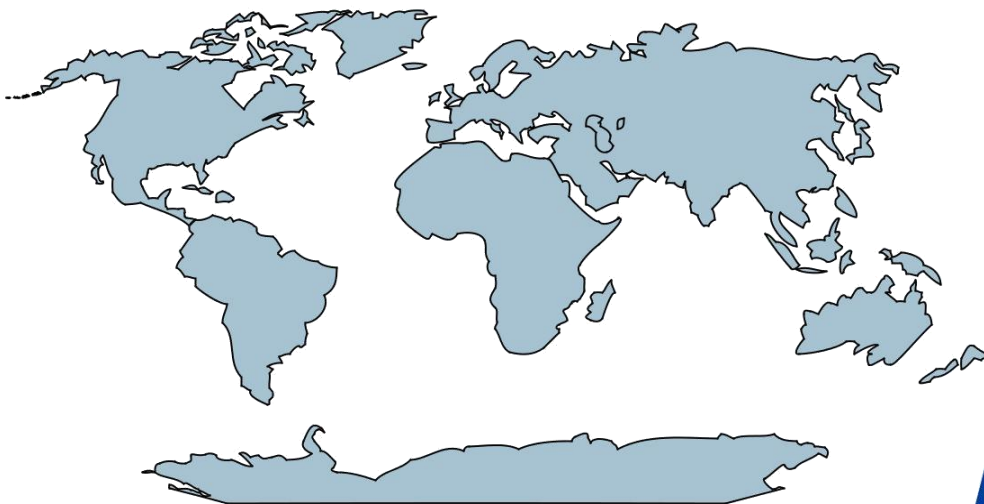


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**ANALYZING THE FACTORS MOTIVATING THE ENTREPRENEURIAL BEHAVIOR OF INDIAN B- SCHOOL STUDENTS-POST COVID'19: AN ANALYTIC HIERARCHY PROCESS (AHP) APPROACH**

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**<sup>1</sup>Dr. Kulneet Suri and <sup>2</sup>Dr. Rishi Manrai**<sup>1</sup>Professor Harvard University, USA<sup>2</sup>Assistant Professor**ABSTRACT**

**Purpose:** The purpose of the paper is to explore and prioritize the factors motivating the entrepreneurial behaviour of Indian B-School students. This research will help both the policymakers and the educational institutes to develop an environment conducive for nurturing students and converting them into future entrepreneurs.

**Design/ Methodology/Approach:** The study prioritizes the factors motivating the entrepreneurial behaviour of Indian students by using Analytical Hierarchical Technique (AHP). The AHP is a multi-criteria decision-making (MCDM) tool that combines all the factors into a hierarchical model and quantitatively measures their importance through pair-wise comparisons (Saaty, 1980). Thirteen influencing factors have been identified, which are categorized under 4 main factors namely socio-economic status, attitude, source of capital, and fundamental requirements. The data about pair-wise comparisons of various factors and sub-factors related to the study was collected from academicians, researchers, and practicing entrepreneurs.

**Findings:** Based on the results obtained, the findings reveal that risk-taking ability in an individual is the most important factor leading to entrepreneurship. This is followed by family status and occupation, self-determination, innovative mind-set, and training. Surprisingly, the source of capital takes a back seat as per the experts' opinion.

**Research Limitations:** AHP process is always associated with biasing in filling up of responses and prioritizing the factors. Although due care has been taken by the researchers but still there might be some gap in the final score. Also, the interrelationship between the factors is not considered, for example, social-economic factors to an extent influence individual attitude. This limitation can be addressed by using the Analytic Network Process (ANP). Therefore, this study can be further extended by considering some other factors motivating the entrepreneurial behaviour of Indian students and applying the ANP in the revised model.

**Originality/value:** the originality of this work in the fact that there this work will be helpful to the policymakers as well as to the educational institutes to develop a congenial environment that is favourable for motivating young students to take up a new start-up venture.

**Keywords:** Entrepreneurship, Innovation, socio-economic factors, attitude, Analytical Hierarchical Process

**1. INTRODUCTION**

Entrepreneurs play a vital role in the economic and social development of a nation. Being an essential part of a growing economy, they influence the growth of any nation by not only creating wealth for the country but also contribute to job creation. Also, they bring a significant socio-economic impact through their products and investments towards the economic and technological improvement of the nation. Entrepreneurs and innovators with good financial and business acumen are the only hope for developing economies like India to retain the position of the fastest growing economies of the world. Entrepreneurs, not only derive economic as well as innovative change in the society, but they also expand opportunities while unleashing the initiatives of the citizens. Specifically, in turbulent times, global leaders are focussing on developing entrepreneurial and innovation-based Value chains. Entrepreneurship is an essential ingredient in modern-day business management curriculum where the world is seen as linear with known inputs and outputs. Entrepreneurs and start-ups galvanize the economy by identifying new opportunities and redirecting resources to them. Despite the well-established fact that entrepreneurs and startup are vital for the growth and development of any nation the number in the Indian context are very scares. Particularly in comparison to the BRICS nation and other developing Southeast Asian countries most of the startups are not a part of the formal sector. A measurement of the early-stage entrepreneurial activity or by the number of new enterprises created in India depicts a very low share of entrepreneurs as compared to the working-age population. Exploring the barriers to develop an entrepreneurial mindset or start-up culture, the literature suggests that access to capital and business networks,

adequate training, and facilities are some of the major factors determining low or insufficient start-ups emerging in our country. Studies by researchers like Habib et. al (2005) have delineated that economic, social, religious, cultural, and psychological factors very strongly affect entrepreneurial activity in the Indian context. Specifically, in the case of women entrepreneurs, it's not only better financial status or a luxurious lifestyle, but also utilization of their skill set and their self- esteem. Another study in a similar domain revealed that availability of finance, favorable government policy, personal satisfaction, unfavorable present working environment, self- employment and employment of others, assurance of career and family security, fulfillment of creative urge of the borrowers' experience in the family business, self-confidence, non- ability to find suitable job or work, encouragement and advice of the family members, economic necessity are also important reasons for doing a start-up (Afrin et. Al, 2008). Entrepreneurship has also got more to do with perseverance and focus.

In the times, when major disasters strike, such as the COVID-19 pandemic, the importance of entrepreneurship to society is amplified. There is a change in markets and the rules of the business game change. Therefore, as a result of COVID-19, and new solutions to the newly erupted problems needs to be created. All the existing as well as the new technologies, big and small, will be put to the test in the market and an adapted version is expected to succeed in a different situation. Supporting entrepreneurship is a common policy goal in many countries, to maintain or increase employment and wages, as well as sowing the seeds of tomorrow's big corporations. The perceived market reach and creative orientation of the new company are indicators of its growth potential (in terms of the adoption of new products, new services, and new technologies). In the coming years, we are constantly preparing to put our nonstop learning and shift skills to the test. Entrepreneurs running businesses during a pandemic would see their economies fully digitalized, democratized, and demonetized. There has been a continuing huge demand for sanitizing goods and protective personal appliances followed by the demand for online education and entertainment and finally online sales. Entrepreneurs have reacted to these changes in the midst of this economic, social, and health chaos and tried to find solutions to these challenges.

After considering all the above discussion it is very evident that numerous factors can be strongly considered to be the determinants of entrepreneurship. The times demand that government and policymakers should not only work on easing the process of startup or doing the business in India but should also take up suitable steps to motivate citizens towards entrepreneurship. One suggestive way of doing the same is to motivate the students of the nation towards start-up culture. Although the facility of entrepreneurship cell is common these days among several engineering and management colleges of the country there is a need to explore factors motivating the students to take up entrepreneurship instead of looking for job placement. It is also important for present-day students to develop the skill set of the 21<sup>st</sup> century to take up the global challenges of the turbulent times. There is a need to develop entrepreneurial behavior among the students that focus on the preference for innovation and a change in the existing institutional setup. The study aims to explore the various factors that will motivate the present-day B- School students to explore and prioritize the significant factors that influence the entrepreneurial behavior of Indian students.

The next section of the paper discusses the related literature and discussion on the constructs of the study. This would be followed by the analysis as well as discussion and conclusion.

## **2. LITERATURE REVIEW**

Entrepreneurs are individuals who exploit the opportunities created by a dynamic environment (Drucker 1985). Entrepreneurship is a talent that goes beyond the fear of risk and loss. Entrepreneurs are calculative but at the same time do not care about the stigma of failure that majorly influences the entrepreneurship decision (McMullen and Shepherd 2006). The entrepreneurs assume the major risks of time, equity as well as most important career commitment for providing value for a product or service. Theorists and researchers claim that the impact of entrepreneurs is increasing worldwide as they not only help the economy grow economically but also impact employment, productivity, innovation, and economic growth, (Ahmad and Hoffmann 2008). Therefore, it is very important to study the factors that motivate individuals and the ones that act as barriers to take up entrepreneurship.

Various studies in the past have tried to unveil the factors affecting the motivating spirits among individuals' to take up entrepreneurship (van der Sluis *et al.* 2005, Ardagna and Lusardi, 2008, Schoar 2009, Ammal and Mathi 2014). These studies reveal that attitude is a very significant determinant of taking up an entrepreneurial venture. Further, an individuals' attitude is influenced by various factors like family background innovativeness, self- efficiency, risk-taking capability, independent thought. Students with family background and personal



experience in observing and are a passive part of the family business have a positive attitude towards entrepreneurial careers (Hatala, 2005). Another study by Amal and Mathi (2014) also concluded that family business background, innovativeness, student confidence, and independence impact their attitude towards career choice.

Some of the researchers have even tried to explore the area based on gender, specifically a place like India where the females are not given equal opportunities like men (Ghani *et al.* 2012, 2013, and 2014). The fast-growing literature on female entrepreneurship (Minniti 2010, Kobeissi 2010) identified education, income, infrastructure, family background, attitude, etc. as some of the critical factors.

Literature suggests a very ambiguous relationship of education with entrepreneurship. An educated individual is supposed to understand the business risk, operations, and challenges associated with entrepreneurship. Education also improves the management skills of the individual and also facilitates access to the bank credit by signaling the capabilities of the applicant to the bank (Kolstad and Wiig, 2013). On the contrary, an individual with a lesser orientation towards formal education may likely make mistakes and thus acts as a well-accepted barrier to take up or continue entrepreneurship.

Another significant motivating people to take up entrepreneurship is dissatisfaction from existing work culture and environment or not getting a job according to the education. Due to lack of experience or exposure, the students do not get the kind of jobs they are looking for therefore leading to a feeling of dissatisfaction. This factor acts as a very important catalyst as these dis-satisfied students take up their own business and escape the typical salary worker environment (Minniti and Naudé, 2010).

Source of finance was found to be yet another source of concern and an important factor influencing entrepreneurial decision making. Literature suggests a negative relationship between financial deepening (the ratio of bank credit to net state domestic product) and entrepreneurial decision-making of students (Ayyagari *et al.*, 2013). Numerous studies have shown that the majority of individuals prefer self-financed business or credit taken from friends and family members. Despite Financial broadening (bank branches per capita) and various credit facilities provided by banks specifically to the female students specifically in the rural sector, there is a negative relationship between credit facilities and entrepreneurial decision.

After doing an in-depth literature survey the researchers distilled down to four factors and sub-factors that categorically affect the entrepreneurial decision. In the further section, these constructs are described along with their subfactors. Later, these factors were subjected to an analytical hierarchical process with the help of expert opinion, and results were obtained based on the discussion.

### **3. CONCEPTUAL FRAMEWORK**

This research is the outcome of a two-day International Academic conclave on entrepreneurship and innovation organized in our B-School (The authors are thankful for the management and acknowledge the contribution of the same for the present research). This conclave empaneled faculty and entrepreneurs from the academy as well as industry. A lot of discussions were involved around the different challenges that the entrepreneurs are facing in times of pandemic. The discussion was further directed towards the various factors that the students of B-school, who wish to start their venture, would be facing during the time of the pandemic. This discussion narrowed down to three critical points/ factors i.e. subjective norms, perceived behavior as well as attitude of the student. On further investigation, it was found that source of capital, as well as technical know-how, is also an essential component of the new startup as doing business nowadays is affected by strict precautionary rules related to the sale of any product and service because of the pandemic.

The factors discussed in the conclave were then compared with the existing studies and the constructs that were highlighted in the previous studies. The literature on university students' entrepreneurial intentions also points to the factors listed by the experts. Several studies have contrasted the entrepreneurial spirits of university students in the past (Ang and Hong, 2000; Henderson and Robertson, 2000; Lee *et al.*, 2005; Turker *et al.*, 2005; Veciana *et al.*, 2005).

Risk-taking propensity, tolerance towards uncertainty, internal locus of control, innovativeness, financial independence, as well as motivational factors (love for money, desire for stability, and desire for status), were identified as factors influencing entrepreneurial intentions in the studies. Wang and Wong (2004) conducted another study that used the personal background to understand why students in Singapore are interested in entrepreneurship. Gender, family business experience, and educational level were the significant factors that explained entrepreneurial interest, according to the study. In the light of previous studies, we proposed a

hierarchical model to analyze/ prioritize the Entrepreneurial intention of B- School students. Theory of Planned Behaviour provides a general framework to analyze the entrepreneurial intention of a person and thus forms the basis of the study model (Ajzen and Fishbein, 1980; Ajzen, 1987, 1991).

Based on the literature review and discussion with experts, a comprehensive framework consisting of 4 main factors was developed that lead to motivating the entrepreneurial behavior of Indian B-School students. These four main factors (namely, socio-economic status, attitude, source of credit, functional Requirements) further consist of 13 sub-factors and are discussed below:

### **3.1 Socio economic status**

The socioeconomic status of the individual plays a very significant role in taking the entrepreneurial decision towards the startup. An individual adopts entrepreneurial behavior from the family informally and unintentional way (Tkachev and Kolvereid, 1999). Other studies in the past have also confirmed that children with family businesses easily consider establishing new ventures as a natural career choice (Cooper et al., 1994, Crant 1996, Hout and Rosen, 2000).

Besides this age of the individual also significantly affects the entrepreneurial behavior since the young individuals have more risk-taking capability and energy to start up the new venture. On the contrary, some research also emphasizes that young age lack experience and exposure which leads to the failure of the new venture in the first five years of the business. Beyond all these factors, education and appropriate training in the related area is again a very significant factor affecting entrepreneurial decision-making. Based on the above discussion the factor socio-economic status consists of five sub-factors i.e. family status and occupation, age, work experience, education, and training.

