Ayushman Bharat and Healthcare Equity: An Empirical Study of Beneficiary Satisfaction in the Kashmir Valley

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Abstract: *Ayushman Bharat, India's flagship programme for universal health coverage, seeks to improve access to affordable healthcare through its key component, the Pradhan Mantri Jan Arogya Yojana (AB–PMJAY), which provides cashless hospitalisation for secondary and tertiary care. This study assessed beneficiary satisfaction with AB–PMJAY in the Kashmir Valley, where the scheme functions as a universal entitlement. Using a descriptive and analytical research design, primary data were collected from 500 beneficiaries across ten districts using structured interviews. The analysis examined satisfaction across enrolment processes, hospital access, service delivery, hospitalisation experiences, and perceptions of fairness, while also exploring the operational challenges encountered in implementation. The study concludes that expanding insurance coverage alone is insufficient; sustained improvements in service quality, accessibility, and institutional accountability are critical for ensuring equitable healthcare delivery in geographically and structurally diverse regions such as the Kashmir Valley..*

Keywords: Ayushman Bharat, Healthcare Access, Service uality, Kashmir

INTRODUCTION

India's pursuit of universal health coverage has advanced significantly with the introduction of Ayushman Bharat, a major health reform initiative aimed at reducing financial barriers and improving access to healthcare services in India. Central to this program is the Pradhan Mantri Jan Arogya Yojana (AB–PMJAY), which provides cashless hospitalisation for secondary and tertiary care, particularly for economically vulnerable populations. By empanelling both public and private hospitals, the scheme seeks to expand institutional healthcare access and promote equity in service delivery (Garg et al., 2019). In regions such as the Kashmir Valley, where geographical constraints and socioeconomic disparities are pronounced, AB–PMJAY assumes added importance. Notably, the scheme operates as a universal entitlement in Jammu and Kashmir, offering coverage to the entire population, thereby creating a unique context for evaluating its effectiveness in achieving equitable healthcare outcomes.

This study focuses on assessing beneficiary satisfaction with AB–PMJAY in the Kashmir Valley, with particular attention to the enrolment processes, accessibility of healthcare services, quality of service delivery, and perceptions of fairness. Patient satisfaction has increasingly been recognised as a key indicator for evaluating healthcare systems, especially within publicly funded insurance programs (Xesfingi et al., 2016). Beyond clinical outcomes, it reflects broader dimensions such as ease of access, institutional responsiveness, provider behaviour, and fairness in treatment. In schemes such as AB–PMJAY, which aim to reduce out-of-pocket expenditure, patient satisfaction provides insight into whether policy goals are effectively translated into meaningful and equitable healthcare experiences.

Within India's healthcare framework, the AB–PMJAY represents a landmark intervention designed to protect households from catastrophic health expenditure. Its implementation in Jammu and Kashmir as a universal scheme has significantly expanded access to formal healthcare services, particularly among underserved populations. The empanelment of hospitals and the introduction of standardised treatment packages have improved the availability and consistency of healthcare services across the region (Ministry of Health and Family Welfare, 2024). However, increased coverage does not automatically ensure equitable access or satisfactory patient experience.

The effectiveness of such insurance-based reforms depends heavily on local service delivery conditions,

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especially in regions characterised by difficult terrain, uneven infrastructure and historical inequalities. The Kashmir Valley exemplifies these issues. Despite improvements in healthcare infrastructure, services remain unevenly distributed across districts, resulting in persistent regional disparities in healthcare access. These structural inequalities influence how beneficiaries access healthcare and shape their overall satisfaction with the program.

Patient satisfaction is inherently multidimensional and is influenced by various socioeconomic and systemic factors. Research highlights that accessibility, quality of care, provider competence, administrative efficiency, and prior healthcare experiences play critical roles in shaping patient perceptions (Ferreira et al., 2023). Demographic factors, such as age, gender, education, income, and place of residence, interact with healthcare system characteristics to influence satisfaction levels. Among these determinants, ease of access and quality of the care environment consistently emerge as strong predictors of positive patient experiences.

In the Kashmir Valley, these factors are closely linked to long-standing regional disparities in healthcare infrastructure. Since 1947, the development of healthcare services in the region has been uneven, shaped by geography, administrative priorities, and prolonged sociopolitical instability (Farooq et al., 2025). Central Kashmir, including districts such as Srinagar, Budgam, and Ganderbal, has historically benefited from greater investment in healthcare facilities, with Srinagar serving as the primary hub for specialised care. In contrast, South Kashmir shows moderate development but continues to depend on Central Kashmir for advanced services, while North Kashmir faces significant challenges due to difficult terrain, dispersed populations, and shortages of specialised healthcare resources.

