, no empirical study has assessed the conditions of basic health facilities, patient satisfaction, or socioeconomic determinants in District Sanghar. The proposed research will address this gap by conducting a district-level, cross-sectional survey of patients in District Sanghar, followed by modelling the socioeconomic determinants of their health-seeking behavior and satisfaction with the services they receive.

Review of Literature:-

Investigating factors related to non-delivery of medical needs is important as it can reflect access to healthcare. This study examined the relationship between undiscovered medical needs in patients with hypertension and satisfaction with nearby health services. 4.3% of study participants reported unmet medical needs. Among those who were not satisfied with nearby health services (indications: 1.69, 95% CI: 1.49-1.92), the probability of greater medical need was higher than among those who were satisfied with nearby services. A similar trend has been determined whether individuals are currently receiving treatment for hypertension or not, but significant differences were found among

groups of currently untreated participants. The results show that implementing public health guidelines requires that nearby health services consider patient satisfaction and address the unmet medical needs of patients with hypertension (Kim et al., 2024).

Otojareri and Adefala (2024) also reported research on patient satisfaction with health services, in whichmajor health facilities in Chanthaga identified possible predictors. A descriptive research design of the survey was conducted. The target population was patients aged 15 years of age at selected PHC facilities. The sampling technology applied was targeted. The PHC Center was selected with 50 participants from all primary health facilities. The sample size was 150. The results of this study showed that the overwhelming majority of respondents (88%) strongly agreed that physicians had high technical competence. The study continued to show that the majority of respondents (41%) agreed that lessons were clear and adequate on diagnostic tests and treatment-related issues, and 56% agreed that appropriate primary levels were maintained during consultations with health service providers. These results show that by ensuring service regulations for service diagram requirements, service reliability and response capabilities improve, and ongoing identification of patient needs is achieved, leading to improved patient satisfaction.

Patient satisfaction with healthcare and services in RIADS' advanced facilities (Mani &Goenwicz, 2024). T General satisfaction domains showed positive links to other regions. Participants who were satisfied with the accessibility of communication and the convenience of healthcare providers were the only ones generally satisfied with the PhD field. The findings of this study may serve as a starting point for benchmarks and quality assurance procedures for Saudi Arabia's health services (Aljarallah et al., 2023). Patient satisfaction among pre-health students and the factors that influence it are the main focus of much scientific research. Insurance for the quality of services provided is extremely important to meet patients' expectations and needs. This study sought to identify determinants of patient satisfaction in the global context, review the literature, and conduct analyses to address gaps in the bibliographic review. Thus, the researchers have concluded that medical care, patient communication, and patient age are among the most important factors(Ferreira et al., 2023).

Perceptions of quality of care from a patient's perspective, accessible within a medical facility, are considered extremely important in the healthcare industry. This report presents conclusions from studies assessing the quality of health services in hospital facilities. This study sought to identify a dichotomy in the quality of care between public and private health facilities, focusing on patient care, attention, and satisfaction. Additionally, the research business investigated health service provider restrictions and customer service premiums. A mixed-methods approach was used to elicit responses from 400 patients in the hospital via a questionnaire. Mutual adjustment and independent CHI tests were used to analyze and interpret the data. The results of this study show that care and attention are higher than in public and private healthcare facilities. This study was conducted on a sample of 400 hospital service users usingsimple random sampling techniques. Data collected in a structured questionnaire and analyzed using SPSS for Windows version 16.0 were statistically tested, where required, at the $P < 0.05$ significance level. According to satisfaction surveys, people don't see a significant difference between public and private hospitals. Patients seem happier with private hospitals, rating their care as better than that at state-run hospitals (Kumar, 2023).

This research will investigate the accessibility of basic health facilities in rural communities and examine patients' satisfaction with them. The survey and interviews were conducted among 200 people in the rural villages where the data were collected. Results reveal that, despite the affordability of health facilities, the quality of care is poor, leaving locals very dissatisfied. There was a significant relationship between infrastructure quality and patient satisfaction. This paper therefore recommends improving healthcare facilities and educating medical personnel to enhance service provision (Smith & Lee, 2022). The link between one-third of health facility infrastructure and urban community satisfaction in low-income urban areas. By following a mixed-methods research approach that included focus groups and survey questionnaires, we identified immediate concerns about how healthcare is delivered. Findings suggest that although facilities are available, issues such as long waiting times and poor staff training also play a vital role in reducing satisfaction. Among the recommendations for improvement, it is possible to mention increasing healthcare funding and implementing patient-centered care practices (Brown & Harris, 2023). The satisfaction of the local population with the quality of healthcare services in the new rural healthcare facilities. With 150 residents in total, there is a shortage of specialized services and poor equipment, which greatly affects the satisfaction levels. The research shows that satisfaction could be improved by increasing investment in rural health facility infrastructure and ensuring a consistent supply of medicines. (Johnson & Green, 2021).