### **3.2 Attitude**

An individuals' attitude and motivation level play a very significant role in him/ her turning to be an entrepreneur and starting up a new venture. This also includes the factors that affect a persons' mindset toward new start-ups and attaining entrepreneurial goals (Baron and Henry, 2011). Considerable research on the area reveals that individuals with risk-taking ability and self-determination have a higher tendency to start up there on business and are tend to be successful also (Rauch and Frese, 2000). This also important when compared to the individuals who are compelled to take up entrepreneurial activity due to family pressure or failure in their job. This is so that self-motivated people also have a strong desire to achieve economic success (wealth creation) and higher needs of societal recognition as well as financial autonomy (McClelland, 1987). Research in the past has also highlighted that an individual's self-efficacy i.e. intentions to excel in individual performance also leads to entrepreneurship (Rauch and Frese, 2000). In particular, those with an innovative mindset and intentions to take on environmental challenges differently prove to be successful entrepreneurs (Méndez-Picazo et al 2020). Therefore based on the above discussion the factor attitude consists of three sub-factors i.e. risk-taking, innovative mindset, and self- determination

### **3.3 Source of capital**

Capital is one of the most important factors considered at the beginning of any start-up. It is generally required for purchasing assets, diversification of existing projects or to finance growth and expansion. Availability of the source of capital is generally a good indicator and a factor that accelerates the business start-up process. In most developing countries and emerging market economies, there are not many venture capitalists companies and commercial banks available to finance new start-ups. But in India the situation is different. There are ample Industrial corporations, banks, agriculture banks, and other commercial banks that are available to offer debt to the new start-ups. The risk appetite o these banks may be different, but the credit facility in India is no more a barrier to start up a new venture. However various studies have shown that individuals with self-sourced finance, i.e. finance available from family, friends, and relatives are more inclined towards new venture (Fried & Hisrich, 1988). Taking a loan from a bank resists the individuals towards new ventures as the risk of not breaking even the cost makes them difficult to pay the bank installments.

Therefore this factor, source of credit consists of two subfactors, i.e. internal source of finance and external credit.

### **3.4 Functional Requirements**

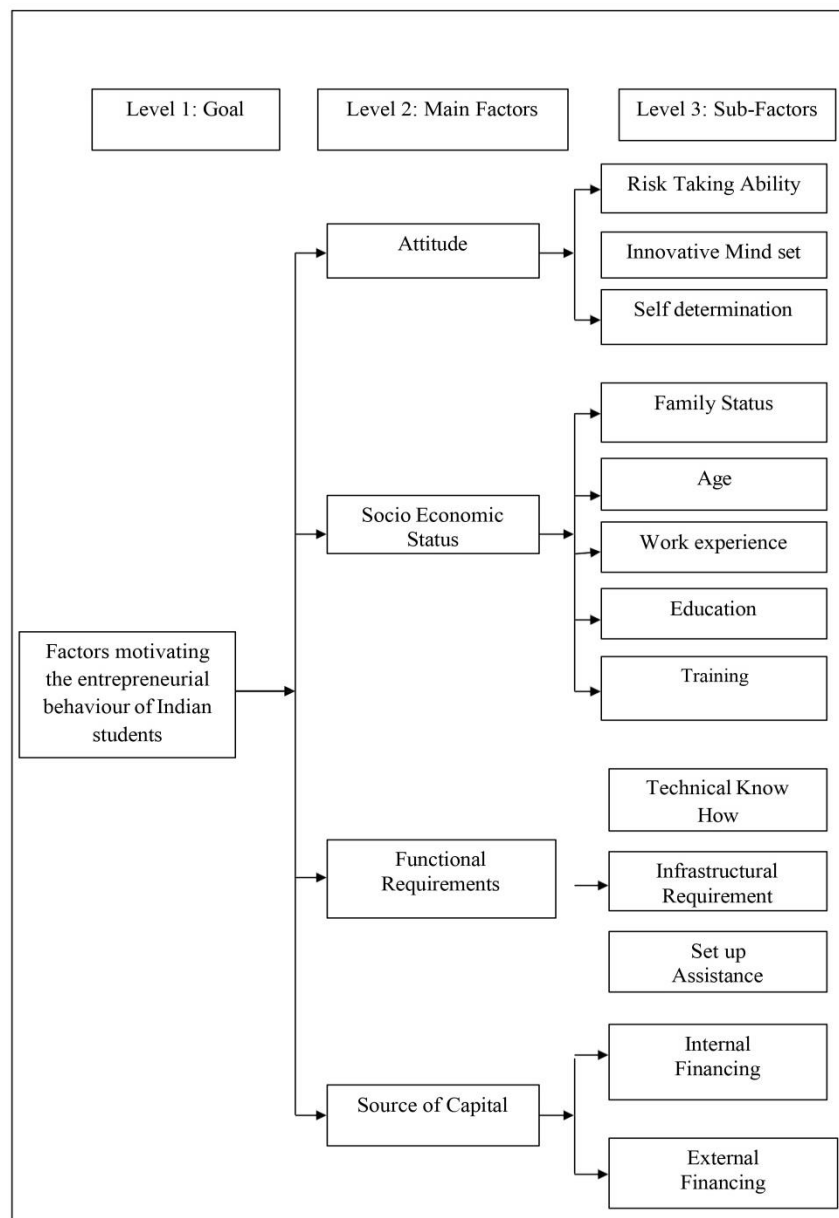
The last set of factors considered in the study is functional requirements. By functional requirement, the authors mean the skill set, technical know-how, infrastructural knowledge, and setup assistance required by an individual to start their entrepreneurial venture. Robles and Cordero-Guzman, 2007 in their research highlighted

that technical know-how instead of education are important tools for start-ups and prove to motivate individuals towards entrepreneurship. Further, authors like Lofstrom and Wang, (2007) in their research emphasized that besides technical know-how two important aspects are very essential for a successful start-up. These are infrastructural requirements consisting of land, labor, source of raw material, efficient business model, customer base, logistics support, etc. Not only the operational sources but also getting clearance from government departments is also an important part of any startup. Therefore, subfactors like technical know-how, infrastructural requirement as well Set up Assistance are taken as three sub-factors for the fourth-factor functional requirements.

#### 4. RESEARCH METHODOLOGY

This research uses the analytical hierarchical technique to evaluate the various factors motivating the entrepreneurial behavior of Indian students. Despite being used for solving complicated MCDM problems the technique can be applied at various decision-making areas including planning and development, selection, allocation, decision making, and ranking or prioritizing (Singh, 2013). Several researchers like Natarajan et al. (2010), Chou et al. (2004), Komlan et al. (2016a, 2016b) have employed AHP in various settings to find out significant factors or to prioritize factors influencing a phenomenon. Similarly, Gupta et al. (2017) have employed AHP to ranks the factors influencing employee adoption of e- government. Another study by Gupta et al (2019) prioritized factors affecting the adoption of payments banks in the Indian context.

Figure 1: The three-layered AHP Model



#### 4.1 Sample

The data about pair-wise comparisons of various factors and sub-factors related to the study were collected using personally administered questionnaires (Annexure A). The nine-point scale (Table 1) recommended by Saaty (1980) was used to assign relative scores to pair-wise comparisons amongst various factors and sub-factors. Saaty (1980) indicated that pair-wise comparisons work best with measurements of clear degrees, easing the burden on respondents. While administering the questionnaires, the explanations of all the factors and sub-factors were shared with the respondents. The questionnaires were administered to a convenient sample of 30 experts including professionals and professionals with their start-ups. The sample also consisted of 5 experts, 17 academicians, and researchers from the area of entrepreneurship and innovation were also included in the sample. Since AHP is not a statistics-based methodology, therefore it doesn't always require a statistically significant sample size (Dias and Ioannou, 1996). Shrestha et al., (2004) have also pointed out that AHP is usually used to survey people who know about the topic under investigation, and therefore large sample size is not needed. Out of the 30 questionnaires obtained, 27 questionnaires that met the consistency ratio (CR) requirement were selected for further analysis.

**Table 1: Scale of comparative significance**

Intensity of Importance	Definition
1	Equal Significant
3	Moderate Significant
5	Strong Significant
7	Very Strong Significant
9	Extremely Strong Significant
2,4,6,8	Middle Values (For a compromise between the above values)

#### 4.2 Data Analysis

The data analysis was conducted using MS EXCELL and the following steps were used for calculating the weights of all the influencing factors by applying AHP

##### Step 1: Construction of comparison matrices

All 30 response sheets were subjected to pair-wise comparison judgment collected through a structured questionnaire. They were further used for developing 5 pair-wise comparison matrices – one for comparing the main factors (level 2) and 4 for comparing the sub-factors (level 3). In totality, 150 comparison matrices were constructed.

##### Step 2: Aggregation of comparison matrices

In the next step, the comparison matrices of all the 30 respondents were collected by using a geometric mean. The geometric mean is the most appropriate statistical tool used by experts of the MCDM technique as it meets all the three important properties (i.e. unanimity, homogeneity, and reciprocity) while applying AHP in group decision making (Aczel and Saaty, 1983). Tables 2-7 show the aggregated comparison matrices.

##### Step 3: Calculation of priorities or relative weights of each factor

For computing the relative local weight vector  $W = [w_i]$  for each comparison matrix, first the comparison matrix was normalized, and then the priorities (weights) were calculated by averaging the elements of each row of the normalized matrix. The local weights for all the main factors and sub-factors are indicated in tables 2-7. The global weight of a sub-factor is calculated by multiplying its local weight with the local weight of its corresponding main factor. The global weights of all the sub-factors are indicated in table 8.

##### Step 4: Checking the degree of consistency

The consistency of each of the comparison matrices was checked by calculating the consistency ratio (CR) using the following equation:

$$CR = CI / RI \dots\dots\dots (1)$$

Here, RI is a random index, the values of which can be obtained using table 2 for a different number of factors (n). CI is the consistency index given by the following equation:

$$CI = \lambda_{\max} - n \dots\dots\dots (2) \quad n - 1$$

$\lambda_{\max}$  can be calculated by solving the following equation:

$$AW = W\lambda_{\max} \quad (A \text{ is the comparison matrix whose consistency is to be checked}) \dots\dots\dots (3)$$

It can be noted from tables 2-7 that all the CR values are less than the threshold value of

0.10. This indicates the consistency of the comparison matrix and therefore the weights (priorities) obtained can be accepted.

**Table 2: Table of Random Index (Saaty, 1980)**

n	1	2	3	4	5	6	7	8	9	10	11	12	13
RI	0	0	.38	.70	1.18	1.26	1.32	1.43	1.47	1.49	1.53	1.57	1.59

**Table 3: Analysis of main factors at level 2**

	ATT	SE	CS	FR	Weight (W)	Consistency Test
ATT	1.00	0.93	0.30	0.11	0.4017	$\lambda_{\max}=4.30$ CI=0.05, RI=0.9 CR= 0.05
SE	4.65	1.00	3.42	3.28	0.3015	
CS	3.34	0.30	1.00	0.78	0.1165	
FR	4.72	0.47	1.35	1.00	0.1827	

**Table 4: Analysis of sub-factors of Attitude**

	RT	IM	SD	Weight (W)	Consistency Test
RT	1.00	0.23	0.47	0.4145	$\lambda_{\max}=3.1910$ CI=0.0005 RI=0.58 CR= 0.0008
IM	4.37	1.00	1.47	0.3172	
SD	3.39	0.62	1.00	0.2683	

**Table 5: Analysis of sub-factors of Socio-Economic Status**

	FO	AG	WE	ED	TR	Weight	Consistency Test
FO	1.00	1.32	2.11	2.84	6.84	0.4085	$\lambda_{\max}=5.131$ CI=0.03106 RI=1.12 CR= 0.02506
AG	0.67	1.00	1.87	3.53	6.26	0.1318	
WE	0.43	0.58	1.00	2.94	3.76	0.2126	
ED	0.36	0.38	0.36	1.00	3.23	0.1086	
TR	0.26	0.25	0.24	0.26	1.00	0.1422	

**Table 6: Analysis of sub-factors of Functional Requirements**

	TKH	IR	SA	Weight	Consistency Test
TKH	1.00	2.07	4.41	0.7087	$\lambda_{\max}=3.021$ CI=0.0084 RI=0.58 CR=0.0145
IR	0.52	1.00	3.24	0.239	
SA	0.26	0.33	1.00	0.1214	

**Table 7: Analysis of sub-factors of Source of Capital**

	INF	EC	Weight	Consistency Test
INF	1.00	1.46	0.59	$\lambda_{\max}=2.03$ CI=0.000 RI=0.0 CR= 0.0
EC	1.46	1.00	0.41	

**Table 8: Weights of the main factors and sub-factors**

Main Factors (Level 2)	Weights (X)	Sub-Factors (Level 3)	Local Weights (Y)	Global Weights (X*Y)	Global Rank
Socioeconomic (SE)	0.3015	Family status and occupation	0.4085	0.123163	4
		Age	0.1318	0.039738	12
		Work experience	0.2126	0.064099	7
		Education	0.1086	0.032743	11



Attitude (ATT)	0.4017	Training	0.1422	0.042873	10
		Risk Taking	0.4145	0.166505	1
		Innovative mind set	0.3172	0.127419	3
		Self determination	0.2683	0.107776	5
Functional Requirement (FR)	0.1827	Technical Know How	0.7087	0.129479	2
		Infrastructural Requirement	0.239	0.043665	9
		Set up Assistance	0.1214	0.02218	13
Source of capital (CS)	0.1165	Internal Financing	0.59	0.068735	6
		External Credit	0.41	0.047765	8

## 5. DISCUSSION

The findings of the study broadly indicate that the attitude and the socio-economic status of the student are the two most important factors affecting the entrepreneurial behavior of Indian students-post Covid'19. This is followed by functional requirements and source of capital. Several studies in the past have highlighted the positive attitude of the individual as one of the most important cognitive factors that motivate an individual to take up entrepreneurship. A positive-minded individual is focused on value creation, specifically through new challenges and innovations (Choi et. Al., 2008; Kim et. Al., 2017). They create new business opportunities through product/ process or market development focused on creating new businesses through product/ process or market development within an existing framework (Bae and Cha, 2009; Zahra, 1991). The socioeconomic status of an individual is the next important factor motivating the entrepreneurial of Indian students. The results of the study are similar to the study conducted by Nair and Pandey (2006) that also pointed out that entrepreneurship and business acumen does not run in family.

The result of our study is contradictory to some previous studies that emphasized the fact that individuals with strong economic backgrounds embark on entrepreneurial ventures. The reason for this kind of result is the running Covid conditions that have brought sea change in the type and variety of risk in the business arena. The role of digitalization as well as innovation has increased to a great extent, therefore an individual with the correct attitude will be able to handle these changes and emerge victoriously.

The findings regarding the global weights of the sub-factors indicate the importance of risk- taking ability as the most significant factor motivating entrepreneurial behavior. This is followed by technical know-how, innovative mindset, and family status and ability. Risk- taking ability and lack of fear of failure have been pointed out by various researchers as significant factors leading to entrepreneurship. Schumpeter in his book "Theory of Economic Development" published in the year 1934 emphasized that individuals who forego the risk of failure and are inclined toward innovations prove to be the best entrepreneurs. Through creative destruction, they continuously keep on creating new values. This is followed by technical know-how or the technical skills required for a start-up. It may be related to business knowledge or knowledge regarding the use of technology/ innovation. Digitalization of business is also one of the important aspects of business these days and individuals need to have a strong grip on the use of technology.

The next significant factors that motivate students are self-determination and internal source of financing. Self-determination is a very important ingredient required for any individual to start any new venture. Specifically, in the pandemic times and the time that follows the demands of various products and services have drastically changed. The once flourishing businesses have vanished and their places have been taken by the new business. To face the challenge of the changing business scenario the students must have the element of self-determination. Internal or self- source of finance is also a motivating factor. Students with a strong economic background are more inclined towards startups whereas the ones with humble backgrounds have a lot of concerns regarding the arrangements of finance. Indian students generally consider the internal source of finance as free of cost, missing out on the opportunity cost of capital. Also, many students face the problem of arranging the collateral to take bank debts to start their own business. During the discussion, the panel members also emphasized that many students do not approach angel investors because of the thought that their Idea may be copied.

