





MOTIVATION AND SATISFACTION AMONG COMMUNITY HEALTH OFFICERS (CHOs) IN AYUSHMAN AROGYA MANDIRS: A STUDY IN HIMACHAL PRADESH

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RESEARCH ARTICLE



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Abstract

This study explores the motivational drivers and levels of job satisfaction among Community Health Officers (CHOs) working under the Ayushman Bharat initiative in Himachal Pradesh. Through a combination of face to face and telephonic interviews and in-depth interviews, the research identifies factors influencing CHO motivation, such as job security, financial incentives, community service desires, and challenges like workload, infrastructure, and work-life balance. Findings show a positive belief in public health impact, high role clarity, and training adequacy, but also reveal critical concerns about job satisfaction, especially in terms of compensation, recognition, and administrative burden. The study emphasises the need for systemic improvements to sustain CHO motivation and strengthen primary healthcare delivery.

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Introduction

Sustainable Development Goal (SDG) target 3.8 aspires to attain Universal Health Coverage (UHC) by 2030. However, the world is currently off-track to make any significant progress toward achieving this goal (WHO, 2023). In fact, World Health Organisation (WHO) data indicates that in 2021, around 4.5 billion people were not fully covered by essential health services. India is a developing country with a population of 1.4 billion. Of this population, 66% live in rural areas, while 34% reside in urban areas (World Bank, 2023). National governments in India have repeatedly expressed their commitment to achieving UHC. However, UHC continues to be an elusive goal. The Indian healthcare system faces significant issues in areas such as workforce, infrastructure, and the quality and accessibility of services (Angell et al., 2019).

As per the most recent National Health Profile (NHP) data, although healthcare expenditure in India has increased since 2019, public spending on healthcare remains among the lowest globally. According to the Organisation for Economic Co-operation and Development (OECD), India's overall healthcare spending is equal to 3.6% of its GDP (Livemint, 2020). Financial constraints are a major barrier for individuals who don't have access to medical care. Many in both urban and rural areas manage their healthcare expenses by borrowing from banks or selling their assets (Sriee and Maiya, 2021). India is fully committed to the global agenda of UHC. It promises all people to have adequate access to high-quality healthcare services at prices they can afford. Government of India has promised a health policy that includes everyone, because it is a signatory to the UN Sustainable Development Goals (Basu, 2024). To achieve the target of UHC, the government of India, as per the recommendations of the National Health Policy 2017, launched the Ayushman Bharat Programme in the budget of 2018-19. A health initiative aimed at achieving UHC with a focus on rural and marginalised communities. The mission seeks to implement transformative measures that comprehensively address health needs across primary, secondary, and tertiary care levels (PIB, 2024).

The first component of the Ayushman Bharat Programme involves establishing 1,50,000 Health and Wellness Centres (AB-HWCs), now known as Ayushman Arogya Mandir (AAM), by enhancing Sub Health Centres (SHCs) and rural and urban Primary Health Centres (PHCs) in both urban and rural areas, thereby making healthcare more accessible to the community (PIB, 2023). Ayushman Arogya Mandir aims to transition from a selective healthcare model to one that offers a comprehensive range of services, including preventive, promotive, curative, rehabilitative, and palliative care (MoHFW). These centres are designed to deliver Comprehensive Primary Health Care (CPHC) by enhancing and reinforcing the current Reproductive & Child Health (RCH) and Communicable Disease services. They also incorporate services for Non-Communicable Diseases (NCDs),

addressing prevalent conditions such as Hypertension, Diabetes, and the three major cancers: Oral, Breast, and Cervical. Additionally, they will gradually expand primary healthcare services to include mental health, ENT, ophthalmology, oral health, geriatric and palliative care, and trauma care. Health promotion and wellness initiatives, such as yoga, will also be part of their offerings (PIB, 2023).

According to MoHFW, the following are the key components of AAMs:

- Comprehensive Primary Healthcare
- Expanded Service delivery
- Continuum of Care - Telehealth and referral
- Expanding HR – CHO and multiskilling
- Medicines and Expanding Diagnostics
- Community Mobilization and Health Promotion
- Robust IT System
- Infrastructure
- Partnerships for knowledge and implementation
- Performance linked payment

The services offered by the AAM embodies several essential features that collectively enhance their efficacy in addressing the health needs of the community (Magotra et al., 2024). It emphasises a people-centric approach (Lahariya, 2020), providing free access to essential medications and diagnostic services while emphasising high-quality care through the use of Standard Treatment Guidelines and advanced technologies. With the tagline “*Arogyam Parmam Dhanam*,” a total of 1,61,000 Ayushman Bharat Health and Wellness Centres (AB-HWCs) have been established and are currently operational across the country, offering a range of healthcare services.