Although the AB–PMJAY has attempted to address these disparities through expanded hospital empanelment, notable inter-district inequalities persist. In this context, examining beneficiary satisfaction is essential for evaluating the scheme's real-world impact. This helps determine whether expanded coverage translates into equitable access and quality care or whether structural barriers continue to limit its effectiveness. By focusing on patient experiences, this study contributes to a deeper understanding of the AB–PMJAY's role in advancing healthcare equity in the Kashmir Valley and highlights the need for targeted policy interventions to address persistent regional imbalances.

REVIEW OF LITERATURE AND RESEARCH GAP

Patient satisfaction has become a critical lens for evaluating the performance, equity, and responsiveness of publicly funded health insurance programs. Unlike utilisation metrics that only capture service use, satisfaction reflects beneficiaries lived experiences, including access, quality of care, provider behaviour, administrative efficiency, and institutional responsiveness. Within the framework of Universal Health Coverage, it serves as a key link between policy design and actual healthcare outcomes (Donabedian, 1988; Jenkinson et al., 2002). Evidence from low- and middle-income countries shows that patient satisfaction is uneven and socially stratified. Batbaatar et al. (2017) identified service quality, provider conduct, waiting time, infrastructure, and accessibility as core determinants, while socio-demographic factors such as age, education, income, and place of residence further shape perceptions. Studies have also emphasised that respectful, non-discriminatory treatment and ease of access significantly enhance satisfaction (Atkinson & Haran, 2005). In India, high out-of-pocket expenses and reliance on private healthcare have influenced patient expectations. Ghosh (2014) notes that households often associate quality with private providers, affecting satisfaction with public schemes. Similarly, Shahrawat and Rao (2012) argue that schemes focused mainly on inpatient care fail to ensure full satisfaction due to continued expenses for medicines and diagnostics. State-level studies reinforce the importance of service deliveries. Joseph and Rajagopal (2011) find higher satisfaction where cashless treatment and transparent procedures exist, while Karan et al. (2017) show that increased utilisation does not guarantee satisfaction if quality and access remain uneven. Emerging research on the AB–PMJAY highlights similar issues, including disparities in hospital access, procedural delays, and provider behaviour (Joseph et al., 2021; Trivedi et al., 2022). However, limited attention has been paid to remote regions such as the Kashmir Valley. This study addresses this gap by examining beneficiary satisfaction in a context marked by regional inequality.

OBJECTIVES OF THE STUDY

· To assess beneficiary satisfaction with Ayushman Bharat–PMJAY in the Kashmir Valley across enrolment, access, service delivery, and hospitalisation experience.

· To examine variations in satisfaction across districts and between public and private hospitals under AB–PMJAY in the Kashmir Valley.

· To analyse beneficiaries' perceptions of fairness and discrimination while accessing AB–PMJAY services in different healthcare facilities.

RESEARCH METHODOLOGY

This study employs a descriptive and analytical research design to assess beneficiary satisfaction with the Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (AB–PMJAY) in the Kashmir Valley. Satisfaction is a multidimensional concept influenced by access, service quality, institutional responsiveness, and availability of healthcare facilities; therefore, a field-based quantitative approach was adopted. Primary data were collected using a structured questionnaire from 500 AB–PMJAY beneficiaries across all ten districts of the Kashmir Valley. A district-wise stratified sampling technique ensured a balanced representation, with 50 respondents selected from each district. Since AB–PMJAY–SEHAT provides universal coverage in Jammu and Kashmir, only beneficiaries were included in this study. Data were collected through face-to-face interviews to address varying literacy levels using a Likert-scale format. Satisfaction was analysed across public and private hospitals. Descriptive statistics and chi-square tests were applied to assess patterns and associations at 0.05 and 0.01 significance levels. Ethical standards, including informed consent and confidentiality, were strictly followed.

RESULTS AND DISCUSSION

Enrolment Process

This section analyses beneficiaries' perceptions of the enrolment process under the Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (AB–PMJAY) in the Kashmir Valley, based on primary data collected from 500 beneficiaries across ten districts**.** The enrolment process constitutes the first point of contact between beneficiaries and the scheme and plays a crucial role in shaping awareness, trust, and the subsequent utilisation of healthcare services.