It was surprising that business-related education is the lowest priority of all the panel members. This reflects the fact that Indian students go out of their profile to start their new venture. They give more emphasis to training and technical know-how as compared to formal education in the domain of their new venture. This was followed by factors like the age of the student/ individual and information required to set up a new business are last on the priority. Age is a representation of knowledge, experience as well as risks associated with doing any business. This sometimes can also be a barrier to taking up entrepreneurial risk. Therefore, age has a reverse relationship with entrepreneurial motivation. Also, as the age progresses the individual, as well as family responsibilities, rise, discouraging an individual to take up the entrepreneurial risk.

## **6. CONCLUSION**

This study was conducted from the viewpoints of experts including researchers, academicians as well as practicing entrepreneurs to prioritize the factors motivating the entrepreneurial behavior of Indian students in particular after the ongoing pandemic Covid'19. The research was carried out using a structured questionnaire. The experts were asked to prioritize among the various factors the ones that are important for Indian students to take up entrepreneurship, specifically after the pandemic times. The study gave some very important insights to capture the entrepreneurial behavior of young and energetic students having numerous ideas as well as energy to follow their dreams. The only need of the time is to harness this energy. Some of the significant outcomes of the study as that individual attitude emerged as the most significant factor deriving entrepreneurial behavior rather than a source of finance or set up assistance as expected. One reason that defines the paradigm change in the factors is the convenient business environment created in the country and the increase in the ease of doing business.

Our study is specifically beneficial to the higher education institutes, policymakers so that certain changes are brought about in the education system and the teaching-learning mechanism so that the students are motivated towards starting up their venture rather than looking up for placement packages. Past research very clearly delineates that the majority of the business fails in the first few years of setup due to lack of understanding, vision as well as lack of motivation (Sullivan, 2007). Therefore, our research is a contribution towards the understanding of the underlying factors that affect the entrepreneurial behavior of Indian students. Unlike other studies, we do not suggest improving training programs or entrepreneurship education. On the other hand, we emphasize creating the entrepreneurial ecosystem over and above training. A deep understanding of the factors affecting entrepreneurial behavior will improve the conversion rate and success rate of students choosing an entrepreneurial path in their life. This will be an important means for enhancing the economic as well as social well-being of the society. Particularly in the present scenario when the unemployment rate is high and is coupled with random job losses, motivating students to go for their start-up is a win-win situation.

## **7. LIMITATIONS AND FUTURE SCOPE**

There is no study without any limitations and there is always a future scope of further exploring the research area. While administering the questionnaire, the panel members considered only the urban students studying in the engineering management or commerce domain and having excess to all information, advisory services, and facilities related to the arrangement of finance. The results of the study will change if the students studying in the rural/ interior parts of the country, as well as those students who are not in the engineering and management domains, are considered. The experts who contributed to our study were essentially from the management sector or having some managerial experience so the factors were prioritized according to the best of their knowledge and experience. Those students who are not covered under the domain of management or engineering would have different determinants to take up entrepreneurship. Future studies could be undertaken in this direction. Although the factors and sub-factors were extracted carefully by literature review and expert opinion, the Indian entrepreneurial arena is coming up with different situations and challenges every day and these factors affect the results of the study. The dynamic business environment, as well as the legal framework prevailing in the country, can also lead to a complete hierarchy of factors that can be constructed for future study. Another limitation of the AHP process is that there are chances of biasing while making the pair-wise comparison as AHP is a conceptual tool. Therefore, the researcher should be very careful while administering the questionnaire with experts so that their due care is taken while giving relative scores to different factors. Another limitation of the AHP technique is that the selected factors may have a certain degree of inter-relationships among them that are not considered in AHP. In that case, Analytic Network Process (ANP) can be a better option. This study can be further extended by considering some other factors responsible for the factors motivating the entrepreneurial behavior of Indian students and applying ANP in the revised model.

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### Annexure A: Questionnaire

Please compare two factors at a time on the basis of the relative importance of one factor over the other with regard to the factors motivating the entrepreneurial behaviour of Indian students. Please rate the importance of a factor by choosing a number from the scale provided. If factor 1 is more important than factor 2, tick towards left hand side else tick toward right hand side.

#### Comparisons among Main Factors

Factor 1	9	8	7	6	5	4	3	2	1	2	3	4	5	6	7	8	9	Factor 2
Socio - Economic status																		Attitude
Socio - Economic status																		Functional Requirement
Socio - Economic status																		Credit Source
Attitude																		Functional Requirement
Attitude																		Credit Source
Functional Requirement																		Credit Source

Factor 1	9	8	7	6	5	4	3	2	1	2	3	4	5	6	7	8	9	Factor 2
Risk Taking																		Innovative mind set
Risk Taking																		Self determination
Innovative mind set																		Self determination

Factor 1	9	8	7	6	5	4	3	2	1	2	3	4	5	6	7	8	9	Factor 2
Family status and occupation																		Age
Family status and occupation																		Work experience
Family status and occupation																		Education
Family status and																		Training



occupation																		
Age																		Work experience
Age																		Training
Age																		Work experience
Work experience																		Education
Work experience																		Training
Education																		Training

Factor 1	9	8	7	6	5	4	3	2	1	2	3	4	5	6	7	8	9	Factor 2
Technical Know How																		Infrastructural Requirement
Technical Know How																		Set up Assistance
Infrastructural Requirement																		Set up Assistance

Factor 1	9	8	7	6	5	4	3	2	1	2	3	4	5	6	7	8	9	Factor 2
Internal Financing																		External Credit

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**LEADERSHIP IN PUBLIC ADMINISTRATION IN INDIA**

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**ABSTRACT**

*Leadership in Public Administration in India plays a vital role in shaping governance, policy implementation, and the nation's development trajectory. Operating within a democratic and federal framework, Indian public administration demands leaders who are not only technically competent but also ethically grounded and visionary. Administrative leadership involves the strategic coordination of people, resources, and processes to achieve public service goals, uphold constitutional values, and drive sustainable development. In a context marked by complexity and rapid change—ranging from climate challenges to digital transformation—effective leadership is essential for ensuring organizational efficiency, public trust, and citizen-centric governance. This article explores the significance, challenges, and evolving role of leadership in Indian public administration, emphasizing its pivotal contribution to democratic consolidation and national progress.*

**Key words-** India Leadership, organization, Public Administration.

**INTRODUCTION**

Leadership in Public Administration in India plays a critical role in shaping governance, policy implementation, and the overall development trajectory of the country. Indian public administration, characterized by its vast bureaucratic structure and democratic framework, demands visionary, ethical, and effective leadership at various levels.

Public administration in India operates within a democratic framework and a complex federal structure. Leadership in this domain involves guiding administrative machinery to deliver public services, implement policies, and uphold constitutional values.

Leadership in administration involves guiding an organization or team towards its goals through effective planning, organization, and strategy execution. It focuses on optimizing operations, managing resources, and ensuring alignment with the overall vision. This type of leadership is crucial in environments demanding high levels of organization and detail, like corporate, educational, and governmental settings.

Administrative leadership is the backbone of any thriving organization. It's the strategic orchestration of resources, people, and processes to achieve the best possible outcomes. In an era where adaptability and efficiency are king, understanding the dynamics of administrative leadership could very well be your game changer. It's not just for the CEOs and managers; it's a critical skill set for anyone looking to lead, regardless of title.

**PUBLIC ADMINISTRATION LEADERSHIP IN INDIA**

- **Bureaucratic Leadership:** Dominated by the Indian Administrative Service (IAS), Indian Police Service (IPS), and other All India Services.
- **Political-Administrative Interface:** Leadership often requires navigating political expectations while ensuring administrative neutrality.
- **Diversity Management:** Leaders must manage diversity in language, culture, and socio-economic backgrounds across states and regions.
- **Decentralization:** With the 73rd and 74th Constitutional Amendments, leadership at the Panchayati raj and urban local body levels has gained prominence.

**CHARACTERISTICS**

1. **Vision and Strategy:** Administrative leaders must define the future goals of the organization and develop strategies to achieve them.
2. **Inspiration and Motivation:** They inspire and motivate teams to work towards shared objectives.

3. **Effective Communication:** Clear and transparent communication is essential for building trust and understanding within the organization.
4. **Decision-Making:** Leaders need to make timely and informed decisions, taking responsibility for the outcomes.
5. **Resource Management:** They are responsible for efficiently allocating and utilizing resources, including financial, human, and physical.
6. **Organizational Structure:** Administrative leaders play a key role in establishing and maintaining systems, policies, and procedures that support the organization's goals.
7. **Adaptability and Change:** They must be able to adapt to changing circumstances and guide the organization through transitions.
8. **Collaboration and Teamwork:** Effective leaders foster a collaborative environment where individuals work together to achieve shared goals.
9. **Conflict Resolution:** They are responsible for resolving conflicts and creating a positive work environment.



## BENEFITS

- **Effective Operations:** Strong administrative leadership ensures that operations run smoothly and efficiently, maximizing productivity and minimizing waste.
- **Strategic Alignment:** Leaders ensure that all parts of the organization are working towards the same goals, creating a cohesive and focused effort.
- **Innovation and Growth:** Effective leadership can foster an environment where new ideas are encouraged and implemented, leading to innovation and growth.
- **Employee Engagement:** Leaders can inspire and motivate employees, creating a sense of purpose and engagement that drives performance.
- **Organizational Success:** Ultimately, strong administrative leadership is essential for the overall success and sustainability of an organization.

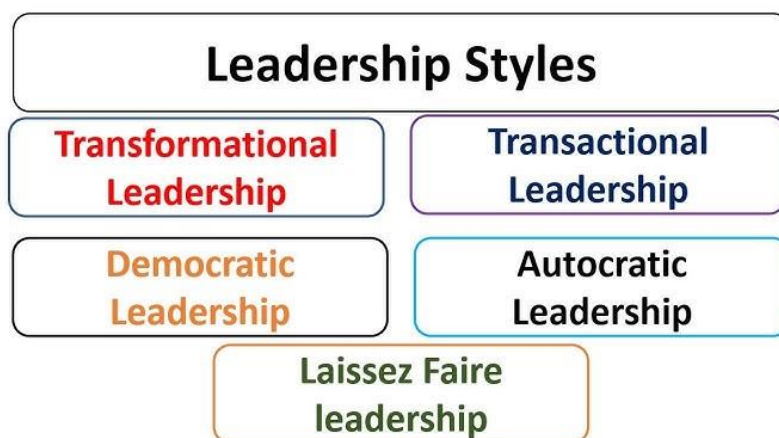
## STYLES OF LEADERSHIP OBSERVED-

- **Transformational Leadership:** Seen in reform-driven administrators like E. Sreedharan (Delhi Metro) or T.N. Seshan (Election Commission).
- **Transactional Leadership:** Focused on routine administration, rules, and standard operating procedures.
- **Participative Leadership:** Encouraged under e-governance and participatory planning initiatives.

## CHALLENGES IN PUBLIC ADMINISTRATION LEADERSHIP-

- **Political Interference:** Undermining administrative autonomy.

- **Corruption and Lack of Accountability:** Affecting public trust.
- **Resistance to Change:** Bureaucratic inertia hampers reform.
- **Training and Capacity Gaps:** Need for continuous leadership development.



#### LEADERSHIP DEVELOPMENT INITIATIVES-

- **LBSNAA (Lal Bahadur Shastri National Academy of Administration):** Core training institution for IAS officers.
- **Mission Karmayogi:** National Programme for Civil Services Capacity Building (NPCSCB) launched in 2020 to enhance the training and development of civil servants.

#### Examples of administrative leadership in action:

- **An office manager** who implements new software to streamline administrative tasks and improve efficiency.
- **A school principal** who develops and implements a new curriculum that better meets the needs of students.
- **A government official** who oversees the implementation of a new policy that improves public service

#### CASE STUDIES AND EXAMPLES

- **E. Sreedharan** – Known for integrity and transformational leadership in infrastructure projects like the Konkan Railway and Delhi Metro.
- **T.N. Seshan** – As Chief Election Commissioner, reformed election processes ensuring transparency and fairness.
- **Kiran Bedi** – Brought reforms in prison administration and policing.

#### Theoretical Frameworks-

- **Max Weber's Bureaucratic Theory:** Basis of Indian administrative structure.
- **Contingency Theory:** Leadership effectiveness depends on context—highly relevant in India's diverse settings.
- **Servant Leadership:** Increasing emphasis on service delivery and citizen-centric governance.



### ROLE OF LEADERSHIP IN ADMINISTRATION

- ✓ Setting Vision and Goals
- ✓ Planning and Strategy
- ✓ Motivation and Inspiration
- ✓ Communication and Collaboration
- ✓ Decision-Making
- ✓ Conflict Resolution
- ✓ Change Management
- ✓ Performance Management
- ✓ Building Trust and Respect
- ✓ Leading by Example

### CONCLUSION

Leadership in Indian public administration is pivotal to the nation's development and democratic consolidation. It requires not just technical competence, but ethical grounding, adaptability, and a citizen-first approach. As India faces evolving challenges—climate change, digital governance, and urbanization—the need for dynamic and visionary leadership is more critical than ever.

Leadership plays a crucial role in administration by providing direction, motivation, and support to ensure efficient and effective organizational performance. Leaders are responsible for setting goals, planning strategies, and inspiring teams to achieve those goals.

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**RIGHT TO PUBLIC SERVICES PROVIDED BY THE STATE GOVERNMENT – COMPARATIVE STUDY OF STATE LAWS AND NEED FOR A PARLIAMENTARY ENACTMENT**

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**ABSTRACT**

*The Right to Public Service (RTPS) represents a transformative shift in India's administrative landscape, aiming to make governance more responsive, transparent, and citizen-centric. Traditionally viewed as unresponsive and inefficient, Indian public administration has undergone reforms such as the Right to Information (RTI) and Citizens' Charters. However, RTPS stands out by legally entitling citizens to time-bound and quality public services. This article explores RTPS as a developmental paradigm that prioritizes effective service delivery over mere infrastructural or economic expansion. By ensuring accountability and efficiency, RTPS emerges as a win-win for both citizens and the government, fostering trust and improving governance outcomes. The article emphasizes the need for a motivational rather than punitive approach in implementation, the importance of setting service standards, and the role of competitive federalism—through performance rankings and indicators developed by agencies like NITI Aayog—in driving continuous improvement. For RTPS to succeed nationally, strong political will, administrative mindset shifts, and a focus on citizen empowerment are essential. Ultimately, the effectiveness of RTPS lies in proactive, quality-driven governance that realizes the democratic ideal of service with dignity.*

**Keywords:** Right to Public Service (RTPS), Public Administration, Citizen-Centric Governance, Service Delivery, Accountability, Transparency

**INTRODUCTION**

*"At the time of elections people are the most important. After that the government ignores them. The Chief Minister, Ministers, and bureaucrats, all think that they are perfect and wisdom cannot reside outside this group.*

*When we listened to the people, we found that nobody looked at the Citizens Charters and nobody bothered about the details. We wanted, then, to introduce a Citizens Charter Act. There were a number of doubting Thomases. But the question we asked was if we are giving rights through the Charters why are we scared of fixing responsibility?*

*Thus was born the MP Lok Sewaon Ke Pradhan Ki Guarantee Adhiniyam."*

This speech by Madhya Pradesh's Chief Minister aptly summarizes the thought behind right to public service.