Studies in this context

In relation to the AAM, the motivation of Community Health Officers (CHOs) is absolutely critical for robust healthcare systems. CHOs are vital for bridging the gap between healthcare services and underprivileged communities. A very small number of research studies are available on the motivation of Community Health Workers in India. Published literature in India has concentrated on specific categories of health workers, such as Accredited Social Health Activists (ASHA).

Gopalan et al., 2012 examined the performance of community health workers and its determinants in India's Accredited Social Health Activist (ASHA) programme. They found that there is no association between the level of dissatisfaction of CHWs with the incentives and the extent of motivation. They stressed that the inadequate healthcare delivery status and certain modalities reduced their motivation. Mitchell et al., 2024 have tried to characterise levels of burnout, motivation and job satisfaction in CHWs of Madhya Pradesh. The study found that the majority of CHWs report experiencing burnout and feeling physically tired and worn out. However, a sense of pride in their work contributes to their motivation. Tripathy et al., 2016 have tried to measure and identify important aspects of health workers' motivation in North India. They have concluded that non-monetary incentives like interpersonal connections, support from family, and opportunities for skill and career development need greater emphasis. The study has also revealed that consistent training tailored to specific needs is crucial for sustaining high motivation levels.

AAM represents a significant initiative in India's pursuit of universal health coverage. However, as a relatively new scheme, it has attracted limited research attention. Existing studies primarily focus on specific health worker categories, leaving a noticeable gap in understanding the motivation of CHOs engaged in AAMs.

In some of the recent works, Magotra et al., 2024 have examined the effectiveness and shortcomings of health packages extended through the Ayushman Arogya Mandir. It focused on identifying areas of improvement and addressing barriers to optimal utilisation. The study has shown that the AAMs in the given block are heavily leaning towards maternal and child health initiatives while other services are underutilised. Gupta et al., 2025 have highlighted that the Ayushman Arogya Mandir (AAM) is a key public health initiative in India, restructured to tackle challenges like limited healthcare access, high out-of-pocket expenses, and a lack of preventive care. Through this scheme, India is addressing critical gaps in infrastructure and service delivery. Garg et al., 2024 have pointed out that Ayushman Arogya Mandir is playing a pivotal role in alleviating healthcare inequalities among diverse socioeconomic demographics. AAM's healthcare delivery model is distinctive for its inclusiveness and accessibility. It concludes that the AAM enhances healthcare access but must address shortcomings. It is vital for health care reform and equity, advancing universal healthcare, and reducing disparities.

Objectives

1. To assess the key motivating factors for CHOs working in AAMs.
2. To evaluate the levels of job satisfaction of the CHOs across various dimensions.
3. To understand the perceived public health impact of the work done by CHO.
4. To identify key challenges affecting CHO motivation and performance.
5. To recommend policy and administrative improvements for enhanced CHO engagement.

Methodology

The study employed a mixed-method research design combining both quantitative and qualitative approaches. All CHOs appointed in Himachal Pradesh constituted the universe of this study. From this universe a total of 50 CHOs were interviewed from across Himachal Pradesh. CHOs with a minimum of six months of service were selected for this study using non-probability purposive sampling technique. A structured interview schedule was designed and it was administered during face to face interview with 30 CHOs. Data was collected from the remaining 20 CHOs through telephonic interview. Quantitative data was entered in MS Excel and analysed using descriptive statistics, while qualitative data from in-depth interviews was thematically analysed. The study focused on motivation levels, job satisfaction indicators, and workplace challenges. Ethical considerations including informed consent, confidentiality, and voluntary participation were strictly adhered to throughout the study.

