Original Article

Parliamentarily speaking: A thematic analysis of Kerala Legislative Assembly questions relating to health from 2016 to 2021

Arsha Kochuvilayil[1], Hari Sankar[2], Jaison Joseph[2], Arun B. Nair[1], Devaki Nambiar[2]

[1]Health Systems Research India Initiative, Trivandrum, Kerala, India, [2]The George Institute for Global Health, Delhi and Hyderabad, India

Abstract

Introduction: Legislative assemblies often provide a platform for legislators to question the government during question hours, which are crucial for governance However, question hours remain understudied, especially when addressing health policy and systems related issues in lower- and middle-income countries. This study assesses the 14th Kerala Legislative Assembly questions, focusing on health-related areas to provide insights for health policy formulation and decision-making processes. **Materials and Methods:** We sourced and transcribed all starred questions (346) related to health that were answered by the health minister in the 14th Legislative Assembly between 2016 and 2021 from the archives of the assembly website. We conducted a thematic analysis of these questions and mapped them into various themes, guided by the World Health Organization building blocks framework. **Results:** About 7.8% of all questions (N = 4404) were related to health (N = 346). Of these questions, the majority were directly related to service delivery (43.4%), followed by health information (16.5%). Health financing, food safety, and human resources were the least discussed topics throughout the assessed period within the state. The legislators primarily focussed on health services and health information, with less attention given to health financing, food safety, and human resources regardless of constituency or political affiliation. **Discussion:** This study underscores the need for a balanced approach to public health issues, highlighting the importance of legislators to priortizing health services and information, while also addressing health financing, food safety, and human resources. This would enable a robust and resilient public health system to effectively address diverse health concerns.

Keywords: Health, Kerala Legislative Assembly, parliament, parliamentary questions, parliamentary speaking

Introduction

Parliamentary questions are a powerful tool to hold the governing authorities responsible for their choices and actions.[1,2] Question hour offers a platform for gathering informative inquiries and contributes to improving political transparency by enabling administrations to elucidate their objectives and policies to both the general public and the opposition. Few studies have explored the nature of parliamentary questions, including those from the United Kingdom, which has the longest practice of parliamentary question hours.[3,4] It is reported that most parliamentary questions are raised by opposition political groups with responses given by the ruling alliance, despite a rise in the number of questions asked in such assemblies has been

Address for correspondence: Dr Arsha Kochuvilayil, Research Associate, Health System Research India Initiative, Aishwarya Kudapanakunnu PO, Trivandrum - 695 043, Kerala, India.
E-mail: drarshavr@gmail.com

Received: 28-09-2023 **Revised:** 11-12-2023
Accepted: 17-12-2023 **Published:** ***

Access this article online

Quick Response Code:

Website: http://journals.lww.com/JFMPC

DOI: 10.4103/jfmpc.jfmpc_1607_23

How to cite this article: Kochuvilayil A, Sankar H, Joseph J, Nair AB, Nambiar D. Parliamentarily speaking: A thematic analysis of Kerala Legislative Assembly questions relating to health from 2016 to 2021. J Family Med Prim Care 2024;XX:XX-XX.

growing globally.[3] Opposition alliances often use this forum to examine and criticize the policies of the ruling alliance, revealing weaknesses and shortcomings in their governance. Conversely, the ruling alliance frequently views this as a chance to emphasize the achievements of their government and demonstrate their unwavering dedication to addressing the problems of the general people.[1,3] Parliamentary questions remain integral to shaping public discourse and ensuring governmental transparency, especially as the quantity of questions addressed in legislative assemblies continues to rise on a global scale.

Despite India being the world's largest democracy, there has been a noticeable dearth of research on legislative matters, revealing a significant gap in our comprehension of how democratic institutions function in the country. While certain aspects of parliamentary inquiries, such as gender, caste, and political alliance, have garnered considerable scholarly attention, a comprehensive exploration of this crucial facet of Indian democracy remains largely unexplored.[5-8] We found only two studies at the national level that analyzed parliamentary questions associated with a specific area – tobacco control regulation and obesity.[9,10] In the context of Uttar Pradesh, a study revealed that Members of the Legislative Assembly (MLAs) primarily raised questions focused on public welfare, without any questions related to health and the health system, except for one query about establishing a new primary health center.[1] The study concluded that parliamentary questions were more fruitful in solving individual grievances and pursuing information than pressing actions in policy matters. Similar studies from provisional legislative assemblies become important, especially because MLAs represent the local constituencies and are much connected to the people and their issues.[1,2] Another study has a much narrower focus, analyzing the questions concerning obesity in both houses.