Public administration in India is generally perceived to be unresponsive, insensitive and corrupt. To change this image Union and State governments took various steps like Citizens Charter, RTI etc. But among all these mechanisms Right to Public service is a path breaking approach, making citizens entitled to quality service delivery.

Most of the thoughts about development focus on need to run new plans and programs, creating massive infrastructure, economic investment etc. In this rhetoric, crucial aspect of development that is delivering efficient and quality public services is neglected. Right to Public Service is the step towards addressing this problem of inefficient and poor quality service delivery.

**What is Right to Public Service (RTPS)?**

RTPS is a rights-based approach for a more accountable, transparent and responsive delivery of public services. The Act guarantees time-bound delivery of notified services for a citizen eligible for the service, failing which the government servant is liable to be monetarily penalized under the law.<sup>1</sup> In short it operationalises citizen's charter by making citizens entitled to service delivery legally. It is shift from dependency based *Mai Bap Sarkar* Approach to Empowerment oriented right based approach.

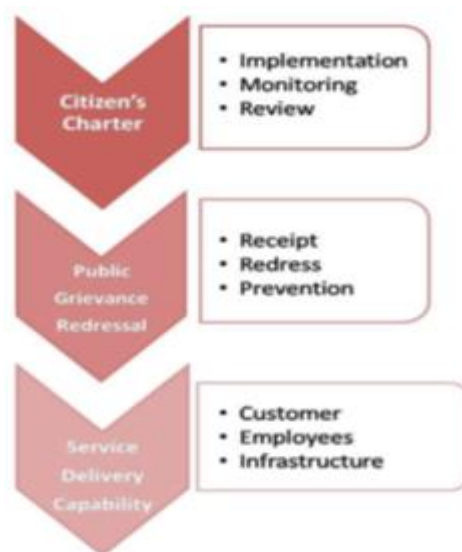


It changes the relationship between Citizens and government from ruler and subjects to service agent and client or consumer. This was focal point of movements like New Right Philosophy, New Public Management approach etc. Unspoken hassles, corruption, delayed services with lack of transparency by some errant public servants with a sense of impunity in their Government Departments is the reality of the most government offices. Right to public service is aimed to transform this culture of delay into culture of quality public service delivery as it makes citizens entitled to service delivery. They enable the service seekers to avail the services of the government departments with minimum inconvenience and maximum speed.<sup>5</sup> These are expected to indicate 'WHERE TO GO' and 'HOW TO PROCEED'. On the other hand, it makes the service providers aware of their duties to attend to the problems of the concerned citizens within a reasonable time-frame.<sup>5</sup>

#### Why to make it a right?

New right philosophy was first to advocate right based approach for public service delivery and new public management provided the tools for the same. Focal point of these reforms was creation of Citizens charter and grievance redressal mechanisms. But with traditional status quo bureaucracy, these measures failed to deliver economic, efficient and effective services. Indian states hence adopted this right based approach with Madhya Pradesh and subsequently 19 states till date enacting right to service delivery. By making service delivery a legal right, it empowers the citizens as they can get their right legally enforced to avail service delivery within stipulated time limit. Through this citizens can hold administration accountable for their performance. Appeal and grievance redressal mechanisms within the RTPS ensure that problems of citizens are properly addressed. Hence citizens are no longer at the mercy of bureaucracy. RTPS is ensuring citizen centric and demand driven service delivery.

Before looking at the experience of state let's have a look at previous mechanisms dealing with delivery of public services



#### What were the previous initiatives to improve service delivery?

Sevottam model aptly summarizes the mechanisms to improve service delivery which has following components-

- **Citizens Charter-** In simple terms it is set of commitments made by organizations to its clients. Its Main aim was to make administration accountable by spelling out standards of service delivery in the charter.
- **Grievance Redress Mechanisms-** Apart from the grievance redress mechanisms of individual departments, The Centralized Public Grievance Redress and Monitoring System (CPGRAMS), a web based portal was launched for lodging complaints by the public in 2007. However pendency of cases is still high.
- **Developing service delivery capabilities-** By proper training and monitoring.

### Why Citizens Charter And Grievance Redressal Mechanisms Failed?

Since all these existing mechanisms didn't have legal backing, it led to following problems-

#### 1. Lack of administrative will since citizens charters are voluntary in nature

Though effective in theory, The Citizen's Charter initiative is facing some major roadblocks in implementation as it is not legally binding but voluntary in nature. A review done by a 2008 study of the Citizen's Charters conducted by Indian Institute of Public Administration found out that many charters were nonexistent or outdated lacked precision on standards, commitments and mechanisms. The study, after careful assessment of the charters concluded there was lack of organizational clarity and information and the mechanism for processing of suggestions and systematic review was missing from 98 percent of the charters<sup>5</sup>

#### 2. Complex rules and procedures hampering service delivery

Procedures, Rules etc. for availing service delivery were complex instead of being citizen friendly. Naturally it paves way for corruption. Due to high information asymmetry, officers were indulged into corrupt activities and exploited citizens with impunity.

#### 3. Corruption due to lack of transparency and accountability

Since there was no responsibility on specific officials for service delivery, accountability and transparency was absent. Long queues outside public offices, people running around collecting hundreds of documents was the common scene in every government office

#### 4. No citizens participation as they were viewed only as a subjects

Citizens were viewed as mere passive subjects. Sovereignty of citizens was present only in theory. Errant government officials, Corrupt middle men and complex rules and procedures exploited citizens financially as well as mentally.

#### 5. Reactive administration apathetic to citizens needs

Elitist bureaucracy was apathetic to citizen's needs and demands. Since they had security of tenure and enormous powers without corresponding responsibilities for performance, they enjoyed the game of passing buck in which the citizen whose interest are supposed to be of paramount importance suffered.

### What Was The Experience Of States Enacting RTPS?

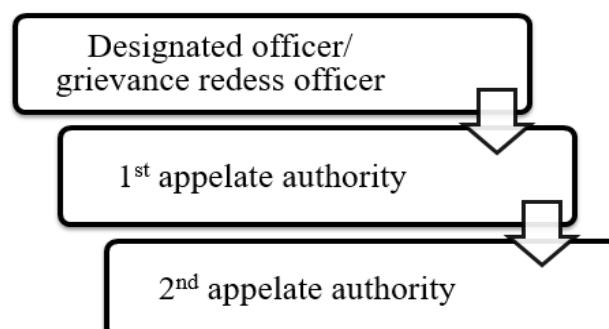
Till date 20 states have adopted right to public service legislation with general provisions as follows-

#### 1. Machinery

##### A. Nodal Departments:

Only Madhya Pradesh has the exclusive *Department of Public Service Management* for providing impetus to the implementation of RTPS. Other states have Revenue department, General Administration Department, Administrative Reforms departments etc. as a nodal departments for RTPS

##### B. Officials involved:



Most of the states follow hierarchy stated above. Some states like Maharashtra, Haryana, west Bengal etc. have constituted Right to public service commissions as a supervisory body. It can take Suo Moto notice of failure to deliver services in accordance with this Act

### C. Implementation process:

ICT is used as a tool for service delivery which makes the process transparent and citizens friendly. To increase the reach of RTPS, some states have established dedicated service centers. For example, Madhya Pradesh has established Lok Seva Kendras (LSK) at Block level for single window delivery of services. In Bihar, RTPS Counters have been set up at all Block Offices, District Collectorates and other offices delivering services notified under the Act. IT managers have been placed on contractual basis in all 38 districts and key departments to support the IT initiatives under RTPS. IT and Executive Assistants have been contracted for all 534 blocks for manning computerized application receiving counters. Technology has been effectively used for implementation of the Act so as to simplify service delivery processes and ensure transparency. These include the Adhikar software, the Jigyasa call centre and interactive voice response system- Samadhan

### 2. Services Included

Some of the commonly provided public services, including issuing caste, birth, marriage and domicile certificates, electric connections, voter's card, ration cards, copies of land records, etc.

Variations in services and departments notified in the states are in part due to the local realities related to -

- a) Levels of simplicity in definition of service and delivery of the same;
- b) Strength of existing processes of service delivery; and
- c) The local demand from citizens for particular services.
- d) Willingness of various departments to include some of their services under the guarantee legislations.

### 3. Monitoring

Only Madhya Pradesh has exclusive department of public service management while in other states departments like revenue, general administration undertake the monitoring. States like Madhya Pradesh, Jharkhand, Maharashtra have 'online dashboards' which gives Service wise and Department wise statistics of applications for service, pendency etc.

### 4. Penalty And Compensation

All State Acts prescribe penalties for delay in providing services. Penalty amount varies from State to State. Most of the States have provision of minimum penalty of Rs 250 and maximum Rs 5000. There is no rational scheme of penalty and compensation..

### 5. Timeline

Wide variation in the timeline<sup>3</sup> for delivery of services can be seen across various states. Here competitive federalism can be game changing by ranking states according to performance in service delivery.

### 6. Incentives

Almost all acts are punishment centric. West Bengal is the only state to have a reward for designated officer for timely services. The reward is upto Rs 1000 in one financial year along with appreciation certificate.

### 7. Stakeholders

The act is applicable to all State Government Departments, Local self-government like three-tier Panchayats, Municipalities, Municipal Corporation and to anybody owned, controlled or substantially financed by the State Government and non-government organization substantially financed by funds provided by the State Government.

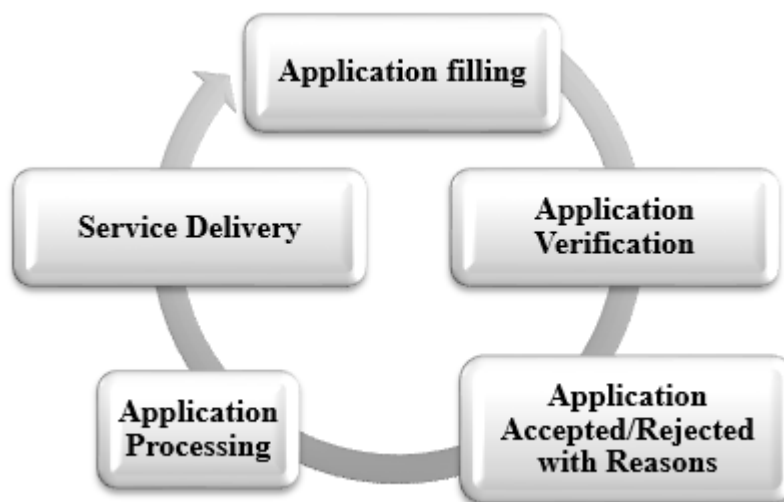
### What lessons we get from the experience of states?

#### 1. RTPS Ensures access to public services:

In the neo liberal era government still remains the main service provider. Due to right to public service citizens become entitled to service delivery without being at the mercy of government. Since it is legal right they can get their right enforced and grievance redressed through appropriate authority. Need to visit government offices frequently, standing in queue etc. time consuming processes are no longer needed. Further many states are delivering services at doorstep. RTPS is making service delivery Available and Accessible.

## 2. Citizen friendly service delivery:

Most of the states have created online portals through which citizens can apply for services, track status of their request, appeal to designated authorities against delivering officer etc. With the usage of digital technology as a tool to service delivery it is making service delivery mechanisms simple and citizens friendly.



## 3. Speedy and hustle free delivery:

Timeline for the delivery of services is notified through the act violation of which invites penalty. Hence it ensures service delivery on time which is the main aim of this legislation. In Uttar Pradesh in almost 87% of the cases services were delivered on time, while in Maharashtra in 62% cases service delivery was on time. Hence it has started a shift from bureaucratic red tapism to speedy and hustle free service delivery.

## 4. Increases Transparency:

By clearly mentioning standards of service delivery, time required, concerned officials, the right to public service enhances transparency in the process of service delivery. Further most of the states use ICT based mechanisms as a medium to deliver services which ensures transparency.

## 5. Fixes Accountability and responsibility:

Under right to public service act, designated officer is responsible to deliver service in time bound manner. In case of rejection of application, he has to give valid reason for the same to the applicant. If not satisfied, applicant can appeal to first appellate authority which examines the case and have power to penalize responsible officials for default. Further applicant can appeal to 2<sup>nd</sup> appellate authority and third appellate authorities like Public Service Commission (e.g. in Maharashtra). Hence officials are accountable to citizens as well as superiors.

In Madhya Pradesh, SMS is used for sending reminders to designated officials about pending applications and the number of days they have remaining with them to ensure compliance with the RTPS Act time stipulations. Further Officer Wise and department wise statistics of applications received, pending and disposed is published on the RTPS website which is the most innovative and effective way of ensuring responsibility for performance.

## 6. Reduces corruption:

Secrecy, Red tapism, delays, power asymmetry, faulty attitude etc. lead to corruption. Common citizens face corruption in day to day life mainly in Service delivery which costs them financially as well as mentally. But due to right based approach,

Corruption in service delivery has reduced drastically. Study in district of Bihar through field visits and citizens feedback shows that pre RTPS there was 52% dependence on intermediaries while post RTPS it reduced to 21%<sup>5</sup>

## 7. Sense of duty and motivation to perform better in officials:

Right to public service reminds the official the main goal of administration that is efficient and effective service delivery to citizens. As observed by Goal setting Theory of Edwin Locke, "Specific and difficult goals with provisions for feedback lead to high performance." By providing target timelines, right to public service creates sense of duty in officials and sets goals for the performance.



West Bengal gives monetary incentives for better performance; Madhya Pradesh has adopted unique method of ranking officials based on their service delivery performance. Further it displays names of five best performing officials on the website which acts as motivation and example for others.

### **8. Empowers citizens:**

Under RTPS, administration treats citizens as consumers or clients, entitled to quality service. Hence citizens can demand service and get their grievances redressed. Citizens are not mere passive spectators in the RTPS paradigm but active agents in governance and play crucial role in ensuring performance, accountability and transparency. It has reinvented the Public aspect of the Public Administration which was lost due to overemphasize on bureaucratic self aggrandizing administration.

Given the enormous benefits of RTPS let's have a look at draft central law on RTPS.

### **What were the provisions of central RTPS legislation?**

The Citizen's Charter and Grievance Redressal Bill 2011 also known as The Right of Citizens for Time Bound Delivery of Goods and Services and Redressal of their Grievances Bill, 2011 or Citizens Charter Bill was proposed in Lok Sabha in December 2011. The bill lapsed due to dissolution of the 15th Lok Sabha. The Bill, as part of the concurrent list like the Right to Information Act, sought to confer on every citizen the right to time-bound delivery of specified goods and services and to provide a mechanism for grievance redressal. The Bill proposed to make it mandatory for every public authority to publish a Citizen's Charter within six months of the commencement of the Act. The Bill proposed to make incumbent on government officials to address citizens' complaints within a specified time, failing which the official concerned would face action, including a fine of up to Rs. 50,000 from his salary and disciplinary proceedings. It was expected to give people right to compensation if they do not receive their entitlements, promised under the law within a specified time. Thus, it was expected to address graft and lack of delivery on entitled goods and services at the grassroots level. Since the proposed Bill was part of the concurrent list, it was to be applicable on the states also.<sup>5</sup>

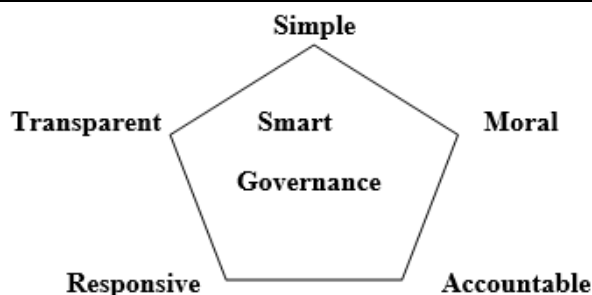
### **IN BRIEF**

1. Each public authority shall be responsible for ensuring the preparation and implementation of Citizens Charter, within a reasonable time, and not exceeding one year from the coming into force of this Act.
2. Every Citizens Charter shall enumerate the commitments of the respective public authority to the citizens, officer responsible for meeting each such commitment and the time limit within which the commitment shall be met.
3. Each public authority shall designate an official called Public Grievance Redressal Officer, whom a complainant should approach for any violation of the Citizens Charter.
4. Every public authority shall review and revise its Citizens Charter at least once every year through a process of public consultation.
5. Lokpal may direct any public authority to make such changes in their citizens' charter as are mentioned in that order.
6. The Bill deals with government departments that deal directly with citizens which includes:
  - Constitutional bodies,
  - Statutory authorities,
  - Public-private partnerships,
  - NGOs substantially funded by the government and companies that provide services under a statutory obligation<sup>5</sup>

### **Why do we need RTPS at central level?**

#### **1. Benefits as noticed in the states RTPS experiment**

Making service delivery a legal right is a way towards 'SMART' governance.