Results and Discussion

Profile of the Respondents

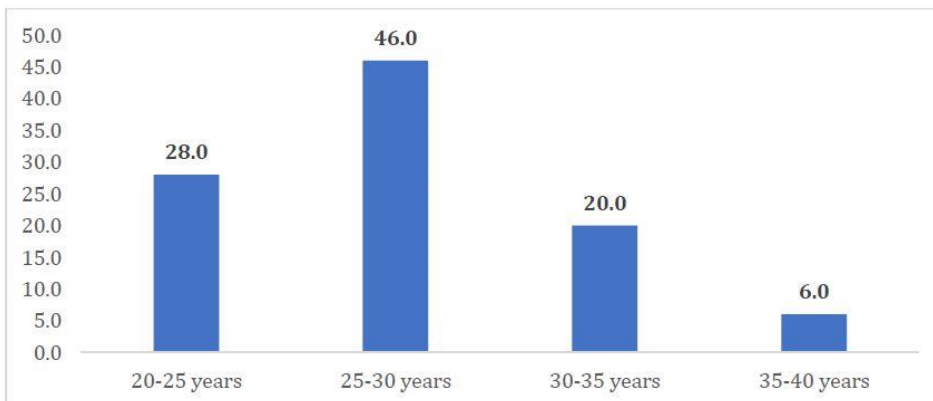


Figure 1: Age of the Respondents

All the respondents for the given study were females. Figure 1 reveals that 28 percent of the respondents were in the 20-25 year age group. The 25-30 year age group constituted the largest share with 46 percent. Around 20 percent of the respondents were in the 30-35 year age group. Only a small percentage (6 percent) of the respondents were between 35-40 years of age. In terms of educational qualifications, the highest degree possessed by 86 percent of the respondents, was B.Sc. (Nursing), and 14 percent of the respondents possessed a M.Sc. (Nursing) degree.

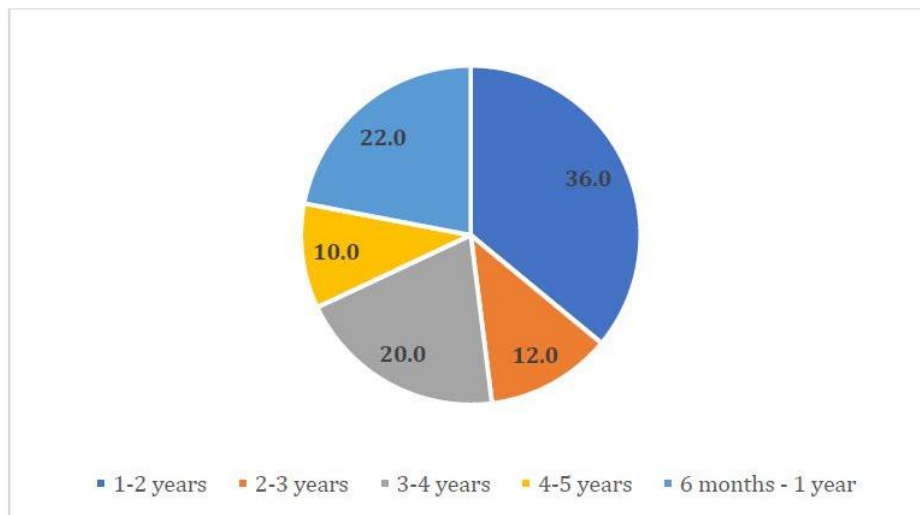


Figure 2: Experience of working as CHO

Figure 2 shows that the largest segment (36 percent) consisted of CHOs with 1-2 years of experience. A notable 22 percent of CHOs had only 6 months to 1 year of experience. The group with 3-4 years of experience represented 20 percent of the CHOs, indicating a moderate level of experience within the workforce. The smallest segment comprised of those with 2-3 years (12 percent) and 4-5 years (10 percent) of service. All the CHOs who participated in this research were posted in rural areas. However, it is interesting to note that 32 percent of the respondents mentioned that they are trying for a transfer from their present place of posting. They attributed it to the distance between their place of posting and residences and the lack of bus service to the place of posting. Analysis of data gathered through open-ended questions also revealed that most CHOs were trying for

transfer from the present location it in view of the remoteness of the place of posting. This shows the possible need to include a “no transfer’ clause within a particular period after appointment” in the employment contract.

Motivation of CHOs

Around 82 percent of the respondents selected the option ‘Desire to Serve the Community’ as the primary reason for joining the position of CHO. ‘Career Advancement’ was selected by 14 percent of the respondents as the primary reason for joining this position. However, during informal interaction with the researcher they stated that the major reason was financial, combined with the hope of getting absorbed in the Government service in future. This also highlights the difference in data collected using data collection tools in a formal setting and informal interaction with the respondents.