Table No.1: District-wise Views on Enrolment Process

District	Positive Response (Agree/Strongly Agree)	Negative/Neutral Response	Total Respondents
Srinagar	45	5	50
Anantnag	43	7	50
Baramulla	42	8	50
Pulwama	38	12	50
Kupwara	32	18	50
Budgam	40	10	50
Ganderbal	39	11	50
Bandipora	34	16	50
Kulgam	37	13	50
Shopain	35	15	50
Total	350	150	500

Source: Field Work 2024

Table 6.2 shows district-wise perceptions of enrolment ease under AB–PMJAY, with 70 percent (350 beneficiaries) reporting positive experiences across the Valley. Srinagar, Budgam, Anantnag, and Baramulla show the highest satisfaction, while Pulwama, Kulgam, and Shopian report minor procedural challenges. Lower satisfaction in Kupwara, Bandipora, and Ganderbal reflects infrastructural gaps, limited digital literacy, and access constraints, highlighting the need for targeted enrolment support in remote districts.

District-wise Satisfaction

This section examines district-wise respondents' satisfaction with the enrolment process and analyses beneficiaries' experiences related to awareness generation, ease of registration, documentation requirements, and institutional support, thereby highlighting inter-district variations in the effectiveness of enrolment mechanisms.

Table No. 2: District-wise Respondents' Satisfaction with Scheme Enrolment Process

District	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total
Srinagar	2 (4%)	3 (6%)	5 (10%)	25 (50%)	15 (30%)	50
Anantnag	3 (6%)	4 (8%)	7 (14%)	22 (44%)	14 (28%)	50
Baramulla	3 (6%)	5 (10%)	8 (16%)	21 (42%)	13 (26%)	50
Pulwama	4 (8%)	6 (12%)	12 (24%)	18 (36%)	10 (20%)	50
Kupwara	5 (10%)	7 (14%)	10 (20%)	17 (34%)	11 (22%)	50
Budgam	2 (4%)	4 (8%)	6 (12%)	23 (46%)	15 (30%)	50
Ganderbal	6 (12%)	7 (14%)	10 (20%)	16 (32%)	11 (22%)	50
Bandipora	6 (12%)	8 (16%)	10 (20%)	15 (30%)	11 (22%)	50
Kulgam	4 (8%)	6 (12%)	9 (18%)	20 (40%)	11 (22%)	50
Shopian	5 (10%)	7 (14%)	9 (18%)	18 (36%)	11 (22%)	50
Total	—	—	—	—	—	500

Source: Field work 2024

The table reflects an overall positive perception of the enrolment procedures across districts. Srinagar and Budgam show the highest satisfaction, indicating better awareness, efficiency, and facilitation. Anantnag and Baramulla also report strong satisfaction due to effective outreach efforts. Pulwama, Kupwara, Ganderbal, and Bandipora recorded more neutral or dissatisfied responses, highlighting documentation, digital access, and support challenges. Kulgam and Shopian show mixed yet favourable views, revealing persistent district-level disparities.

Satisfaction with the Enrolment Process by Type of Hospital

This section focuses on beneficiaries' experiences regarding awareness generation, ease of registration, documentation requirements, and guidance provided by implementing agencies and hospitals. By highlighting variations across districts, the analysis reflects the effectiveness, inclusiveness, and accessibility of the enrolment mechanism, as well as the existing administrative and informational gaps influencing beneficiaries' ability to smoothly access scheme benefits.

Table No. 3 Satisfaction Level with Scheme Enrolment Based on Type of Hospital

Statement	Type of Hospital	Strongly Disagree N (%)	Disagree N (%)	Neutral N (%)	Agree N (%)	Strongly Agree N (%)	Total
Enrolment-Satisfaction Level	Public Hospitals	6 (2)	44 (15)	50 (17)	60 (20)	40 (13)	200 (40)
Enrolment-Satisfaction Level	Private Hospitals	11 (4)	71 (24)	22 (7)	73 (24)	60 (20)	237 (47)
	Total	17 (3)	115 (23)	72 (14)	133 (27)	100 (20)	500 (100)

Source: Field Work 2024

The table reveals notable variations in beneficiary satisfaction with the AB–PMJAY enrolment process based on hospital type in the Kashmir Valley. Beneficiaries using private hospitals reported higher satisfaction, with approximately 44 percent expressing positive views, indicating smoother procedures, better facilitation, and efficient documentation. In contrast, only approximately 33 percent of public hospital users reported satisfaction, while many expressed neutral views, reflecting delays, longer waiting times, and limited administrative support. However, dissatisfaction was present in both sectors, with private hospitals showing slightly higher dissatisfaction levels, indicating inconsistencies. Overall, enrolment was perceived more favourably in private hospitals, but standardisation, guidance, and monitoring remain essential across both sectors.

Chi-square Analysis of Enrolment Satisfaction in Public and Private Hospitals

This section presents a Chi-square analysis to examine the relationship between enrolment satisfaction and the type of hospital, public or private under AB-PMJAY in the Kashmir Valley. The analysis assesses whether beneficiaries' satisfaction levels vary significantly across hospital types, thereby providing statistical evidence of the uniformity and effectiveness of the enrolment process across different healthcare institutions.