Since all the processes involved in service delivery are stated online, citizens can easily apply for services. By making service delivery ‘A right’ it imposes a moral obligation on administration to deliver on promises made. Accountability in RTPS is both to superiors and to citizens. By delivering services proactively administration becomes responsive to the needs of citizens. And at last, all these simplified ICT based processes ensure transparency.

## 2. Scope of act:

Scope of central act will be wider covering all Constitutional bodies, statutory authorities, Public-private partnerships, NGOs substantially funded by the government etc. In the era of good governance, government is operating through networks. Hence private players, civil societies are also involved in service delivery. Only strong central RTPS law can ensure accountability of these various players involved in service delivery.

## 3. Focus on quality:

Main thrust of Central law on RTPS was operationalization of citizen’s charters. By operationalizing citizen’s charter, it would have ensured ‘QUALITY’ service delivery which is missing in the state RTPS legislations.

## 4. Uniformity:

Though 20 states have enacted RTPS act, only few are delivering on the promises made. By enacting RTPS act at central level it will ensure that every state follows RTPS in letter and spirit.

## 5. Cooperative federalism:

By bringing all stakeholders under umbrella law, states can learn from the experience of each other fostering cooperative and collaborative federalism.

## 6. Competitive federalism:

By developing proper performance indicators, it can harness the spirit of competitive federalism to ensure quality service delivery.

Hence enacting RTPS legislation at central level will be crucial step towards good governance. In federal polity, service delivery happens at central, state and local governments level. Further involvement of private agencies and civil societies in service delivery necessitates a robust central RTPS framework. But before moving forward following challenges need to be considered before enacting it at central level as they provide a chance to improve and innovate.

## CHALLENGES

### 1. Defining the scope of the act

It is crucial step since many government agencies lack capacity to deliver quality services. Hence comprehensive activity and capacity mapping will be needed to identify services and set timeframe for their delivery. Kerala has identified these activities using ‘Life event model’ which identifies services required to every human being in different stages of life. For example services required at birth then as a student after that as a worker or household etc.

### 2. Stakeholder mapping :

It will be needed to ensure participation of all stakeholders. Public service standard should be prepared in consultation with the employees of the department dealing with the public, in addition to its officers and the service users, by publishing the charter and inviting suggestions from all concerned.<sup>5</sup>

### 3. Demand side sensitization:

In the implementation of RTPS, it is not enough that citizens are made aware and given information about their right and services notified under the Act. For RTPS to be effective, citizens must know a) Content of the

service, b) eligibility, c) process and cost of accessing the service, d) process of approval, delivery and maintenance of service. In most cases the service announcements declare eligibility in broad terms. Thousands of eligible citizens cannot access a service, not because they are not eligible but because they cannot produce evidence to that effect, as asked. There must be clear eligibility statements.

Madhya Pradesh government undertook a large Campaign to sensitize citizens on the RTPS. Special Gram Sabhas were also organized where teams made presentations regarding the provisions and processes of the Act. Another initiative of the GoMP was the Lokseva Week and Lokseva Day for generating awareness.

#### **4. Supply side sensitization:**

Awareness and training of service providers is sine qua non since quality service delivery is not possible without right attitude and right skill set. Citizens serving rather than self serving bureaucracy is the prerequisite of RTPS. In long terms serious reforms in the civil services will be needed.

#### **5. Capacity building:**

Many services are provided at the decentralized levels where there is shortage of funds and staff. This challenge is mainly faced by rural and urban local governments which are service delivery agents for basic services. Hence adequate devolution of Funds, Functions and Functionaries is crucial.

#### **6. Efficient management information system (MIS) :**

MIS with ready access to government records and data for monitoring and tracking of applications increases the effectiveness of service delivery. Real time online dashboard like that of Maharashtra, Madhya Pradesh is needed for the monitoring of the RTPS. Further given the federal structure of Indian polity, management information system need to link every tier of government right from local to central level.

#### **7. Simplicity:**

Reduction of complexity in procedures and clarification on identification and documentation requirements for a particular service for the purpose of eliminating subjectivity will need process reengineering. RTPS portal too need to be citizens friendly, guiding them properly throughout the service delivery process. Interactive systems like 'Samadhan' in Bihar will be helpful.

#### **8. Incentives and disincentives:**

Motivational thinkers like Frederick Herzberg, Douglas McGregor have stressed the importance of motivators in the administration. To make RTPS sustainable and proactive, management of the economy of incentives is must. Hence incentives and disincentives for government officials including, but not limited to penalties, impact on performance assessment, promotions, and rewards are crucial to ensure proactive service delivery.

#### **9. Grievance redressal mechanisms /appeal mechanisms:**

They are not uniform creating confusion. Overlapping between various mechanisms need to be avoided to ensure speedy redressal.

#### **10.Delivery/ Tracking/ Monitoring of service requests:**

Are need like that of 'Sakala' model of Karnataka.

#### **11.Illiterate and remote population:**

The Acts would eventually need to address the needs of remote and marginalized populations. At present the focus of implementation is on assumed permanent residence of citizens. There will be illiterate and remote populations to whom the service guarantee is not able to reach. The challenge is also to create awareness amongst such citizens about the Act, sensitize service delivery officials and ensure services reach this population.

#### **12.Need to shift from process centric to Quality Centric:**

Every act defines Right to Public Service as a right to avail service delivery in stipulated time limit. However crucial aspect of Quality and Standards of service delivery are neglected. This problem can be addressed by operationalizing citizen's charters as envisaged by central RTPS act.

#### **13.Lack of administrative and political will:**

In many states, website for RTPS is not properly designed and updated denoting lack of administrative as well as political will. Lessons need to be learned from Madhya Pradesh and Maharashtra which have excellent RTPS websites with updated information. Further many states have not increased the number of services provided under RTPS which is the sign of reactive and status quoist administration.

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**CONCLUSION**

Given the multiple benefits, right to public service is win-win situation for both government and citizens. On the one hand it provides Quality service delivery to citizens and also provides impetus to improvement in governance. By adopting it at central level it will ensure Citizen Centric Governance.

**WAY FORWARD**

From the experience of states the right to public service should be motivation oriented rather than punishment centric. Penalty provisions of most states Acts were harsh and could affect the motivation of service providers, which need to be reviewed<sup>2</sup> Given the multi dimensional nature of motivation, innovative mechanisms will be needed to sustain improvements in performance.

Further every state defines right to public services as right to time bound services which needs to be expanded as right to quality public services. Here citizen charter can be helpful for setting standards of service delivery. Setting standards and targets will help administration to develop and improve continuously.

While enacting central legislation, adequate flexibility should be provided to states as their capacity to deliver varies. Here competitive federalism can be a game changer. By ranking states based on service delivery performance it can ensure that Right to Public service is followed in letter and spirit. For this Performance Indicators need to be developed which can be done by the agencies like NITI Aayog.

Strong political will is needed to adapt right to public service at centre which is crucial to ensure ease of living and ease of business. There is a need for the officers and staff dealing with the public to realign the mindset from the present Raja-Praja syndrome so that harmonious relations prevail between the service providers and the service users/consumers. The services promised by a Department should be rendered without any discourtesy or harassment. In this connection the oft-quoted statement of Mahatma Gandhi, Father of our Nation, bears reiteration<sup>5</sup>

Right to Public Services realizes this vision by making public service delivery citizen centric and demand driven. However only enacting the RTPS is not going to lead towards good governance. Ultimately success of RTPS will be determined by the pro activeness of administration in ensuring quality public service delivery. For this following principle of service delivery as given by 2<sup>nd</sup> ARC must be followed to ensure that RTPS is enforced in letter and spirit.

- Set standards of service
- Be open and provide information
- Consult and innovate
- Encourage access and promote choice
- Treat all fairly
- Put things right when they go wrong
- Use resources effectively
- Innovate and improve other providers

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**HEALTH INSURANCE: AN EMPIRICAL STUDY OF CONSUMER BEHAVIOUR IN PANIPAT DISTRICT OF HARYANA**

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**Dolly Rani<sup>1</sup> and Dr. Nisha<sup>2</sup>**<sup>1</sup>Research Scholar, Department of Commerce, BMU Rohtak<sup>2</sup>Assistant Professor, Faculty of Management & Commerce, BMU Rohtak**ABSTRACT**

*Health insurance has emerged as a vital tool for financial protection against health-related expenses, particularly in developing countries like India where healthcare costs are steadily rising. This empirical study investigates the consumer behaviour towards health insurance in the Panipat district of Haryana. The study aims to explore the level of awareness, preference, satisfaction, and key factors influencing the purchase and renewal of health insurance policies among residents.*

*A structured questionnaire was used to collect data from 200 respondents in urban and rural areas of Panipat. The study reveals that while awareness of health insurance has increased significantly in recent years, a large portion of the population still lacks a comprehensive understanding of policy terms, coverage, and benefits. It was found that private companies dominate in terms of customer satisfaction, while government schemes are more popular among the economically weaker sections.*

*Socio-demographic factors such as income, education, and occupation play a significant role in influencing consumer behaviour. Many respondents admitted to purchasing insurance policies due to peer influence or under the pressure of agents, rather than making informed decisions. The study also reveals a gap between policyholder expectations and actual service delivery, especially in terms of claim settlement and transparency.*

*The research concludes with suggestions to improve awareness through educational campaigns, improve claim processing mechanisms, and encourage digital penetration to enhance the accessibility and convenience of policy-related services.*

**Keywords:** Health Insurance, Consumer Behaviour, Panipat, Awareness, Claim Settlement, Policy Preferences, Rural and Urban Consumers, Haryana.

**INTRODUCTION**

Health insurance has increasingly become a critical component of personal financial planning and public health policy in India. With the rapid escalation of healthcare costs, frequent outbreaks of communicable diseases, and the rising incidence of non-communicable diseases (NCDs) such as diabetes, hypertension, and cancer, individuals and families are often burdened with enormous out-of-pocket expenses. This financial burden is especially pronounced in a country like India, where public health infrastructure is overstrained and often underfunded, and where the majority of the population pays for healthcare services directly at the point of delivery. In such a scenario, health insurance serves as a safety net, protecting individuals from the economic shock of medical emergencies.

Health insurance is defined as a form of insurance coverage that pays for medical and surgical expenses incurred by the insured. It can either reimburse the insured for expenses incurred from illness or injury or pay the care provider directly. Health insurance policies are generally offered by both government and private sector insurance companies. Government schemes such as Ayushman Bharat, Employees' State Insurance Scheme (ESIS), and Rashtriya Swasthya Bima Yojana (RSBY) aim to provide financial protection to low-income households, while private insurance players offer a wide range of individual and family plans tailored to specific needs.

Despite these offerings, the penetration of health insurance in India remains relatively low. According to various national surveys and reports, only a small fraction of the Indian population is adequately covered under any form of health insurance. The reasons for this low penetration include a lack of awareness, mistrust in insurance companies, complicated policy terms, poor claim settlement experiences, and limited accessibility, especially in rural and semi-urban areas.

Panipat, a district located in the state of Haryana, serves as an illustrative microcosm for studying consumer behaviour in relation to health insurance. Known for its industrial base and proximity to major urban centres like Delhi and Chandigarh, Panipat presents a diverse demographic profile, encompassing both rural and urban

populations with varying income levels, educational backgrounds, and occupational categories. Despite its relatively high economic activity, the awareness and adoption of health insurance in the district appear uneven and influenced by several socio-economic factors.

The decision to purchase health insurance is not merely a financial one—it is deeply rooted in consumer psychology, socio-cultural attitudes, perceived health risks, and trust in the health system. Understanding these behavioural dimensions is crucial for designing effective insurance policies, improving service delivery, and ultimately increasing the adoption and retention of health insurance schemes. This makes the study of consumer behaviour in this domain not only relevant but also necessary for policy formulation and business strategy.

Moreover, there is a growing need to bridge the information gap between policyholders and service providers. Many consumers, especially in rural areas, purchase policies without fully understanding the terms and conditions, resulting in dissatisfaction during claim processing or renewal stages. The role of intermediaries, such as insurance agents and healthcare workers, also requires scrutiny, as they significantly influence purchasing decisions—sometimes without ensuring informed consent. In addition, the digital transformation of insurance services has brought both opportunities and challenges in terms of reach, efficiency, and user experience.

In the context of Panipat, no comprehensive empirical study has yet been conducted to evaluate consumer awareness, preferences, and satisfaction with health insurance products. This research seeks to fill that gap by conducting a structured empirical investigation into the health insurance behaviour of consumers in the district. It aims to identify patterns, motivations, deterrents, and expectations associated with health insurance purchases and usage.

By focusing on Panipat, this study hopes to derive insights that are both locally relevant and broadly applicable to similar semi-urban and rural settings across India. The results of the study can aid policymakers, insurance providers, and healthcare administrators in better understanding the ground realities and in tailoring their strategies to effectively meet the needs of diverse consumer groups.

In summary, this research explores the landscape of health insurance in Panipat district from the consumer's perspective, highlighting awareness levels, influencing factors, satisfaction with services, and preferences among various insurance providers. By doing so, it contributes to the broader discourse on improving health coverage and ensuring financial protection for all.

## REVIEW OF LITERATURE

A number of studies have explored the dynamics of health insurance in India and other developing countries, focusing on factors such as awareness, satisfaction, accessibility, and decision-making behaviour. This review presents selected scholarly works that provide a foundation for the current research.

**1. Gupta and Trivedi (2015):** In their study titled *"Awareness and Impact of Health Insurance in Urban India"*, the authors found that although awareness about health insurance was gradually increasing, actual penetration remained low. They attributed this to complex policy documents, lack of trust in insurers, and minimal outreach in rural areas.

**2. Reddy, Kumar, and Sharma (2018):** This study on *"Government Health Insurance Schemes and Challenges in Implementation"* highlighted the operational challenges in schemes like RSBY and Ayushman Bharat. It found that low awareness among beneficiaries, poor coordination with hospitals, and delays in claim settlement discouraged policyholders from renewing their insurance.

**3. Kumar and Lal (2020):** Their research titled *"Digitalization and its Impact on Insurance Sector in India"* explored the role of technology in transforming insurance services. It showed that while digital platforms have improved access for urban youth, digital illiteracy among rural populations remains a barrier to adoption.