The study shows that 96 percent of the respondents also had the opinion that they were clearly informed about their roles and responsibilities. A similar number of respondents (96 percent) believed the training provided to them before starting the job was adequate. The data clearly indicated that the desire for job security was the main motivator for the CHOs. An overwhelming 78 percent of CHOs cited ‘Permanent Position in Government System’ as their biggest motivating factor. This highlights the strong preference for job security, stability, and the benefits associated with government employment. ‘Financial Incentive’ was the next most significant motivator for them (16 percent). Only 5 percent mentioned ‘Transfer to Preferred Location’ as the main motivating factor for them joining the AAMs. The study also revealed that the majority of CHOs displayed positive motivation levels. A significant 40 percent were highly motivated, and a substantial 38 percent were moderately motivated. Thus, 78 percent of the CHOs were engaged and motivated to undertake their roles. Around 16 percent of them were neutral about motivation, while a small percentage (6 percent) reported ‘lack of motivation’. According to these respondents, the main reason behind their lack of motivation was job insecurity. Further, it was reported by the respondents that they had a heavy workload, and the compensation was much less in comparison to the work. Also, the career path was uncertain as there was no surety of promotion or upward mobility.

Public Health Outcomes and Challenges

When asked about the opinion of the CHOs regarding the impact of their work on improving public health outcomes, a majority of CHOs believed their work had a positive impact on public health outcomes. A combined 80 percent either strongly agreed (32 percent) or agreed (48 percent) with the statement that their work had a positive impact. This indicated a strong sense of purpose and effectiveness among CHOs regarding their role.

Around 16 percent of CHOs were ‘Neutral’ about the impact of their work. Only 4 percent of CHOs ‘Disagreed’ with the statement that their work improved public health outcomes. Respondents from this group while answering the open-ended questions stated that the challenges due to which they were unable to bring about the desired public health outcomes were due to issues within the system. The pointed out that apart from lack of job security, low salary, more workload and high commuting time to reach their place of posting were preventing the CHOs from giving their best. Few respondents also mentioned that there was a lack of cooperation from the community members. As one of the CHOs stated: “AAM has various packages dealing several health related issues, but the villagers show lack of interest and do not take any advantage of the services.” It was further noted by few CHOs that the lack of support from their supervisors and frontline workers in their area was preventing them from making significant public health contribution. They were sometimes also discouraged by the lack of infrastructure and equipment.

Levels of Satisfaction of the CHOs

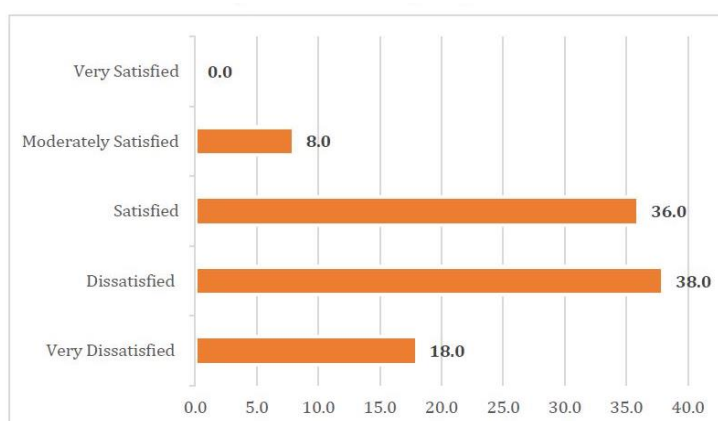


Figure 3: Satisfaction with Salary and Incentives (In %)

Figure 3 shows that 8 percent of the respondents were moderately satisfied with their salary and incentives. Around 36 percent were satisfied. It shows some level of approval but not a strong acceptance. The largest group (38 percent) was dissatisfied with the salary and incentives. A substantial proportion (18 percent) said they are very dissatisfied with the salary and incentives. The low satisfaction with salary and incentives can directly impact the motivation levels of the CHOs. It may lead to decreased job performance and reduce their engagement with the community.

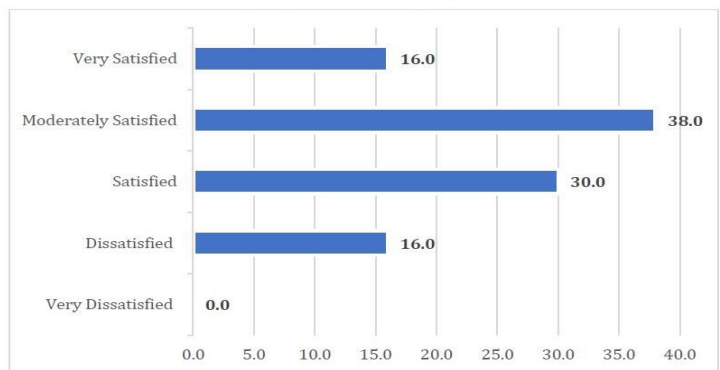


Figure 4: Satisfaction with Timely Payment of Salary (In %)