A survey was conducted in semi-urban areas to assess the satisfaction of community health center staff and patients with the quality of services provided. The authors found that health sites were generally accessible to patients, but most dissatisfaction stemmed from perceived unprofessionalism among health professionals and poor hygiene. The authors suggested placing greater emphasis on ensuring that medical staff receive high-quality training and that required hygiene standards are observed (Wang & Lie, 2020). The authors have stressed the importance of local health facilities for the overall welfare of the people they serve. The authors employed qualitative and quantitative methods to assess patient satisfaction and healthcare quality by analyzing data from patients in a small village. They have highlighted that knowing how to access available health services optimally improves patients' access to services and, therefore, overall patient satisfaction.

The authors also suggested including more community health education to help patients use available services more effectively (Morris & Gupta, 2021; Chen & Khoso, 2025). A study was also conducted in a metropolitan area to assess residents' satisfaction with public health facilities. Data were collected through a survey involving more than 500 participants, who reported that although they generally enjoyed access to health services, they were not satisfied because they had to wait long and had poor communication with their health care providers. Research indicates that one way to address such concerns is to use digital health records and telemedicine (Adams & Goldstein, 2022). Poor access to basic health services in deprived areas and the degree of population satisfaction with immediate services. The study suggests that poor staffing, service delays, and insufficient medical supplies are the primary factors that can lead to patient dissatisfaction. The authors state that mobile clinics and local and state governments must allocate more funds to health care and expand it to address access to care in the aforementioned regions (Carpenter and Scholley 45). (Williams & Thompson, 2021).

Patients indicated that they were not satisfied with maternal health services specifically. Based on the research findings, the authors suggest implementing policy interventions to improve the quality of health care services and infrastructure in rural regions (Kenyatta &Moyo, 2022). Data on patient satisfaction with care at a district hospital are primarily evaluated through access to care, quality of care, and the patient experience. The patient satisfaction study based on survey results shows that, overall, patients are satisfied with the well-equipped facility; however, the lack of individualized care and delays in the administrative process negatively affect satisfaction. Chang and Tan (2023) propose additional administrative procedures and better patient-provider communication to improve patient satisfaction. Determinants of patient satisfaction with basic health services in rural India. In this research, questionnaires were used to collect data. It was determined that people's satisfaction is strongly influenced by the availability of required medicines, medical staff's positive attitudes, and the quality of facilities. The article indicates that we must ensure that medicine gets where it belongs and better educate healthcare workers, so that people in the community are more satisfied with local healthcare. (Reddy & Prakash, 2021).

Researchers assessed the specific health services (EPI, prenatal care, basic health care) offered at selected BHUs in Peshawar to determine the number and types of services being delivered. To conduct these assessments, they collected information using standardized checklists and locally developed/community-based questionnaires. They completed a YES/NO response for each checklist question. SPSS v.22 was then used to analyze the data descriptively. (EPI) (MCHC-MCCHC) All Bhus received complete vaccination coverage and folic acid supplementation; however, their nutritional status was inadequate. Approximately 80% of BHUs had appropriate infrastructure. Security and hygiene protocols for BHUs were not consistently in place, as required by standard operating procedures for the management of hazardous waste and the disposal of sharp objects (needles). The majority of health facilities were present in the inspected BHUs, including vaccination, MCHC, and infrastructure services, as well as security and sanitation. Female staff were appropriate, but male employees were poor (Raza et al., 2020).

It includes patient satisfaction with health services and physician behavior, as well as mitigation of health services. This study aims to assess patients' satisfaction with laboratories and medical services, including diagnostic, preventive, and prenatal care, in Pakistan's public health sector. This study uses regression to examine whether patient satisfaction with health services and physician behavior are associated with patient satisfaction and healthcare outcomes. General opinions regarding patient satisfaction with hospital medical services were positive. Satisfaction is high across laboratory and diagnostic care, preventive health care, and prenatal care. Based on the results, this study confirms that the proposed hypothesis is statistically significant. Additionally, the study provides guidance for future research (Manzoor et al., 2019).

Patient satisfaction with the care received is of paramount importance for delivering high-quality care. Goal: This study was planned to assess factors associated with satisfaction among stationary patients participating in government health agencies. A cross-sectional study was conducted among all eligible inpatients in state health facilities in northeastern India, using a semi-structured questionnaire to assess seven domains of patient care. A total of 751 patients were interviewed, with 275 caring men (36.6%). Almost a third of patients (32.5%) were very satisfied with the overall care they received. The patient education domain was insufficient for 185 patients (24.6%). Patients admitted to the surgery and the alliance departments reported significantly higher satisfaction with care ($p < 0.001$) than those admitted by other departments. The conclusion is that physician and nursing home satisfaction is a high management priority for improving station comfort and cleanliness, thereby enhancing overall quality of care and increasing patient loyalty (Rajkumari & Nula, 2017).

Research Methodology:-

Study area:-

A cross-sectional survey was conducted in rural areas of the District Sanghar, Sindh, Pakistan. The district comprises six taluks with predominantly agrarian livelihoods and dispersed rural settlements.