**4. Bhattacharya and Jain (2019):** This comparative study evaluated public and private sector insurers and found that private companies scored higher on customer satisfaction, claim settlement speed, and transparency. However, public schemes had a wider reach among economically weaker sections.

**5. National Sample Survey Office (NSSO) Report (2019):** The NSSO health consumption survey revealed that nearly 80% of rural India still relies on out-of-pocket spending. Only 18% of rural households were covered by any form of health insurance, as opposed to 30% in urban areas, suggesting stark regional disparities.

**6. Sharma and Singh (2017):** In their study "*Consumer Behaviour in Health Insurance: A Study in Northern India*", the authors emphasized the role of socio-economic factors such as income, education, and occupation in shaping insurance decisions. The study found that more educated individuals were more likely to compare policies and make informed choices.

**7. Choudhury and Reddy (2016):** This study examined "*Health Insurance Literacy among Rural Women*" and found that many women in rural households were unaware of being covered under government schemes. Cultural norms, male-dominated decision-making, and lack of direct communication hindered female participation in insurance decisions.

**8. Mishra and Desai (2020):** They explored "*Barriers to Health Insurance in Semi-urban Areas*" and found that perceived high premiums, lack of trust in insurers, and previous bad experiences deterred many from purchasing insurance. The study also stressed the need for local language support and simplified policy documents.

**9. Mehta and Sahu (2018):** Their work titled "*Awareness and Perception of Health Insurance among College Students*" indicated that while youth are aware of insurance, many still depend on their parents' policies. They recommended including health insurance education in college curriculum to improve long-term adoption.

**10. World Bank Report (2017):** A global study on healthcare financing in developing nations concluded that voluntary insurance models tend to exclude the poorest and sickest individuals. It suggested strengthening government-subsidized programs to achieve universal health coverage.

**11. Patel and Shah (2021):** In their recent study "*Effectiveness of Insurance Agents in Consumer Awareness*", it was found that while agents play a crucial role in promoting insurance, unethical practices and mis-selling were also common. The study advocated for agent training and regulatory oversight.

**12. Verma and Bansal (2022):** Their research on "*Trust and Transparency in Health Insurance Services*" found that dissatisfaction with claim processing and hidden clauses were major reasons for non-renewal of policies. They emphasized the importance of building long-term trust through customer engagement.

## OBJECTIVES OF THE STUDY

1. To assess the level of awareness regarding health insurance among the residents of Panipat district.
2. To identify the key factors influencing the decision to purchase health insurance.
3. To evaluate consumer satisfaction with health insurance services.
4. To compare the preferences between public and private health insurance providers.
5. To offer recommendations to improve health insurance penetration and consumer satisfaction.

## RESEARCH METHODOLOGY

- **Research Design:** Descriptive and Analytical
- **Sampling Method:** Stratified Random Sampling
- **Sample Size:** 200 respondents (100 urban and 100 rural)
- **Data Collection Tools:** Structured Questionnaire, Interviews
- **Sources of Data:** Primary (field survey), Secondary (journals, reports, insurance databases)
- **Statistical Tools Used:** Percentage analysis, Chi-square test, cross-tabulation, graphical representation

## HYPOTHESIS OF THE STUDY

Based on the review of literature and the objectives of the research, the following hypotheses have been formulated to guide the empirical investigation:

**H<sub>1</sub>:** There is a significant relationship between the level of education and awareness of health insurance policies among consumers in Panipat district.

**H<sub>2</sub>:** Income level significantly influences the preference for private or public health insurance providers.

**H<sub>3</sub>:** There is a significant difference in the awareness and adoption of health insurance between urban and rural populations in Panipat.

**H<sub>4</sub>:** Consumer satisfaction with health insurance is significantly influenced by the claim settlement process.

**H<sub>5</sub>:** There is a significant association between source of information (e.g., agent, media, and internet) and consumer decision to purchase health insurance.

**H<sub>6</sub>:** Age and occupation significantly influence the willingness to renew or continue health insurance coverage.

### ANALYSIS AND INTERPRETATION

This section presents the analysis of primary data collected from 200 respondents in the Panipat district, comprising both urban and rural populations. Data has been interpreted in light of the study's objectives and hypotheses using percentage analysis, cross-tabulation, and chi-square tests where applicable.

#### Objective 1: To assess the level of awareness regarding health insurance

**Table 1: Awareness Level vs. Education of Respondents**

Education Level	Fully Aware	Partially Aware	Not Aware	Total
Illiterate	2	14	24	40
Secondary	14	36	10	60
Higher Secondary	22	24	4	50
Graduate & Above	32	16	2	50
<b>Total</b>	<b>70</b>	<b>90</b>	<b>40</b>	<b>200</b>

**Interpretation:** Educated respondents have better understanding of health insurance. Awareness campaigns should be simplified for low-literacy segments.

#### Objective 2: To identify key factors influencing the decision to purchase health insurance

**Table 2: Source of Information Used by Respondents**

Source of Information	No. of Respondents	% of Total
Insurance Agent	84	42%
Friends/Relatives	48	24%
Advertisements	34	17%
Internet	26	13%
Health Workers	8	4%

**Interpretation:** Insurance agents play the most dominant role in influencing decisions. However, dependency on agents may lead to misinformed choices. Digital and media sources need strengthening for better awareness.

#### Objective 3: To evaluate consumer satisfaction with health insurance services

**Table 3: Satisfaction Level vs. Claim Experience**

Claim Settlement Experience	Highly Satisfied	Neutral	Dissatisfied	Total
Easy & Timely	56	10	4	70
Delayed	24	28	18	70
Rejected/Unclear	6	16	38	60
<b>Total</b>	<b>86</b>	<b>54</b>	<b>60</b>	<b>200</b>

**Interpretation:** Claim processing is a major determinant of customer satisfaction. Insurers must focus on quick and transparent claim settlement.

#### Objective 4: To compare preferences between public and private health insurance providers

**Table 4: Insurance Provider Preference vs. Monthly Income**

Income Level (INR)	Govt. Schemes	Private Companies	Total
<10,000	52	18	70
10,000-30,000	34	46	80
>30,000	18	32	50
<b>Total</b>	<b>104</b>	<b>96</b>	<b>200</b>



**Interpretation:** Lower-income groups rely on public insurance. Higher-income respondents prefer private providers for better services and flexibility.

**Objective 5: To compare awareness and adoption between urban and rural populations**

**Table 5: Awareness Comparison – Urban vs. Rural Respondents**

Awareness Level	Urban (n=100)	Rural (n=100)
Fully Aware	52	28
Partially Aware	34	56
Not Aware	14	16

**Interpretation:** Urban respondents are significantly more aware of insurance products than rural respondents. The rural population lacks access to quality information. Targeted outreach in rural areas is needed.

**Objective 6: Influence of Age and Occupation on Renewal Behaviour**

**Table 6: Renewal Willingness by Age Group**

Age Group	Respondents	Willing to Renew (%)
18-30	60	36 (60%)
31-50	90	70 (78%)
51 and above	50	43 (86%)

**Interpretation:** Willingness to renew increases with age, possibly due to increased perceived health risks.

**MAIN FINDINGS AND SUGGESTIONS**

**Main Findings**

Based on the empirical analysis of 200 respondents from the Panipat district, the following key findings have emerged:

**1. Education Strongly Influences Awareness (H<sub>1</sub> Supported)**

- A significant relationship exists between education level and awareness of health insurance.
- Respondents with higher education (graduates and above) showed greater knowledge and understanding of policy terms and benefits.
- Illiterate and low-educated respondents were largely unaware or misinformed about insurance schemes.

**2. Income Impacts Preference for Insurance Provider (H<sub>2</sub> Supported)**

- Lower-income individuals (< ₹10,000) preferred government schemes due to affordability and subsidies.
- Middle and higher-income groups showed a clear preference for private insurers, valuing better service quality, faster claims, and add-on features.

**3. Urban Areas Have Higher Awareness than Rural Areas (H<sub>3</sub> Supported)**

- Urban respondents demonstrated better awareness, higher enrollment, and more proactive health insurance behavior.
- Rural respondents were mostly partially aware or unaware of policy terms and procedures, despite being eligible for several public schemes.

**4. Claim Settlement Process Is a Major Driver of Satisfaction (H<sub>4</sub> Supported)**

- Consumers with smooth and timely claim experiences reported high satisfaction levels.
- Delays, rejections, or unclear documentation led to dissatisfaction and loss of trust in insurance providers.

**5. Agents Are the Primary Source of Information (H<sub>5</sub> Supported)**

- 42% of respondents cited agents as their main source, followed by friends/relatives and advertisements.
- Heavy dependence on agents raises concerns about mis-selling and misinformation, especially among rural and less-educated populations.

**6. Age and Occupation Influence Renewal Behaviour (H<sub>6</sub> Supported)**

- Older respondents and those in health-risk occupations were more likely to renew their insurance policies.

- Younger individuals often neglected renewal unless it was employer-sponsored or family-influenced.

### **Suggestions**

Based on these findings, the following recommendations are made for policymakers, insurance providers, and public health stakeholders:

#### **1. Strengthen Awareness Campaigns**

- Use mass media, social media, community outreach, and local languages to increase insurance awareness, especially in rural areas.
- Organize regular camps and health insurance literacy programs at the village and panchayat levels.

#### **2. Simplify Policy Documentation**

- Health insurance documents should be simplified, translated into regional languages, and explained using visual or audio formats for low-literate populations.

#### **3. Improve Claim Settlement Process**

- Streamline the claims process through better technology integration and transparency.
- Insurers should provide dedicated claim assistance and faster redressal mechanisms to boost customer satisfaction.

#### **4. Monitor and Regulate Agents**

- Insurance agents should undergo mandatory training and certification, with penalties for misrepresentation or unethical selling practices.
- Encourage alternative reliable channels like verified digital platforms and government health workers.

#### **5. Promote Tailored Insurance Plans**

- Design affordable micro-insurance products targeted at low-income groups and rural populations.
- Encourage flexible premium payment options like monthly or seasonal contributions.

#### **6. Encourage Renewal through Incentives**

- Offer loyalty benefits, no-claim bonuses, or small discounts on renewals to encourage long-term policy holding, especially among youth.

#### **7. Public-Private Partnerships (PPP)**

- Strengthen collaborations between government schemes and private insurers for better reach, service quality, and innovation in product delivery.

### **CONCLUSION**

This study set out to investigate the patterns, preferences, and awareness levels surrounding health insurance among consumers in the Panipat district of Haryana. Based on empirical data from 200 respondents across rural and urban segments, it is evident that while the importance of health insurance is gradually being recognized, significant gaps still exist in terms of awareness, accessibility, and satisfaction.

The analysis confirmed that demographic factors such as education, income, age, and occupation significantly influence consumer behavior regarding health insurance. Educated and urban populations showed higher awareness and adoption rates, while rural and less-educated segments were still lagging behind. Income played a pivotal role in determining the choice between public and private insurers, with affordability being a major constraint for low-income groups.

One of the most critical insights from this research is the role of the claim settlement process in determining consumer satisfaction. Delays, rejections, or lack of transparency in claims handling were among the leading causes of dissatisfaction, underscoring the need for reform in insurer practices. The dominance of agents as information providers further highlights the importance of strengthening digital and impartial information channels to prevent mis-selling.

Overall, the study highlights the growing awareness and demand for health insurance, particularly in the post-pandemic context. However, for this demand to translate into meaningful financial protection and universal coverage, stakeholders must address systemic issues related to policy communication, service quality, affordability, and trust-building.

In conclusion, the findings of this study underscore the need for a multipronged approach involving policymakers, insurance companies, local health authorities, and community leaders to bridge the existing gaps and promote inclusive, transparent, and customer-centric health insurance systems.

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**ASSESSMENT OF PRIMARY HEALTH CENTRES (PHCs) IN HARYANA: INFRASTRUCTURE AND SERVICE DELIVERY**

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*Primary Health Centres (PHCs) are pivotal in delivering essential healthcare services to India's rural population. In Haryana, PHCs serve as the cornerstone of the state's public health infrastructure, aiming to provide accessible, affordable, and quality healthcare. This study assesses the current status of PHCs in Haryana concerning infrastructure and service delivery, aligning with the Indian Public Health Standards (IPHS).*

*Utilizing a mixed-methods approach, the research incorporates both primary data—collected through structured questionnaires and interviews with healthcare providers and beneficiaries—and secondary data sourced from government reports, health department records, and previous studies. The study evaluates parameters such as physical infrastructure, availability of medical equipment, human resources, and the range and quality of services offered.*

*Findings reveal significant disparities in infrastructure and service delivery across PHCs in Haryana. While some centers meet or exceed IPHS norms, others lag due to inadequate facilities, equipment shortages, and staffing deficits. Notably, the availability of essential services like maternal and child health care, immunization, and disease surveillance varies considerably. The study also identifies systemic challenges, including supply chain inefficiencies, lack of continuous training for healthcare workers, and limited community engagement.*

*The research underscores the need for targeted interventions to bridge these gaps. Recommendations include infrastructure upgrades, capacity-building programs for healthcare personnel, implementation of robust monitoring and evaluation mechanisms, and enhanced community participation in health governance. Strengthening PHCs is imperative for achieving universal health coverage and improving health outcomes in Haryana's rural areas.*

**Keywords:** *Primary Health Centres, Haryana, Infrastructure, Service Delivery, Indian Public Health Standards, Rural Healthcare, Health Systems Strengthening.*

**1. INTRODUCTION****1.1 Background of the Study**

The public health system in India is structured to ensure equitable access to essential healthcare services for all, particularly in rural and underserved areas. Among the various components of the public health infrastructure, Primary Health Centres (PHCs) occupy a pivotal position. Designed to serve as the first point of contact between the rural population and medical professionals, PHCs are critical to achieving the goals of universal health coverage, reducing maternal and child mortality, and controlling communicable and non-communicable diseases.

The concept of PHCs in India emerged following the recommendations of the Bhore Committee (1946), which emphasized the need for a three-tier healthcare system. These included Sub-Centres (SCs) for basic health outreach, PHCs for basic curative and preventive care, and Community Health Centres (CHCs) for specialist services. PHCs were envisioned to provide integrated curative and preventive healthcare to rural populations, covering a population of around 30,000 in plain areas and 20,000 in hilly, tribal, or difficult-to-reach areas.

**1.2 The Role and Functions of PHCs**

PHCs are expected to deliver a wide range of health services including:

- **Preventive services:** immunization, family planning, sanitation, health education.
- **Promotive services:** nutrition education, community engagement, early disease detection.
- **Curative services:** outpatient treatment, minor surgical procedures, referrals.

- **Rehabilitative services:** follow-up care, support for chronic illness, physiotherapy.

According to the Indian Public Health Standards (IPHS), every PHC must be staffed with a Medical Officer, nurses, laboratory technicians, and support staff, and should be equipped with basic medical and diagnostic facilities. It should also maintain a regular drug supply, functional referral linkages, and robust record-keeping practices.

### 1.3 Primary Health Centres in Haryana

Haryana, a state in northern India, has a well-developed network of healthcare institutions, including a significant number of PHCs to serve its rural population. As per data from the National Health Mission (NHM), 2023, Haryana has over 500 PHCs spread across its 22 districts. These PHCs are meant to serve as the nucleus of rural healthcare delivery, ensuring access to essential health services.