Figure 4 reveals that overall, the respondents have a positive sentiment regarding the timelines of payments. A significant majority (84 percent) of CHOs reported being either satisfied or moderately satisfied with the payment timelines. It shows that the salary payment system was functioning well in the study area. While none of the respondents was very dissatisfied category, a notable 16 percent were dissatisfied. This is an area which requires attention. Even though it is a smaller percentage, these respondents represent individuals who are experiencing issues with timely payments and such issues should be resolved to ensure that the CHOs can give their best while serving the community.

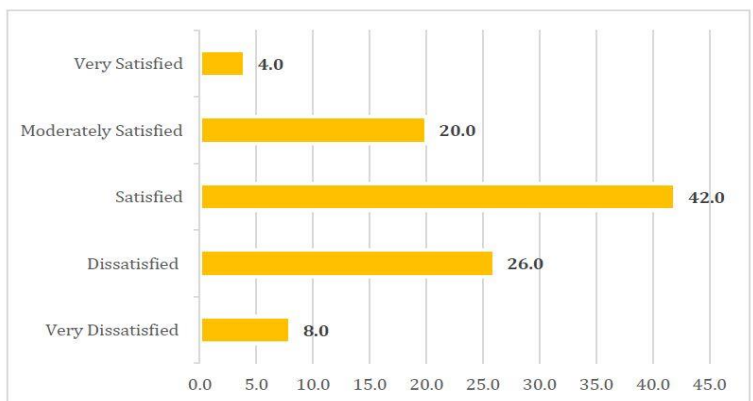


Figure 5: Satisfaction with Workload (In %)

A significant number (66 percent) of CHOs have reported being either satisfied or moderately satisfied with the workload at the AAMs. Figure 5 shows that the largest group (42 percent) of respondents are those who are just satisfied with the workload. However, a concerning 34 percent expressed dissatisfaction about the workload at the AAMs. This group requires immediate attention. It may have significant negative consequences and may lead to decreased morale and motivation.

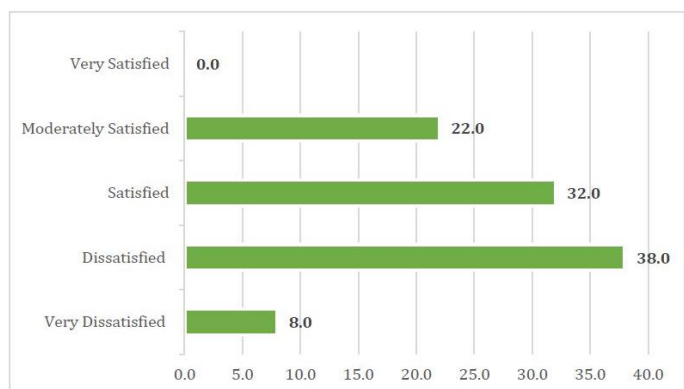


Figure No. 6: Satisfaction with Work-Life Balance (In %)

The data presents (see Figure 6) a concerning image of work-life balance satisfaction among the CHOs. A significant majority (46 percent) of CHOs were either dissatisfied or very dissatisfied, while only 54 percent expressed some level of satisfaction. It is critical that no one reported being very satisfied. Hence, it needs special attention. This is because CHOs are often the primary point of contact and are responsible for a wide range of health service. Besides, they have limited support staff, which makes the job more difficult to manage.

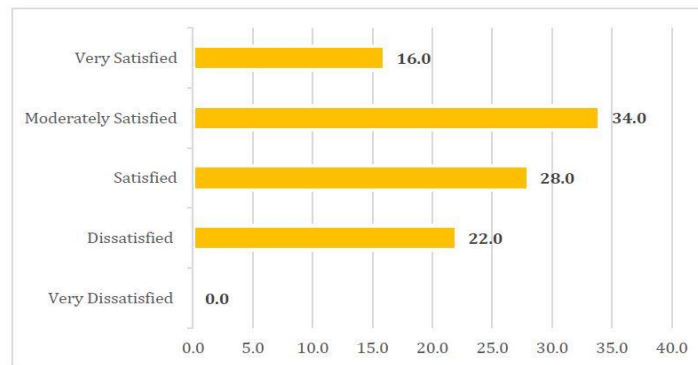


Figure No. 7: Satisfaction with Support from Supervisor (In %)

Figure 7 indicates that a combined 78 percent of CHOs reported being satisfied to some degree with the support they receive from their supervisors. This shows a positive opinion towards supervisory support. The largest group (34 percent) remained moderately satisfied, demonstrating that things are not necessarily bad but that improvements are required. The 22 percent dissatisfaction rate highlights potential issues with the quality, frequency, or type of support provided by supervisors.