Sample Size and Sampling Technique:-

The present study was conducted in the Sanghar District, a rural setting, and a sample of 300 respondents was selected using multistage cluster sampling. All six talukas were chosen in the initial phase. A sample of 50 respondents was randomly selected, and two Union Councils (UCs) were selected in each taluka. A survey was then carried out. The medical facilities, pharmacies, and the local population were also contacted and invited to participate in the study and to collect the relevant data using a valid, credible, and structured closed-ended questionnaire. A sample of 300 respondents was selected to achieve a 5 percent margin of error with a 95 percent Confidence Level.

Data Collection Instrument:-

A closed-ended questionnaire was designed to gather information on people's socioeconomic status, the accessibility of medical services, and their satisfaction with the services provided. The questionnaire the co-authors developed was very comprehensive, drawing on input from various sources. Various indicators were used to measure patient satisfaction,including the availability of doctors and medicines, waiting times, the behavior of healthcare staff, the cleanliness of healthcare facilities, and the accessibility of services. The respondents were asked to rate their level of satisfaction with these indicators, which aggregate the quality of basic health services in rural settings.Moreover, the Technical Committee scrutinized and provided recommendations on how to conduct the questionnaire. To obtain more specific demographic information, a personal interview was used to gather data on respondents' business features and concerns. The personal interviews were also used to elaborate on the issues, thus making the questionnaire data more valid.

Data analysis:-

The SPSS (Statistical Package for the Social Sciences) is used to analyze the data collected in this study. The initial analysis will provide descriptive statistics on demographics and results for the availability/facility indicators. A multiple regression analysis was then performed to identify the factors affecting healthcare facilities in the study area. Based on this, it is reasonable to conclude that descriptive and multiple regression analyses will provide sufficient data to support generalization and analysis of the overall findings.