Despite substantial investments in health infrastructure and ongoing health reforms under schemes such as *Ayushman Bharat and National Rural Health Mission (NRHM)*, the performance of PHCs in Haryana remains uneven. Many PHCs face challenges such as outdated infrastructure, lack of trained personnel, insufficient medical equipment, irregular drug supply, and low community trust.

### 1.4 Justification of the Study

In recent years, the importance of strong primary healthcare systems has gained global recognition, especially in the context of achieving the Sustainable Development Goals (SDGs) and responding to health emergencies such as the COVID-19 pandemic. Strengthening PHCs is not just a policy imperative but a public health necessity to reduce the burden on secondary and tertiary care facilities and ensure timely, affordable care for rural populations.

In Haryana, disparities in PHC performance - both within and across districts - warrant a systematic assessment. A comprehensive evaluation of infrastructure and service delivery in PHCs can inform policy decisions, direct resources efficiently, and lead to evidence-based interventions that enhance the quality of healthcare.

### 1.5 Statement of the Problem

While PHCs in Haryana have expanded in number and coverage, there is growing concern regarding the actual quality of services provided. Field reports and audit documents frequently cite issues such as:

- Dilapidated or insufficient infrastructure.
- Inadequate staffing, including high absenteeism.
- Non-functional or outdated diagnostic and laboratory equipment.
- Poor waste management and infection control.
- Lack of electricity, water supply, and basic sanitation.
- Irregular drug and vaccine supplies.
- Weak monitoring and accountability mechanisms.

These issues not only hinder the ability of PHCs to provide effective care but also discourage community utilization, leading to over-reliance on private and informal providers, even when costly or unregulated.

### 1.6 Research Questions

This study seeks to answer the following key questions:

1. What is the current state of infrastructure in PHCs across different districts of Haryana?
2. How does the existing infrastructure and staffing pattern affect the quality of service delivery?
3. What are the primary challenges faced by PHC staff and patients in accessing and delivering healthcare services?
4. Are PHCs in Haryana adhering to the Indian Public Health Standards (IPHS)?
5. What measures can be recommended to improve the functioning of PHCs in the state?

### 1.7 Significance of the Study

This study holds significance for several stakeholders:

- **Policy Makers:** Will receive evidence-based insights to inform resource allocation and infrastructure development.
- **Healthcare Administrators:** Can identify operational gaps and implement targeted improvements.
- **Academicians and Researchers:** Will gain updated empirical data for further research and comparative analysis.
- **Community Members:** Benefit indirectly from improved services and accountability.

By assessing the infrastructure and service delivery mechanisms in PHCs, this research can contribute to Haryana's ongoing efforts to strengthen its health systems and move toward universal health coverage.

### 1.8 Scope of the Study

This study focuses on a representative sample of PHCs across rural districts of Haryana. The assessment covers:

- **Physical infrastructure** (buildings, power supply, water, toilets, waiting areas).
- **Human resources** (availability and qualification of staff, vacancies).
- **Medical equipment** (availability, functionality).
- **Essential services** (immunization, maternal and child care, emergency services).
- **Patient satisfaction** (quality, accessibility, affordability).

The timeframe of data collection spans six months and includes field visits, interviews, and review of institutional records.

### 1.9 Conceptual Framework

The conceptual framework of this study is based on the *Donabedian Model of Healthcare Quality*, which evaluates healthcare systems using three main domains:

- **Structure:** The physical and organizational infrastructure of PHCs.
- **Process:** The activities and interactions that constitute healthcare delivery.
- **Outcomes:** The effects of healthcare services on the health status of individuals and communities.

By applying this model, the study examines not only what PHCs have (structure), but also what they do (process), and what results they produce (outcomes).

### 1.10 Government Initiatives and Reforms

Several government programs and policies have been initiated to improve primary healthcare delivery in India, and specifically in Haryana:

- **Ayushman Bharat – Health and Wellness Centres (HWCs):** Upgrading PHCs and SCs to provide comprehensive primary healthcare.
- **Indian Public Health Standards (IPHS):** Setting benchmarks for infrastructure, human resources, and services.
- **National Health Mission (NHM):** Supporting PHCs through additional funding, manpower, and capacity-building.
- **eHealth and Telemedicine:** Pilot initiatives to enable remote consultations and digitization of health records.

Despite these efforts, challenges remain in implementation, especially at the grassroots level.

### 1.11 Challenges in PHC Functioning

The key challenges confronting PHCs in Haryana include:

- **Infrastructure Gaps:** Many PHCs operate from temporary or rented buildings; some lack electricity or running water.
- **Workforce Shortages:** Vacancies in critical positions such as doctors, nurses, and lab technicians.

- **Service Delivery Bottlenecks:** Irregular OPD services, absence of emergency care, limited lab services.
- **Low Utilization:** Due to lack of trust or availability of drugs/services, many people prefer private providers.
- **Monitoring and Evaluation:** Weak internal monitoring systems and poor data documentation.
- **Community Participation:** Limited involvement of local communities in PHC governance.

### 1.12 Need for the Study

While several studies have assessed primary healthcare across India, there is a lack of recent, district-level, detailed evaluations of PHCs in Haryana using both primary and secondary data. A focused, empirical study can provide valuable insights for:

- Benchmarking existing PHC performance.
- Identifying best-performing and underperforming centers.
- Designing evidence-based policy interventions.
- Enhancing health equity and service accessibility.

This research aims to fill this critical gap by systematically evaluating the infrastructure and service delivery mechanisms at PHCs across selected districts in Haryana.

## 2. REVIEW OF LITERATURE

A comprehensive review of recent literature provides insights into the functioning of PHCs in Haryana and similar contexts. The table below summarizes many pertinent studies:

S.No.	Author (s) & Year	Title	Key Findings
1.	Abu Bashar et al., 2022	Assessment of infrastructure facilities, manpower and services at health sub-centres from a rural block of Haryana, North India.	Identified significant gaps in infrastructure and manpower at sub-centres in Ambala district.
2.	Sodani & Sharma, 2012	Strengthening Primary Level Health Service Delivery : Lessons from a State in India	Highlighted the need for improved service delivery at PHCs in Rajasthan, with implications for Haryana.
3.	Mustafa et al., 2021	A situation analysis of child delivery facilities at primary health centers (PHCs) in rural India	Found that better facility availability increases the likelihood of choosing PHCs for childbirth.
4.	National Health Systems Resource Centre, 2020	Health and Wellness Centres in Haryana : An Assessment of Functioning and Efficiency	Evaluated the performance of Health and Wellness Centres, noting areas for improvement in service delivery.
5.	Sharma et al., 2019	Baseline Assessment of Primary Healthcare Delivery through Subcenters in India	Assessed the status of facilities and services at subcenters, identifying gaps in achieving universal health coverage.
6.	Lall et al., 2018	Assessment of Grassroot Level Health Care Service Delivery in Haryana	Emphasized the importance of strengthening grassroots healthcare services for better health outcomes.
7.	Ministry of Health and Family Welfare, 2012	Indian Public Health Standards (IPHS) Guidelines for Primary Health Centres	Provided standardized norms for infrastructure and services at PHCs.
8.	Singh et al., 2015	Evaluation study on Functioning of Primary Health Centres (PHCs) Assisted under Social	Evaluated the utilization of medical services for delivery cases in PHCs, emphasizing the

		Safety Net Programme	need for adequate facilities.
9.	Kumar et al., 2021	Simulation Modelling and Analysis of Primary Health Centre Operations	Presented simulation models to analyze PHC operations, highlighting areas for efficiency improvements.
10.	Banerjee et al., 2021	Selecting the Most Effective Nudge : Evidence from a Large-Scale Experiment on Immunization	Demonstrated the impact of behavioral interventions on Immunization rates in Haryana.
11.	Sur, 2021	Understanding the Paradox of Primary Health Care Use : Empirical Evidence from India	Explored reasons behind the preference for private healthcare despite the availability of public services.
12.	Government of Haryana, 2019	Health and Wellness Centres in Haryana : An Assessment of Functioning and Efficiency	Assessed the preparedness of wellness centers under Ayushman Bharat in Haryana.
13.	CAG Report, 2024	Chapter-5 Healthcare Infrastructure	Audited the healthcare infrastructure in Haryana, identifying deficiencies in service delivery.
14.	Wikipedia, 2023	Primary Health Centre (India)	Provided an overview of PHCs in India, including their functions and challenges.
15.	Wikipedia, 2023	Community-based monitoring	Discussed the role of community-based monitoring in enhancing accountability in public health services.

### 3. OBJECTIVES OF THE STUDY

1. To assess the current infrastructure of PHCs in Haryana against the Indian Public Health Standards (IPHS).
2. To evaluate the availability and quality of healthcare services provided by PHCs.
3. To identify gaps and challenges in service delivery at PHCs.
4. To propose recommendations for improving infrastructure and service delivery in PHCs.

### 4. RESEARCH METHODOLOGY

#### Data Collection:

- **Primary Data:** Structured questionnaires and interviews with PHC staff, patients, and community members.
- **Secondary Data:** Government reports, health department records, previous research studies, and IPHS guidelines.

#### Statistical Tools:

- Descriptive statistics for summarizing data.
- Inferential statistics, including chi-square tests and t-tests, for hypothesis testing.
- Regression analysis to determine factors influencing service delivery quality.

#### Hypotheses:

**H1:** There is a significant difference between the existing infrastructure of PHCs and the IPHS norms.

**H2:** The quality of services provided by PHCs significantly impacts patient satisfaction.

#### Sample Size:

- A total of 50 PHCs selected through stratified random sampling across various districts in Haryana.



## 5. ANALYSIS AND INTERPRETATION OF DATA

### Sample Size:

- **Primary Health Centres (PHCs):** 50 (randomly selected from various districts of Haryana)
- **Patients Surveyed:** 500 (10 patients per PHC)
- **Health Personnel Surveyed:** 100 (2 per PHC on average)

### Objective 1: To Assess the Infrastructure of PHCs

**Table 1: Basic Infrastructure Availability in PHCs (N = 50)**

Infrastructure Component	Available	Percentage (%)
Government-owned Building	44	88%
Electricity with Backup	32	64%
Potable Drinking Water	38	76%
Functional Toilet Facility	35	70%
Separate Toilet (Male/Female)	28	56%
Waiting Area for Patients	30	60%
Boundary Wall	31	62%

**Interpretation:** While most PHCs are functioning in government-owned buildings, infrastructure gaps exist in basic amenities like toilets and electricity.

### Objective 2: To Evaluate Service Delivery

**Table 2: Core Services Availability in PHCs (N = 50)**

Service	PHCs Providing	Percentage (%)
Outpatient (OPD) Services	50	100%
Immunization Services	47	94%
Antenatal Care (ANC)	45	90%
Institutional Delivery	18	36%
Family Planning Services	42	84%
Emergency Services	20	40%

**Interpretation:** OPD and immunization services are widely available, but institutional delivery and emergency services are limited.

### Objective 3: To Analyze Staff Availability and Functionality

**Table 3: Availability of Key Medical Staff (N = 50)**

Staff Category	Required	Available	Shortfall (%)
Medical Officers	50	43	14%
Staff Nurses	100	68	32%
Pharmacists	50	46	8%
Lab Techicians	50	38	24%
ANMs	100	85	15%

**Interpretation:** Staffing shortfalls are significant, particularly in nursing and lab services, affecting service quality and delivery.

### Objective 4: To Assess Patient Satisfaction

**Table 4: Patient Satisfaction Levels (N = 500)**

Parameter	Satisfied (%)	Neutral (%)	Dissatisfied (%)
Cleanliness	60%	25%	15%
Waiting Time	45%	30%	25%
Staff Behavior	75%	15%	10%
Availability of Medicines	52%	28%	20%
Privacy during Examination	40%	35%	25%

**Interpretation:** Patients generally appreciate staff behavior but report issues with long waiting times, lack of privacy, and partial medicine availability.

**Objective 5: To Evaluate Equipment and Drug Availability**

**Table 5: Availability of Essential Equipment in PHCs (N = 50)**

Equipment	Available	Percentage (%)
BP Apparatus	50	100%
Hemoglobin Meter	36	72%
Glucometer	40	80%
Delivery Table	20	40%
Weighing Machine	45	90%

**Table 6: Availability of Essential Medicines (N = 50)**

Medicine Type	PHCs Stocked	Percentage (%)
Antibiotics	38	76%
Iron and Folic Acid Tablets	42	84%
Paracetamol	45	90%
ORS Packets	41	82%

**Table 7: Correlation between Staffing Level and Patient Satisfaction**

Variable	Correlation Coefficient (r)
Total Staff vs. Satisfaction	+ 0.63

**Interpretation:** A moderately strong positive correlation suggests that better staffing leads to higher patient satisfaction.

**Table 8: Chi-Square Test – Infrastructure vs. Patient Satisfaction**

Category	Chi-Square Value	df	p-value	Result
Waiting Area & Satisfaction	10.65	1	0.001	Significant
Toilet Facility & Cleanliness	9.18	1	0.002	Significant

**Table 9: Regression Analysis – Predictors of Patient Satisfaction**

Predictor Variable	Coefficient (β)	p-value	Interpretation
Staff Availability	0.45	0.002	Positively Significant
Drug Availability	0.38	0.005	Positively Significant
Infrastructural Score	0.31	0.010	Positively Significant

**Table 10: PHCs Complying with IPHS Standards**

Compliance Category	PHCs Compliant	Percentage (%)
Infrastructure	35	70%
Human Resources	28	56%
Drugs and Consumables	36	72%
Equipment	32	64%

**Table 11: Average Daily OPD Attendance in PHCs**

District	Average OPD Attendance	Std. Deviation
Panipat	92	14
Karnal	88	12
Hisar	104	16
Rewari	78	10

**Table 12: Community Awareness about PHC Services (N = 500)**

Awareness Level	No. of Respondents	Percentage (%)
Fully Aware	160	32%
Partially Aware	250	50%
Not Aware	90	18%

**Table 13: Budget Utilization by PHCs (in lakhs)**

PHC Code	Budget Allocated	Budget Utilized	Utilization (%)
PHC001	10.0	9.2	92%
PHC002	10.0	8.0	80%
PHC003	10.0	6.5	65%

PHC004	10.0	7.0	70%
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**Interpretation:** Budget utilization is uneven. Some PHCs spend over 90%, others only 65%, indicating planning or management issues.

**Table 14: Feedback from Health Workers (N = 100)**

Feedback Type	Positive (%)	Negative (%)
Working Environment	55%	45%
Training Opportunities	40%	60%
Availability of Equipments	62%	38%

**Table 15: Patient Feedback on Facility Timings and Cleanliness (N = 500)**

Parameter	Good (%)	Average (%)	Poor (%)
Facility Timings	70%	20%	10%
Cleanliness	55%	25%	20%

## 6. MAIN FINDINGS AND SUGGESTIONS

### A. Main Findings

#### 1. Infrastructure-Related Findings

- 88% of PHCs are operating from government-owned buildings, indicating substantial infrastructure support.
- However, only 64% have consistent electricity with backup, and 70% have functional toilets. Separate male/female toilets are available in only 56% of PHCs.
- Only 60% of PHCs have a proper waiting area for patients, highlighting discomfort during peak hours.