Figure 8 exhibits that a good number (16 percent) of the respondents were very satisfied with their relationship with the FLWs. A very significant number (44 percent) were satisfied with the support they received from the FLWs.

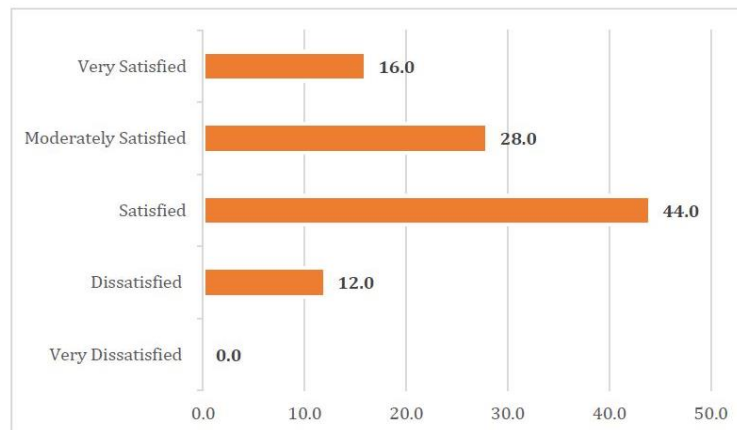


Figure No. 8: Satisfaction with Relationship with FLWs (In %)

It shows that the CHOs and FLWs are effectively cultivating rapport by offering services suited to the local needs and helping each other. Only 12 percent reported being dissatisfied, and none reported being very dissatisfied, which is a positive indicator.

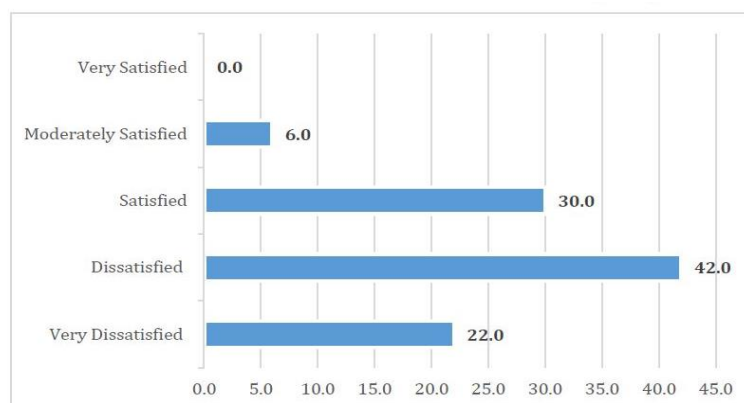


Figure No. 9: Satisfaction with Infrastructure and Resources (In %)

When asked about the availability of infrastructure and resources (Figure 9) at the HWCs, none of the respondents was very satisfied. However, 6 percent reported that they were moderately satisfied with it. They gave several reasons for the same. For example, a CHO said that the AAMs: *Helps community people to avail free medicines and health services*. One of the CHOs also added that the HWCs have: *“Improved health (providing medicine for hypertension, diabetes, tuberculosis, and treatment of minor ailments because they find medicine near their house from respective HWC).”*

However, an overwhelming majority (64 percent) reported their dissatisfaction with the resources and infrastructure at the AAMs. Inadequate infrastructure and resources directly impact a CHO's ability to deliver quality primary healthcare services.

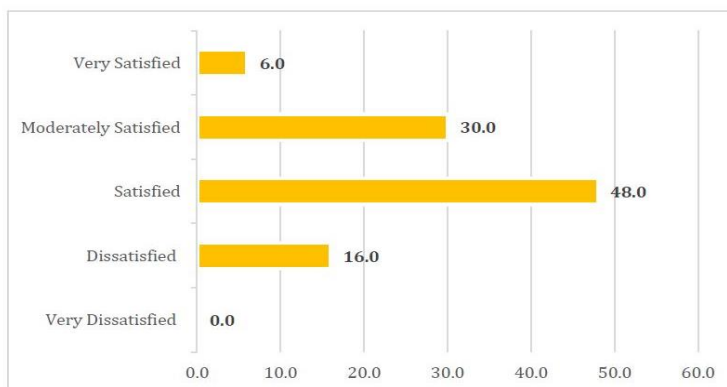


Figure No. 10: Satisfaction with Participation in Decision Making (In %)