Results:-

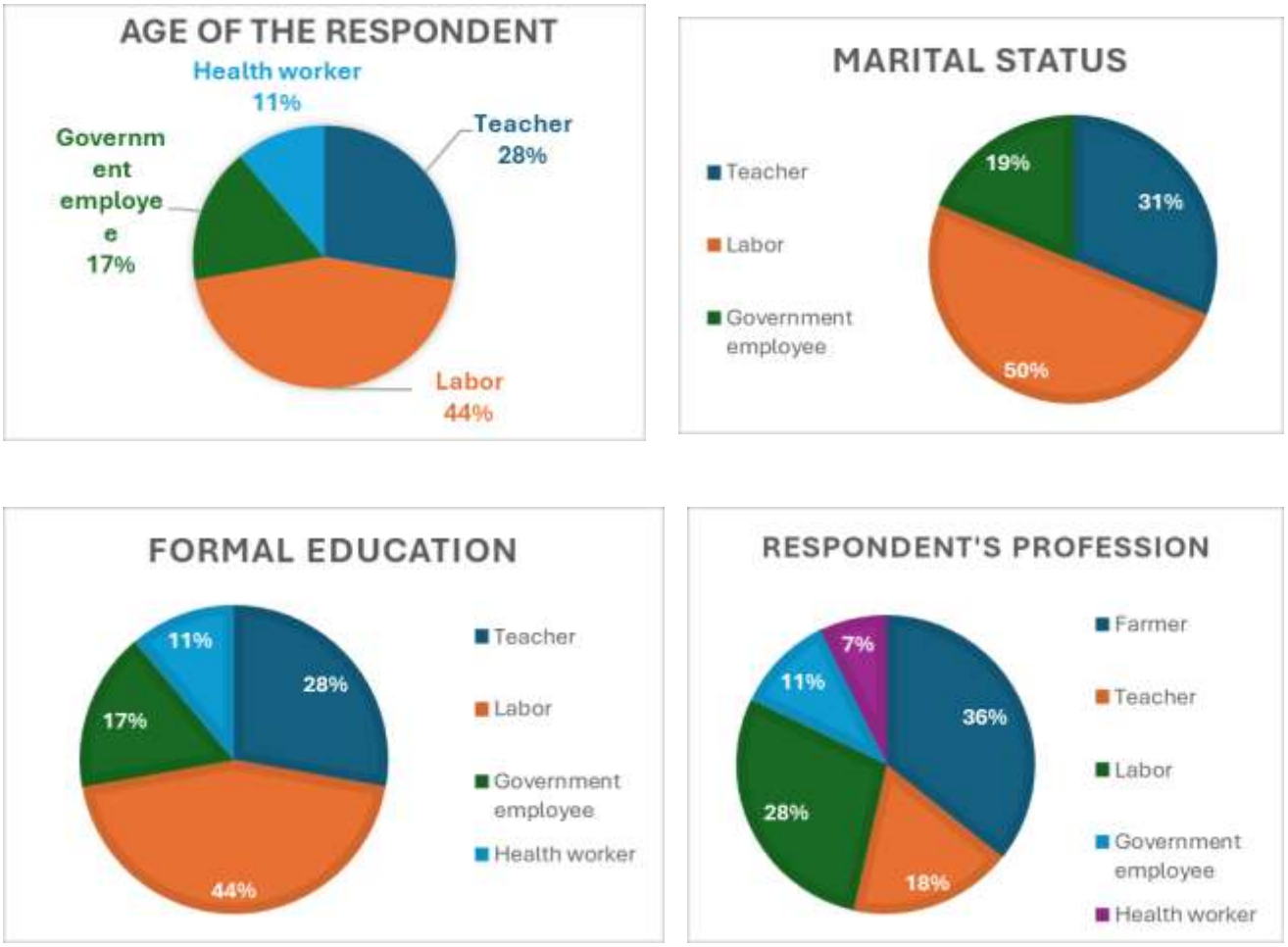

Figure:-
Figure1 Respondents' Background Characteristics

The respondents' age distribution is shown in the figure. Most respondents were aged 20-30, accounting for 30% of the total sample. There were also high numbers for ages 31-40 and 51+, each accounting for 25% of respondents' ages. Thus, most respondents were aged 20 to 40. The Respondent's Marital Status is displayed in the figure. In the study, 50% of respondents were married, 40% were single, and 10% were divorced. Therefore, most respondents were married and lived with a partner in a joint family. The Respondent's Education Level is represented in the figure. Among respondents, 33.33% had obtained a Matric, the highest percentage across all groups; next was 26.67% with an Intermediate (Inter) Education level; third, 23.33% had achieved a Middle Level Education; and 16.67% reported No Formal level of Education. Therefore, on average, one-third of respondents had completed Matric, while a considerable number had no formal schooling. The majority of respondents were engaged in Farming or Daily Wage Labor, as shown in the figure.

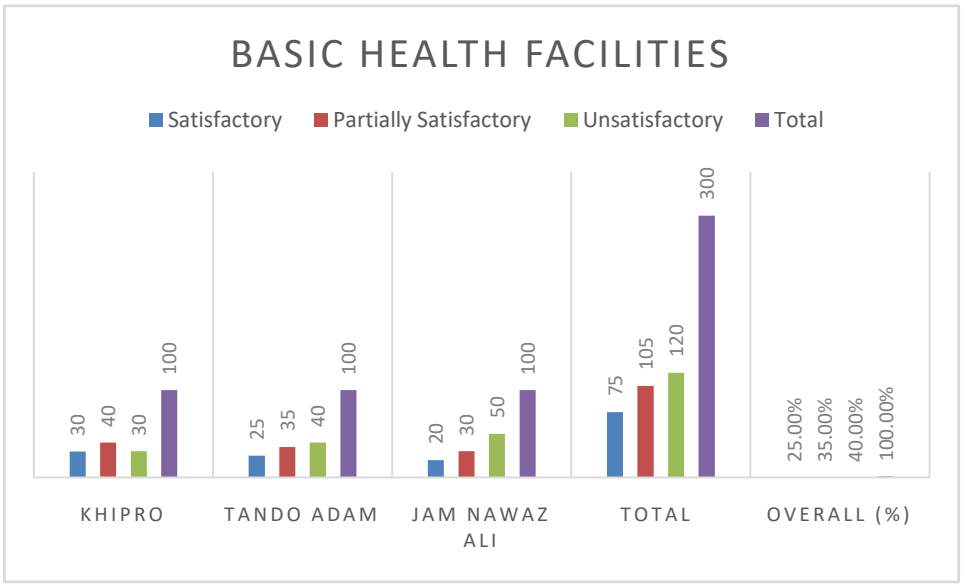

Figure 2: Taluka-wise basic health facilities in the study area

In the study area, Figure 2 shows the number of basic health service facilities across the three talukas of Khipro, Tando Adam, and Jam Nawaz Ali. The facilities have been classified into three levels of service quality: satisfactory, partially satisfactory, and unsatisfactory. Of the 300 facilities assessed, only 75 (25 percent) were satisfactory, 105 (35 percent) were partially satisfactory, and 120 (40 percent) were unsatisfactory. In Khipro, 30 percent of the total basic health facilities (100 in total) were assessed as satisfactory, 40 percent as partially satisfactory, and 30 percent as unsatisfactory. The situation in Tando Adam appears worse: only 25 percent of facilities met satisfaction standards, while 40 percent did not. Again, this highlights a very serious issue regarding the quality and effectiveness of health services in this region, as nearly two-thirds of locations are rated below standard. The Jam Nawaz Ali area has the lowest percentage of health facilities rated satisfactory, with only 20 percent rated satisfactory, 30 percent rated partially satisfactory, and 50 percent rated unsatisfactory, the largest proportion out of all three talukas.