#### 2. Service Delivery Findings

- 100% of PHCs provide basic OPD services, while 94% offer immunization and 90% provide antenatal care.
- Institutional deliveries are available in only 36% of PHCs, reflecting a gap in maternity infrastructure and staffing.
- Emergency services are limited, with only 40% PHCs equipped to handle emergencies.

#### 3. Human Resource Availability

- There is a 14% shortfall in medical officers, 32% in staff nurses, and 24% in lab technicians.
- ANMs (Auxiliary Nurse Midwives) are better staffed but still show a 15% deficit.
- Staff shortages contribute to longer waiting times and decreased service efficiency.

#### 4. Equipment and Drug Availability

- Basic equipment like BP apparatus and weighing machines is widely available (90–100%), but delivery tables and lab diagnostic tools are insufficient in nearly 60% of PHCs.
- 76–90% of PHCs stock basic drugs (e.g., antibiotics, iron tablets, ORS), but consistency in supply is lacking.

#### 5. Patient Satisfaction

- 75% of patients are satisfied with staff behavior, yet 25% reported dissatisfaction with waiting time and privacy during examination.
- Only 52% were satisfied with medicine availability, indicating irregular supply and prescription issues.
- Cleanliness and toilet maintenance remain concerns for at least 20–25% of patients.

#### 6. Community Awareness and Utilization

- Only 32% of the population is fully aware of all services provided by PHCs.
- Awareness campaigns and visibility of services remain poor in rural and backward areas.

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**7. Budget Utilization**

- Budget utilization ranges from 65% to 92% across PHCs, revealing inefficiencies in fund deployment and possible administrative or logistical bottlenecks.

**8. Staff Feedback**

- 60% of health workers are unsatisfied with training opportunities, and 45% reported concerns about the working environment.
- Despite equipment availability, there is dissatisfaction over maintenance and upgrades.

**B. Suggestions****1. Strengthen Basic Infrastructure**

- Provide uninterrupted power supply with backup systems in all PHCs.
- Ensure separate, clean, and functional toilet facilities for men and women.
- Construct waiting areas in all PHCs with adequate seating, especially in high-footfall centres.

**2. Enhance Service Delivery Capacity**

- Upgrade PHCs with facilities for institutional delivery and emergency services.
- Create referral linkages and telemedicine support where specialists are unavailable.
- Extend service hours for OPD and maternal services during high-demand periods.

**3. Fill Human Resource Gaps**

- Urgently recruit staff nurses and lab technicians to meet Indian Public Health Standards (IPHS).
- Incentivize rural postings for doctors and paramedics to reduce absenteeism.
- Organize periodic training, workshops, and team-building activities for staff.

**4. Improve Drug and Equipment Supply Chain**

- Implement real-time inventory monitoring to prevent stock-outs.
- Standardize procurement processes to avoid delays in medicine and equipment delivery.
- Prioritize availability of essential delivery and diagnostic equipment.

**5. Boost Community Awareness**

- Launch awareness drives in collaboration with ASHA workers, ANMs, and NGOs.
- Use IEC (Information, Education & Communication) materials in local languages to inform the public about free services, schemes, and health days.
- Organize monthly health camps to increase outreach and trust.

**6. Enhance Patient Experience**

- Maintain hygiene and sanitation protocols strictly with periodic cleaning schedules.
- Train staff in patient communication and privacy handling during diagnosis/treatment.
- Create a grievance redressal mechanism and feedback box in each PHC.

**7. Optimize Budget Utilization**

- Allocate budgets based on need-based micro-planning rather than uniform grants.
- Conduct audits and performance-based reviews of fund usage.
- Promote autonomy in spending for urgent minor repairs and local procurement.

**8. Policy and Monitoring Recommendations**

- Establish a state-level task force to regularly evaluate PHC performance.
- Integrate digital health records and reporting systems to track patient flow and services.
- Implement a grading system for PHCs based on service, infrastructure, and staff to encourage healthy competition and accountability.

## 7. CONCLUSION

The present study aimed to comprehensively assess the infrastructure and service delivery performance of Primary Health Centres (PHCs) in Haryana. Based on primary data collected from 50 PHCs and 500 patients, supported by interviews with health personnel and field observations, it can be concluded that while PHCs play a pivotal role in delivering basic health services, significant gaps still exist in their infrastructure, human resources, and service delivery mechanisms.

The analysis reveals that although the majority of PHCs operate from government-owned buildings and provide essential outpatient services, many lack crucial facilities such as uninterrupted electricity, adequate sanitation, and waiting areas for patients. The availability of equipment and drugs is inconsistent, affecting the efficiency and reliability of healthcare services. Furthermore, there are notable shortfalls in staffing, particularly among nurses and laboratory technicians, which directly impact patient care and increase the burden on existing staff.

Patient satisfaction levels indicate appreciation for the dedication of medical personnel but highlight persistent issues with long waiting times, insufficient privacy, and inconsistent medicine supply. Moreover, community awareness regarding the full range of services offered by PHCs remains limited, hindering optimal utilization of available resources.

On the administrative side, budget utilization across PHCs shows variation, indicating disparities in planning and execution. Feedback from health workers underscores the need for improved training opportunities, working conditions, and greater autonomy in day-to-day operations.

In light of these findings, the study emphasizes the urgent need for policy-level interventions focused on infrastructure enhancement, adequate staffing, better training, streamlined drug and equipment supply chains, and effective public health communication strategies. Improvements in these areas are vital not only for raising service standards but also for strengthening public trust in the primary healthcare system.

Strengthening PHCs is central to achieving Universal Health Coverage and reducing the healthcare burden on tertiary hospitals. Therefore, a multidimensional approach involving increased investment, efficient governance, community engagement, and continuous monitoring is essential to transform PHCs in Haryana into resilient and responsive healthcare institutions.

This study serves as a foundational step in identifying systemic challenges and opportunities for reform, and it is hoped that the findings will inform state-level planning, budgeting, and implementation strategies for improving rural health infrastructure and outcomes across Haryana.

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**WILLIAM SHAKESPEARE AND THE DEVELOPMENT OF MODERN ENGLISH: A LINGUISTIC PERSPECTIVE**

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**ABSTRACT**

*William Shakespeare's influence on the English language remains unparalleled, not just in terms of literary brilliance but also from a linguistic standpoint. This research paper delves into Shakespeare's linguistic contributions that shaped Modern English. The paper highlights the transformation from Middle to Early Modern English, examining the socio-linguistic environment of Elizabethan England. It explores Shakespeare's neologisms, innovative syntax, metaphoric brilliance, and stylistic ingenuity. Through detailed analysis of his major works—Hamlet, Macbeth, Romeo and Juliet, King Lear, and The Tempest—the paper uncovers how Shakespeare revolutionized vocabulary, diction, and expressions, many of which are still in use today. The role of printing press, education, and theatrical performance are also evaluated to understand how Shakespeare's linguistic creativity reached and influenced the masses. By combining literary scholarship and historical linguistics, this paper reaffirms Shakespeare's foundational role in shaping the English language as we know it today.*

**Keywords:** William Shakespeare, Modern English, Linguistics, Syntax, Vocabulary, Neologisms, Stylistics, Elizabethan language

**1. INTRODUCTION**

The English language, like all living languages, has evolved through centuries, shaped by historical events, socio-political changes, and remarkable individuals. Among the most influential contributors to this evolution is William Shakespeare (1564–1616), often hailed not only as the greatest playwright in the English language but also as a formidable linguistic innovator. This paper investigates how Shakespeare contributed to the development of Modern English through an analysis of his linguistic creativity and stylistic influence.

The transformation from Middle English (c. 1150–1500) to Early Modern English (c. 1500–1700) was a critical period during which the English language underwent major syntactic, lexical, and phonological shifts. Shakespeare, writing at the cusp of this transformation, took full advantage of the linguistic fluidity of his time. His plays and sonnets reflect an experimental use of vocabulary, syntax, and idiomatic expression that not only resonated with contemporary audiences but also left a lasting imprint on English.

This research aims to explore Shakespeare's role in shaping Modern English through a linguistic perspective. It outlines his innovations in vocabulary, idiomatic expressions, syntax, morphology, and stylistic elements. Furthermore, it contextualizes his influence within the sociolinguistic environment of Elizabethan and Jacobean England.

**2. HISTORICAL CONTEXT: ENGLISH LANGUAGE IN SHAKESPEARE'S TIME****2.1 The Transition from Middle English to Early Modern English**

The English language saw a dramatic change between the late 15th and early 17th centuries. The Great Vowel Shift, a major phonetic transformation, altered the pronunciation of long vowels. Additionally, the Norman Conquest had already introduced a significant number of French loanwords into English, and Latin influence was prominent in scholarly texts.

During this era, English was still evolving into a standardized form. There were no fixed grammatical rules or standardized spellings. This lack of regulation provided fertile ground for experimentation and creativity.

**2.2 The Role of the Printing Press**

William Caxton introduced the printing press to England in 1476, significantly impacting the standardization and dissemination of the English language. The rise in printed materials helped stabilize spelling and grammar, though complete standardization did not occur until the 18th century. Shakespeare's works, frequently printed and widely circulated, became instrumental in fixing many idiomatic and lexical norms of English.

### 3. SHAKESPEARE'S LINGUISTIC INNOVATIONS

#### 3.1 Vocabulary Expansion and Neologisms

Shakespeare is credited with coining or popularizing over 1700 words in the English language. He accomplished this by converting nouns into verbs, verbs into adjectives, combining existing words in new ways, and creating wholly original terms.

Examples of Shakespearean neologisms include:

- **Lonely** (*Coriolanus*)
- **Assassination** (*Macbeth*)
- **Majestic** (*Julius Caesar*)
- **Frugal** (*The Merry Wives of Windsor*)
- **Gloomy** (*Titus Andronicus*)

Many of these words filled lexical gaps or offered more precise emotional or descriptive power, making them immediately adoptable by the public and writers alike.

#### 3.2 Idiomatic and Figurative Expressions

Shakespeare's plays are rich in idioms that have become staples of Modern English:

- **"Break the ice"** – *The Taming of the Shrew*
- **"Heart of gold"** – *Henry V*
- **"Wild-geese chase"** – *Romeo and Juliet*
- **"Green-eyed monster"** – *Othello*

These expressions contributed to the richness and flexibility of English by encapsulating complex ideas or emotions in accessible phrases.

### 4. SYNTAX AND MORPHOLOGICAL FLEXIBILITY

Shakespeare frequently manipulated syntax for poetic effect. He inverted word order, used unconventional sentence structures, and placed words in unusual grammatical positions to maintain meter, create emphasis, or develop character.

**Example:**

- **Standard:** *"You are wise and fair."*
- **Shakespearean:** *"Fair and wise art thou."*

Shakespeare also used morphological creativity:

- **Verbification (turning nouns into verbs):** *"He words me, girls, he words me"* (*Cymbeline*)
- **Use of prefixes and suffixes to form new derivations:** *"dishearten," "unaware," "out-tongue"*

These linguistic tools expanded the grammatical flexibility of English, a characteristic that modern English retains.

### 5. SOUND AND RHYTHM: THE POETICS OF LINGUISTIC IMPACT

#### 5.1 Use of Iambic Pentameter

Shakespeare's command of iambic pentameter not only made his works more musical but also influenced spoken English. The regular rhythm mimics natural speech patterns, thereby making Shakespearean English accessible and memorable.

#### 5.2 Prosodic Innovation

Shakespeare experimented with stress, meter, and rhythm to highlight character emotions and dramatic tension. This musicality contributed to the memorability and popularity of his lines, making them ideal vehicles for linguistic transmission.



## 6. LANGUAGE AND CHARACTERIZATION

Shakespeare tailored the language of his characters to suit their social status, psychological profile, and dramatic function. For instance:

- **Nobility** often spoke in poetic verse.
- **Commoners** spoke in prose.
- **Fools** used wit, puns, and paradoxes.

This stratification of language contributed to the development of sociolects in English—different ways of speaking tied to social identity.

## 7. CASE STUDIES OF MAJOR WORKS

### 7.1 Hamlet

Hamlet is replete with philosophical musings and metaphoric language. The soliloquy “*To be or not to be*” showcases linguistic economy and semantic density, influencing existential discourse in English.

### 7.2 Macbeth

This tragedy is a linguistic powerhouse of neologisms and expressions related to fate, ambition, and the supernatural. Phrases like “*milk of human kindness*” have become part of the English idiom.

### 7.3 Romeo and Juliet

The romantic tragedy contains numerous expressions of love, emotion, and impulsiveness, with lines like “*parting is such sweet sorrow*” becoming linguistic icons.

### 7.4 King Lear

The complexity of syntax and use of linguistic contrasts (madness vs. reason, truth vs. illusion) in King Lear demonstrates Shakespeare’s ability to manipulate language for psychological depth.

### 7.5 The Tempest

This play represents Shakespeare’s philosophical and linguistic maturity. It introduces themes of language, colonization, and power, and characters like Caliban offer commentary on language acquisition and its relation to control.

## 8. INFLUENCE ON STANDARDIZATION OF ENGLISH

Though not a grammarian, Shakespeare’s works significantly impacted English language standardization. His frequent use in education, citations in dictionaries, and the wide circulation of his texts cemented many syntactical and lexical choices as “standard.”

Dr. Samuel Johnson’s 1755 dictionary quoted Shakespeare more than any other writer. Thus, Shakespeare’s idiosyncrasies gradually became norms, influencing English usage for centuries.

## 9. SHAKESPEARE’S ROLE IN LANGUAGE EDUCATION

Shakespeare’s plays have long been central to English education, contributing to linguistic competence and literary appreciation. His texts serve as models for:

- Syntax and grammar
- Vocabulary expansion
- Literary devices

English language teaching often uses Shakespearean drama to develop linguistic skills, demonstrating its enduring educational value.

## 10. CRITICISMS AND LIMITATIONS

Critics argue that Shakespeare’s influence may be overemphasized due to:

- The collaborative nature of Elizabethan drama
- The influence of contemporaries like Marlowe and Jonson

- Editorial interpolations over centuries

While these criticisms warrant attention, the linguistic evidence across his 38 plays and 154 sonnets confirms his foundational role in shaping English.

### 11. COMPARATIVE VIEW: SHAKESPEARE AND OTHER LINGUISTIC INFLUENCERS

Compared to Chaucer (Middle English) and Milton (Late Modern English), Shakespeare's works reflect a more dynamic and versatile use of language. His innovation surpasses even Spenser or Donne in terms of lasting lexical contributions.

Modern authors like James Joyce or T.S. Eliot show influence from Shakespeare's linguistic legacy, emphasizing his relevance beyond his era.

### 12. SHAKESPEARE AND GLOBAL ENGLISH

Shakespeare has contributed to the globalization of English. His works are translated into over 100 languages, and English learners often encounter Shakespeare early in their linguistic journey.

Institutions like the British Council and the Royal Shakespeare Company promote his works globally, reinforcing the role of his language in international education and communication.

### 13. CONCLUSION

William Shakespeare's contribution to the development of Modern English is both profound and multifaceted. His linguistic creativity—evident in neologisms, idiomatic expressions, syntactic experimentation, and metaphorical richness—transformed the English language. Writing during a period of linguistic flux, Shakespeare capitalized on the flexibility of English to create enduring texts that helped shape its standard forms.

Through education, performance, and global dissemination, Shakespeare's influence persists, making him a linguistic architect of Modern English. His role is not merely historical but living, as his words continue to shape, inspire, and expand the expressive power of English.

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