The data shows (Figure 10) that a majority (84 percent) of CHOs reported being either satisfied (48 percent), moderately satisfied (30 percent), or very satisfied (6 percent) with their participation in decision-making. While no one reported being very dissatisfied, around 16 percent of CHOs expressed their dissatisfaction regarding involvement in decision-making. It is important to note that low satisfaction with decision-making can negatively impact CHOs' motivation and job satisfaction and ultimately affect performance.

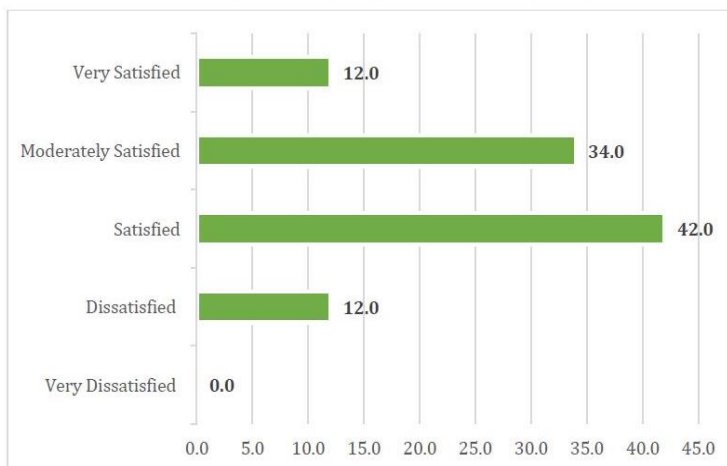


Figure No. 11: Satisfaction with Recognition by Higher Authority (In %)

The basic desire for respect and belonging that employees have is addressed by recognition, which plays a significant role in helping with the enhancement of job satisfaction and the boosting of morale (Jo and Shin, 2025). The study revealed (Figure 11) a significant majority (88 percent) of CHOs reported being either satisfied or moderately satisfied with the recognition they receive.

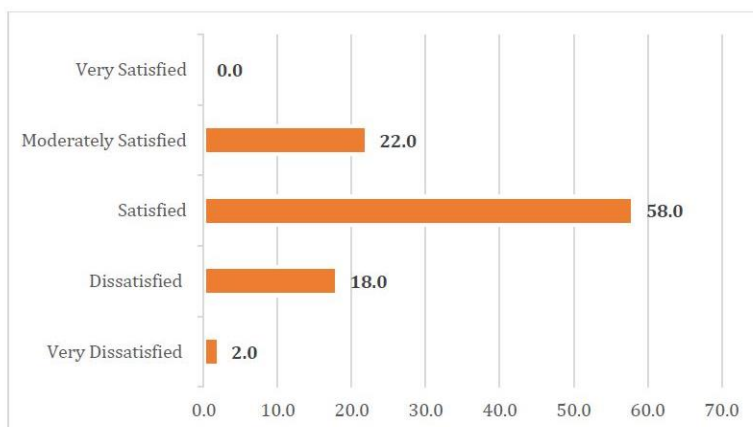


Figure No. 12: Satisfaction with Balance between Administrative and Health Related Work (In %)

Figure 1.12 shows that 22 percent of the CHOs were moderately satisfied with the balance between administrative and health-related work. While a substantial number (58 percent) were satisfied with the current balance. A total of 20 percent expressed their dissatisfaction. According to these respondents, it arises due to paperwork, reporting, and management-related tasks that leave less time for direct patient care.