Model	**Unstandardized Coefficients**		**Standardized Coefficients**	**T**	**Sig.**
	B	**Std. Error**	**Beta**		
(Constant)	194.596	26.068		7.467	.000
Formaleducation	11.057	1.983	.305	5.578	.000
MaritalStatus	31.764	5.435	.304	5.843	.000
Job category (Full-timejob)	-29.782	3.043	-.256	-4.890	.000
Housetype(Cemented)	26.573	5.761	.245	4.612	.000

Residentialstatus (Permanent)	14.849	5.412	.144	2.742	.007
PersonalCNICcard	15.964	5.692	.142	2.806	.006
GovernmentalIncome Support	12.026	5.117	.118	2.349	.020
Dependent Variable: Basic health facilities ;r=.735[a]; r^2=.542; Adjustedr^2 =.526;F=32.478; Significant=.000[b]					

Table 1: Relationship of Basic Health Facilities Variables

A multipleregression analysis was conducted to determine the effects of socioeconomic variables on access to basic health facilities. The regression model was statistically significant (F = 32.478, p = .001), indicating a very strong overall fit. The model accounted for 54.2% of the variance in access to basic health facilities (R = .735, R^2 = .542; Adjusted R^2 = .526). Access to basic health facilities was determined by formal education (b = .305, p < .001) and marital status (b = .304, p < .001), the strongest predictors, with positive coefficients. Positive effects on housing quality (b =.245, p <.001), permanent residential status (b =.144, p =.007), possession of a personal CNIC card (b =.142, p =.020) and receipt of governmental income support (b =.118, p =.020) were also found to be statistically significant. However, full-time employment was negatively correlated with the availability of basic health facilities (b = -0.256, p < 0.001), possibly indicating limited time or work-related reasons. In general, the results show that socioeconomic stability and legal identification substantially improve access to primary health services, whereas employment-related factors may impede it.

Discussion:-

The quality and availability of basic health facilities to the population are significant factors affecting a community's health and well-being. Understanding health outcomes requires evaluating both the degree of satisfaction with health care services and their accessibility for people living in rural areas of District Sanghar, Pakistan. In addition to assessing health care providers' infrastructure, this assessment will evaluate residents' satisfaction with the health care services they receive. Creating a data-collection framework with community members will help identify opportunities to better deliver health care services in District Sanghar and provide recommendations to improve health outcomes for all people within that jurisdiction, based on the findings of this assessment.Although the community has access to public healthcare facilities, a large number of respondents indicated that they are not satisfied with the basic health services. This discontent could be explained by the shortage of necessary medicines, the lack of skilled doctors, the long queues, and the inadequate attitude of medical personnel. Past research has similarly documented weak healthcare delivery systems in rural settings (Khan & Ahmed, 2018).A demographic transition in those countries' populations shows that most people will be younger than the older population, creating a gap between the two groups. The research shows an imbalance in the distribution of younger and older age groups, driven by factors such as migration trends and economic opportunities. The age groups also contrast with findings from previous studies, which indicated greater bias toward older adults, as older adults were not expected to travel far from home to seek employment or educational opportunities and, in many cases, were unable to do so (Amin, 2020).

Two-thirds of the respondents are dominant Muslims, and only 1 in every 3 is not-Muslim. This observation supports the faith of most South Asian countries since the majority of them are of Islam faith. The supremacy of Muslims is a reflection of the socio-cultural and religious environment of the region, which is likely to influence the daily lives of people, their social norms, families, and even medical practices (Mahmood & Khan, 2020). This homogeneity of religion is also consistent with previous findings, which showed that the same figures were reported in studies conducted in regions with a majority-Muslim population (Zaman & Ali, 2018). However, this 10 percent of non-Muslim respondents may well be capable of providing some good information on the minority community issues that might be compromised in the mainstream social and political discourse. indicating the existing education gap, especially in low-income and rural areas. Inequalities in education in such locations have been discussed, and

access to education exhibits wide disparities and is strongly influenced by socioeconomic factors, geographic location, and gender (Ali & Khan, 2020). Despite the milestones of Matric and Intermediate education, in most cases, there is no higher-paying, more professional employment to match them. The less educated often struggle to secure a better job. This trend is consistent with past research, which indicates that less educated individuals often struggle to secure better jobs. (Siddiqui, 2020).

The data provide information about family structure and also show what society expects of those who marry and raise families. Cultural and religious beliefs influence the expectations associated with marrying and raising families; the data are representative of a conservative culture that strongly values marriage as an important part of the family unit. (Hassan & Jamil, 2021). According to earlier research on family structure in Southern Asia, the trends identified by this study continue to hold: the marriage rate is relatively high, the divorce rate is quite low, and divorce is very limited due to social stigma. Social and cultural conditions are also very significant in restricting access to healthcare services in rural settings. Gender norms tend to confine women to movement, and poverty, coupled with a lack of informal power like landlords, further postpones access to timely health facilities. These obstacles are among the causes of delayed appointments, underutilization of ambulance services, and poor healthcare outcomes.(Khan, 2020). One impact of cohabiting is that most people live in multigenerational households before starting their own families. However, this number indicates that families continue to maintain intimate relationships through extended family ties within joint families, even as nuclear families are gaining popularity worldwide. The interviews indicated that most families had more than 2 members, underscoring the value of extended family relationships in these regions. Another fact is that about 30 percent of the interviewed families had more than 5 people, which may be attributed to rural communities being associated with larger families (Ahsan & Shahid, 2018). Statistics on larger families are available in urban areas. However, none are available in rural areas, as the world tends towards urbanization and smaller families.