Table No. 4: Chi-square Analysis of Enrolment Satisfaction in Public and Private Hospitals

Statistic	Value
Chi-square (χ^2) value	0.74
Degrees of Freedom	4
p-value	0.947 (Not Significant)
Level of Significance	0.05
Inference	No significant difference in enrolment satisfaction between public and private hospitals

Table 6.5 analyses enrolment satisfaction among beneficiaries of Ayushman Bharat across public and private hospitals in the ten districts of the Kashmir Valley. The Chi-square test result ($\chi^2 = 0.74$) with four degrees of freedom yielded a p-value of 0.947, which is much higher than the 0.05 level of significance. This indicates that there is no statistically significant difference in enrolment satisfaction between beneficiaries accessing public and private hospitals. This suggests that the scheme's enrolment mechanism functions uniformly across both sectors, despite differences in hospital ownership, infrastructure, and administrative capacity. This implies that beneficiaries across districts experience a comparable level of satisfaction during the enrolment process, reflecting standardised guidelines and centralised implementation of the scheme. The results indicate that enrolment-related procedures under AB-PMJAY have been implemented consistently across public and private hospitals in the region.

Hospital-wise Perception of Discrimination

This section examines hospital-wise perceptions of discriminatory treatment experienced by the beneficiaries of scheme. It analyses whether patients feel differently treated in public and private hospitals in terms of admission, service delivery, staff behaviour, and priority of care. By comparing perceptions across hospital types, this section highlights the institutional practices and ethical concerns that may influence beneficiaries' trust, dignity, and overall experience under the scheme.

Table No. 5: Hospital-wise Perception of Discriminatory Treatment

Statement	Type of Hospital	Strongly Agree N (%)	Agree N (%)	Neutral N (%)	Disagree N (%)	Strongly Disagree N (%)
Perception of Discriminatory Treatment in Hospital	Public Hospitals	11 (2)	81 (15)	209 (38)	34 (6)	—
Perception of Discriminatory Treatment in Hospital	Private Hospitals	16 (3)	96 (18)	72 (13)	34 (6)	—
	Total (N = 500)	27 (5)	177 (33)	137 (25)	68 (12)	—

Source: Field Work 2024

The analysis of the computed data highlights beneficiaries' perceptions of discriminatory treatment in empanelled hospitals across the Kashmir Valley and reveals important concerns regarding equity in service delivery under ABPMJAY. A considerable proportion of respondents reported that they either agreed or strongly agreed that discriminatory treatment exists, indicating that perceptions of unequal treatment are not isolated but are relatively widespread. Such perceptions are particularly significant because they directly affect beneficiaries' confidence in the scheme and their willingness to seek care in the future. A hospital-wise comparison shows that concerns about discrimination are more pronounced in private hospitals**,** where a higher share of respondents felt that AB–PMJAY beneficiaries were treated differently. In contrast, public hospitals displayed a larger proportion of neutral responses, suggesting more varied or ambiguous experiences among beneficiaries rather than uniformly negative perceptions. This divergence points to differences in institutional practices and service-delivery norms across sectors. These findings underscore the critical challenges in the effective implementation of AB–PMJAY in the Valley. Perceived discrimination has the potential to discourage utilisation, weaken trust, and undermine the scheme's equity-oriented objectives. Addressing this issue requires strengthened monitoring, regular sensitisation of healthcare staff, and strict enforcement of uniform treatment protocols across public and private hospitals to ensure dignity and fairness for all beneficiaries.

CONCLUSION

This study underscores the importance of patient satisfaction as a comprehensive indicator for evaluating the effectiveness, equity, and responsiveness of publicly funded health insurance programs. In the context of Ayushman Bharat–Pradhan Mantri Jan Arogya Yojana (AB–PMJAY) in the Kashmir Valley, the findings reveal that while the scheme has significantly expanded formal access to secondary and tertiary healthcare through universal coverage, satisfaction outcomes remain shaped by persistent regional and institutional disparities. The analysis demonstrates that the enrolment processes are generally perceived as satisfactory across districts, reflecting standardised implementation mechanisms. However, notable inter-district variations persist, particularly in peripheral and border areas, owing to infrastructural constraints and limited administrative support. Differences in service experiences between public and private hospitals, alongside reported perceptions of discriminatory treatment, highlight the gaps between policy design and on-ground delivery. The study concludes that AB–PMJAY has improved healthcare accessibility in the Valley, but addressing structural inequalities, strengthening service quality, and ensuring dignified and equitable treatment are essential to enhance beneficiary satisfaction and realise the scheme's universal health coverage objectives.

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