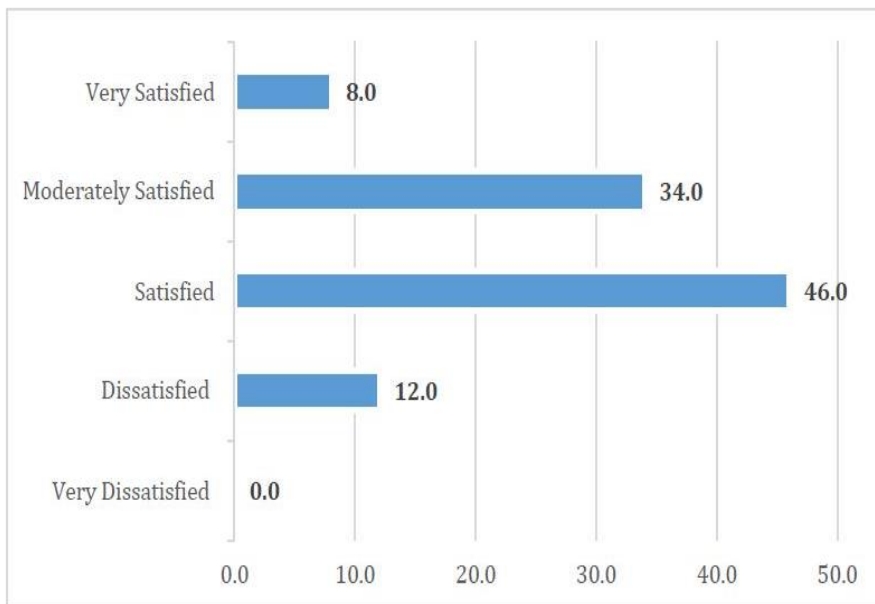


Figure No. 13: Satisfaction with Learning (In %)

The data shows (Figure 13) a generally positive view towards learning, with a combined 88 percent of respondents expressing some level of satisfaction. Around 46 percent of the respondents said they were satisfied with the learning experiences. However, 12 percent reported their dissatisfaction regarding the learning opportunities.

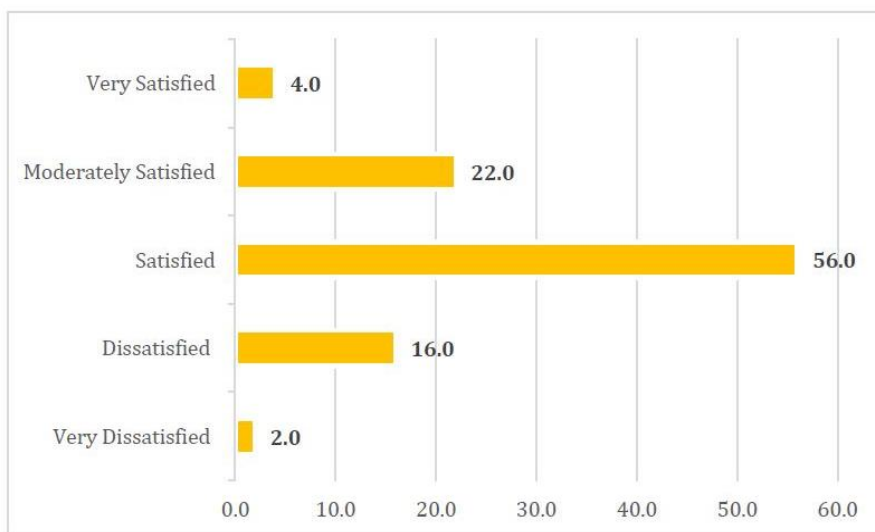


Figure No. 14: Satisfaction with Learning (In %)

A significant 56 percent of respondents were satisfied, and another 22 percent were moderately satisfied with the skill development opportunities and training programmes offered to the CHOs at the AAMs. It indicates that training programs for CHOs in AAMs are generally effective. However, around 18 percent of them expressed dissatisfaction. This means there is room for improvement and a need to develop a deeper understanding of the specific issues faced by the CHOs in skilling and training.

Conclusion

The study showcases a very complex picture of the motivations and satisfaction levels of Community Health Officers (CHOs) under the Ayushman Bharat Programme. A significant majority have cited the ‘desire to serve the community’ as a primary motivation. On the contrary, the in-depth interviews have pointed out that financial security and the prospect of permanent government absorption are the dominant drivers. There is a high level of clarity on the given role and adequate training, but several challenges impact the overall motivation.

Some of the major concerns include salary and incentives. The workload and work-life balance are also critical issues. Infrastructure and resource availability at the AAMs also present a huge challenge that can adversely impact the motivation levels of the CHOs. However, the CHOs strongly believe that their work has a positive impact on public health outcomes. They are largely satisfied with the support from supervisors, relationships with frontline workers, participation in decision-making and the available learning opportunities. The data indicates that CHOs are primarily driven by a desire for job security and financial stability. Their motivation and satisfaction are greatly affected by workload, compensation, and resource availability. Addressing these issues, particularly by improving salary and infrastructure and ensuring a reasonable workload and work-life balance, is crucial for maintaining and enhancing the motivation and effectiveness of CHOs in delivering quality primary healthcare services in rural areas.

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