The need to rent a house is often a sign of limited financial means, especially in regions where homeownership is inaccessible or unaffordable to a large portion of the population (Ali, 2020). The fact that a huge percentage of the participants were in cement housing points out to the fact that the development of infrastructure in this country is more than in several other countries, but it also points out that the disparity between the rich and the poor in this country is very wide, as not all the people who have taken part in this survey can afford the newer homes. The other observation in the report is that 4 out of 10 have maintained their socioeconomic status over the past 2-3 years. This stability, however modest, means that a significant percentage of the population cannot move much upward, a tendency often linked to limited access to schools and employment opportunities (Jamil & Hassan, 2021). Findings of this nature highlight the role of farming and handwork in the local economy. In most developing nations, the agricultural industry still employs a large number of people, and on several occasions, they lack access to new technology and modern farming methods (Rahman, 2020). This aligns with previous results indicating that, in rural economies, employment diversification is minimal because they are highly dependent on agriculture (Siddiqui & Nawaz, 2019). Within the health industry, although there is positive feedback on government hospitals and vaccination programs, the negative attitude towards the condition of hospitals and services, such as sanitation, remains an issue. Prior studies have found limited access to quality healthcare resources and difficulty obtaining care in rural areas or in underserved communities. In addition, He (2019)Reports That Government health facilities are technically free; however, rural families have to incur the invisible costs, including transport costs, lost income, and the cost of buying drugs in local pharmacies. These healthcare financial strains hinder prompt access to healthcare and are not distributed proportionally in low-income rural areas.

Ochan et al. (2018) explained that satisfaction is the degree to which patients feel the service they received fulfilled their expectations. Dissatisfaction with healthcare services is growing among patients due to the commercialization of medical services, the bureaucratic nature of healthcare providers, and poor relationships between patients and healthcare providers. The paper will examine the determinants of patient satisfaction during services in tertiary care hospitals and the extent to which these determinants are statistically significantly associated with patients' demographic data. Demographic data analysis shows statistically significant differences ($P < 0.05$) in patient satisfaction by gender, geographic location, education, occupation, and health insurance status.(Kamara et al., 2016).

The aim of the research was to examine various measures of patient-centered healthcare quality. The findings will support further research on the roles of institutional, quality, and socioeconomic determinants in service quality in the health care delivery system, and on how patients perceive their experiences and the level of service they receive. All the factors mentioned above, as well as socioeconomic factors such as age, cultural beliefs, education level,

income level, and occupation, should be considered by hospital management during service design to better serve patients nb(Zeithaml et al., 2019).

In the healthcare sector, patient satisfaction assessment is of prime importance for quality evaluation and improvement, as it is a significant factor in treatment compliance and health outcomes. Although it is of great significance, research on patient satisfaction in public health centers in Addis Ababa remains scarce. This research indicates the need to understand patient encounters in this context, focusing on key factors such as staff conduct, the adequacy of medical resources, waiting times, and the overall care atmosphere. The results highlight aspects that, if taken into account, could inform the development of policies and practices to increase patient satisfaction in Addis Ababa's public healthcare system. (Tollera et al., 2025).

Conclusion:-

The Study Results presented a combination of positive and negative response on the provision of health care services in the Region. Although most respondents acknowledged the presence of Government-run medical institutions, Vaccinations, and related health services, they were also aware of very limited access to private doctors, female doctors, emergency appointment services, and family planning services. Cultural and familial constraints were also among the factors respondents identified as reasons for being unable to receive health care. Another issue that was of concern to the respondents was Sanitation and Equitable Service Delivery throughout the Region. The survey conducted by Taluka revealed that 40% of health care establishments were categorized as Unsatisfactory, with the Taluka of Jam Nawaz Ali being the most dissatisfied. In general, health care facilities received low ratings, with only 25 percent rated Satisfactory, indicating significant gaps in health care infrastructure. The Regression Analysis (R^2 = 0.526) demonstrated that Formal Education, Marital Status, Housing Condition of Cement, Permanent Residency, Possession of a CNIC, and Receipt of Income Support were significant, Positive Predictors of Access to Health Care Services. Alternatively, respondents' Uncertain Job Categories negatively affected their access to Basic Health Care Services throughout the Study's Research Region. The Study concluded that the Research Region needs improved socioeconomic conditions, Infrastructure Improvements, and social reforms to facilitate the Equitable and Effective Delivery of Health Care Services.

Recommendations:-

1. Enhance health care informatics in primary health care in most underserved rural talukas, including Jam Nawaz Ali.
2. Enhance hygiene, transport by ambulance and family planning services in the rural healthcare facilities.
3. The intervention to overcome the cultural barriers that limit access to healthcare by women includes increasing the number of women in healthcare.
4. Offer a higher coverage of CNIC and income support in order to allow equal access among all marginalised households.
5. To increase the utilization and satisfaction of services, implement the community health education research.

Acknowledgement:-

The author acknowledges the respondents' support for their time and consideration.

Declarations:

The author declares that this manuscript is original and has not been submitted elsewhere.
All authors contributed equally from generating the idea through the final manuscript.
The authors declared no conflicts of interest.
All data were collected ethically with informed consent.

Funding:

No funding was received for this research.
AI assistance was used only for language polishing and formatting support after the reviewer's comment. All intellectual contributions, interpretations, analyses, and conclusions are the authors' own.

References:-

1. Adams, R., & Goldstein, M. (2022). Public health service satisfaction in metropolitan areas: Challenges and opportunities. Urban Health Policy Review, 19(3), 77-85.
2. Asif, M., & Khoso, A. R.(2025). Educating Under Pressure: A Sociological Analysis of Academic Stress and Mental Well-being among Graduate Students in Sindh. Symbiohealth, 4(1), 1–12. https://doi.org/10.59525/symbiohealth.1051
3. Alghamdi, M. S., Alshammari, S. A., Alwahaibi, A. A., &Alzahrani, A. M. (2017). Patient satisfaction in primary healthcare centers in the Kingdom of Saudi Arabia. Journal of Family Medicine and Primary Care, 6(1), 88-94.
4. Alhassan, R. K., Nketiah-Amponsah, E., &Atinga, R. A. (2023). Does performance- based financing influence health care workers' motivation? A mixed methods study from Ghana. BMC Health Services Research, 13(1), 1-11.
5. Aljarallah, N. A., Almuqbil, M., Alshehri, S., Khormi, A. M. S., AlReshaidan, R. M., Alomran, F. H., &Asdaq, S. M. B. (2023). Satisfaction of patients with health care services in tertiary care facilities of Riyadh, Saudi Arabia: A cross-sectional approach. Frontiers Journal of Public Health, 10(4), 1077-1089.
6. Batbaatar, E., Dorjdagva, J., Luvsannyam, A., &Amenta, P. (2021). Conceptualization of patient satisfaction: A systematic narrative literature review. Journal of Perspectives in Public Health, 35(5), 243–250.
7. Bloom, D. E., Canning, D., & Sevilla, J. (2021). The economic impact of health on productivity and development. Global Journal of Health Science, 59(4), 718- 730.
8. Brown, C., & Harris, L. R. (2023). Patient satisfaction and healthcare accessibility in urban slums. International Journal of Public Health, 44(1), 45-59.
9. CDC, Centers for Disease Control. (2021). The value of prevention: Reducing health risks and lowering healthcare costs.
10. Chen, Q., & Khoso, A. R. (2025). Evaluating the effects of ideological and political education on civic engagement and social behavior among university students: A case study of Sindh Agriculture University Tandojam, Pakistan. Sage Open, 15(4), 21582440251365400.
11. Chang, W., & Tan, C. Y. (2023). Patient satisfaction in district hospitals: An analysis of care quality and administrative efficiency. Journal of Health Administration, 16(1), 52-59.
12. Donabedian, A. (2020). The quality of care: How can it be assessed? JAMA, 260(12), 1743–1748.
13. Donabedian, A. (2023). Evaluating the quality of medical care. Milbank Quarterly, 83(4), 691-729.
14. Ferreira, D. C., Vieira, I., Pedro, M. I., Caldas, P., & Varela, M. (2023). Patient satisfaction with healthcare services and the techniques used for its assessment: a systematic literature review and a bibliometric analysis. Journal of Healthcare, 11(5), 370-381.
15. Gill, L., & White, L. (2021). A critical review of patient satisfaction. Leadership Journal of in Health Services, 22(1), 8–19.
16. Harrison, M., Bero, L., &Baeza, C. (2023). Health facilities and the quality of care.
17. Health Policy, 119(3), 356-365.
18. Jenkins, R., Olsson, M., & Duggan, P. (2019). Patient satisfaction and its impact on the quality of care. Medical Care Review, 16(2), 200-206.
19. Johnson, M. E., & Green, K. P. (2021). Satisfaction levels in rural healthcare services: A cross-sectional study. Journal of Rural Medicine, 29(3), 188-193.
20. Khoso, A. R., Akhtar, F., Narejo, A. A., Mallah, S. A., Vighio, K., &Sanjrani, D. K. (2022). Comparative analysis of service quality between public and private hospitals, using SERVQUAL model: a case study of Peshawar, Pakistan. MEDFARM: JurnalFarmasi dan Kesehatan, 11(2), 240-252.
21. Kenyatta, P., &Moyo, T. (2022). Maternal health services and patient satisfaction in rural African communities. African Health Journal, 12(2), 105-112.
22. Kruk, M. E., Goldmann, E., & Galea, S. (2024). The impact of health system strengthening on health outcomes in low-income countries: A systematic review. The Lancet, 376(9749), 1035-1041.
23. Mani, Z. A., &Goniewicz, K. (2024). Transforming Healthcare in Saudi Arabia: A Comprehensive Evaluation of Vision 2030's Impact. Sustainability, 16(8), 3277.
24. Manzoor, F., Wei, L., Hussain, A., Asif, M., & Shah, S. I. A. (2019). Patient satisfaction with health care services; an application of physician's behavior as a moderator. International Journal of Research and Public Health, 16(18), 3318.
25. Marmot, M., & Bell, R. (2022). Fair society, healthy lives: The importance of addressing social determinants of health. Journal of Public Health, 26(1), 4-7.

26. McCullough, M., Eisenkraft, B., & Sen, B. (2022). Healthcare as community development: Economic and social impact on local well-being. Journal of Health Affairs, 31(12), 2932-2940.
27. Morris, T. A., & Gupta, N. (2021). The role of health education in improving satisfaction with local health facilities. Journal of Community Health, 43(5), 629-635.
28. Mutale, W., Manda, E., &Fylkesnes, K. (2023). The performance of the health system in Zambia: A systematic review of the health policy and systems research literature. International Journal of Health Policy and Management, 2(1), 1-12.
29. Ochan, A. W., Aaron, K., Aliyu, S., Mohiuddin, M., &Bamaiyi, P. (2018). Patients' satisfaction with healthcare services received in health facilities in Bushenyi District of Uganda. International Journal of Science and Healthcare Research, 3(1), 76-87.
30. Otojareri, K. A., &Adefila Adewale, A. (2024). Assessment of patients satisfaction with health care services from primary healthcare facilities In Chanchanga. Journal of Communication and Medical Health Science, 15(07), 581-596.
31. Otani, K., Waterman, B., &Dunagan, W. C. (2022). Patient satisfaction: How patient health conditions influence their satisfaction. Journal of Healthcare Management, 57(4), 276–292.
32. Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (2020). SERVQUAL: A multiple- item scale for measuring consumer perceptions of service quality. Journal of Retailing, 64(1), 12–40.
33. Parasuraman, A., Zeithaml, V. A., & Berry, L. L. (2021). A conceptual model of service quality and its implications for future research. Journal of Marketing, 49(4), 41- 50.
34. Pascoe, G. C. (2022). Patient satisfaction in primary health care: A literature review andanalysis. Journal of Evaluation and Program Planning, 6(3-4), 185–210.
35. Patel, V., Saxena, S., Lund, C., & Thornicroft, G. (2018). Mental health for all: Translating policy into practice in community settings. Journal of Medical Research, 92(8), 1493-1512.
36. Rajkumari, B., & Nula, P. (2017). Patient's satisfaction with care in a government health facility in North East India: A cross-sectional study. Journal of Medical Society, 31(2), 94-98.
37. Raza, A., Jamal, P., Saeed, M., Ahmed, R., Qazi, E., & Rehman, S. (2020). Assessment of the facilities provided to patients in selected Basic Health Units (BHUs) of Peshawar, Pakistan. Journal of Rehman Medical Institute, 6(4), 07-11.
38. Reddy, S., & Prakash, B. (2021). Determinants of patient satisfaction with healthcare services in rural India. Asian Journal of Health Studies, 25(4), 311-319.
39. Suyuhan, W., Khoso, A. R., Jintu, G., & Bhutto, S. (2026). The mental health crisis in global higher education: understanding and mitigating academic load stress among international students from Asia and Africa in Nanjing China. Frontiers in Psychology, 17, 1707944.
40. Smith, J. A., & Lee, T. P. (2022). The availability and satisfaction of health facilities in rural communities: A case study. Journal of Rural Health Studies, 38(4), 224- 237.
41. Sofaer, S., &Firminger, K. (2020). Patient perceptions of the quality of health services.Annual Journal of Public Health, 26(1), 513–559.
42. Tollera, G., Retta, M. T., &Girmay, A. M. (2025). Patient satisfaction with healthcare services and associated factors at public health centers in Addis Ababa, Ethiopia. Discover Social Science and Health, 5(1), 38.
43. Ware, J. E., Jr., & Snyder, M. K. (2021). The measurement of patient satisfaction: Implications for future health services. Medical Care Review, 57(2), 205-225.
44. WHO, World Health Organization. (2020). Universal health coverage: Promoting health equity and community well-being. WHO Report.
45. Williams, B. (1994). Patient satisfaction: A valid concept? Social Science & Medicine, 38(6), 708-710.
46. Williams, D. L., & Thompson, R. J. (2021). Satisfaction with health services in underserved communities: A regional survey. Journal of Healthcare Accessibility, 15(4), 210-217.
47. Wang, S., & Liu, H. Z. (2020). Patient perceptions of healthcare quality in semi-urban health facilities. Global Health Review, 8(2), 111-118.
48. World Health Organization (WHO). (2018). Universal Health Coverage: Key facts.
49. Ying, H., Khoso, A. R., & Bhutto, S. (2024). A case study investigating the relational well-being of international students at Hohai University Nanjing, Jiangsu Province of China. Behavioral Sciences, 14(7), 544
50. Zeithaml, V. A., Berry, L. L., & Parasuraman, A. (2019). The behavioral consequences of service quality. Journal of Marketing, 60(2), 31–46.