Primary care services, including resources such as medical equipment and infrastructure, are influenced by healthcare policies, financial allocations, and legislative changes. Legislators' priorities affect healthcare budgets, allocations, and training policies, affecting service quality and professional development opportunities.[11,12] These factors shape the effectiveness and accessibility of primary care services, ultimately affecting health outcomes for individuals and communities.

Given this context, we undertook a thematic analysis of starred questions related to health and social welfare in the Kerala Legislative Assembly from 2016 to 2021. This analysis aims to shed light on the specific themes dominating legislative discussions related to health in Kerala, providing valuable insights into the legislators' priorities and policy areas of focus. By addressing this knowledge deficit, our study makes a valuable contribution to evidence-based decision-making. As a result, this process facilitates the creation of highly specific health policies that closely match the needs and priorities of the individuals in Kerala.

An overview of parliamentary questions in the Kerala Legislative Assembly

The Kerala Legislative consists of the Governor and the Kerala *Niyamasabha* or Kerala Legislative Assembly (Vidhan Sabha) with 140 elected members, often referred to as the MLAs.[13] The general term of the Kerala Legislative Assembly is five years or until dissolved.[13] As a representative institution, the legislative keeps an account of the functioning government and also drags attention to the issues faced by the people.[13] The Indian Council Act of 1893, 1909, and 1919 grants the right to ask questions and supplementary questions to the members of federal and provincial legislatures.[1] Thus, the Legislative Assembly is the powerful center of any state where the MLAs have the potential to question the ministers and demand accountability.

According to the rules governing the proceedings in the Kerala Legislative Assembly, the question hour typically constitutes the initial hour of the session, unless the speaker issues different instructions.[14] Mainly three types of questions can be asked – starred, unstarred, and short notice questions. A star (*) sign needs to be kept in front of a question that the member desires to have an oral answer from the minister, and such questions are called starred questions. Questions to which a supplementary question may be followed are also included in the starred questions. Questions related to statistics, statements, local concerns, and individual matters are not generally included in the starred questions. Unstarred questions need written answers and are not generally followed by supplementary questions. The standard advance notice period for questions is 12 full days, but questions related to matters of immediate public significance can be submitted with a notice period shorter than 12 full days, and these are referred to as short notice questions.[15]

Materials and Methods

We carried out a thematic policy analysis of starred questions asked by Kerala legislators from 2016 to 2021 adopting the methods used by Bhojani *et al.*[9] Our intention was to analyze parliamentary questions to reveal legislators' health priorities over time.

Data extraction

The analysis focused on the tenure of the 14th Kerala Legislative Assembly, spanning from 2016 to 2021. During this period, the Left Democratic Front (LDF) held power as the ruling alliance, comprising 91 members of the Assembly, while the United Democratic Front (UDF) served as the major opposition alliance with 47 members.[16] To conduct our analysis, we accessed the official online archives of the Kerala Legislative Assembly, where the questions asked by the legislators during assembly sessions are made publicly available.[17] Our study specifically centered on "starred questions" as they are distinguished by the legislators and are orally addressed during Assembly sessions, indicating a higher level of importance or priority. In contrast, "unstarred questions" are not distinguished and are answered in written

form. The distinction between starred and unstarred questions offers valuable insights into the priority and significance that legislators assign to specific issues during their sessions. By drawing from these publicly available records, our analysis aimed to provide a comprehensive overview of the legislators' concerns and interests related to health and social welfare during the specified period.

During the tenure of the 14th Legislative Assembly in Kerala (2016-2021), a total of 4404 starred questions were raised by MLAs. Out of these, 426 were the questions answered by the Minister of Health, who also handled the portfolios of Social Justice and Women and Child Development ministries. We retrieved all 426-starred questions answered by the Health Minister from the official web portal search bar commands for the specified period. After excluding 80 questions related to women and other vulnerable communities falling under the Social Justice and Women and Child Development portfolios, we included only 346 questions that were directly related to health. The transcripts of these questions, originally in Malayalam, were independently translated into English by a research team member.

To ensure systematic categorization, the questions were initially organized based on the questioner's political affiliation, constituency, name, and gender. A research team consisting of two scholars independently indexed each question and mapped it in accordance with the World Health Organization (WHO) Health System Framework.[18]

Data analysis

The analysis was carried out over a span of three months. To examine the questions, we utilized a content analysis methodology, employing a deductive approach. We categorized the questions into overarching thematic areas guided by the WHO's health systems building block framework.[18]

These thematic areas included the following:

1. Service Delivery: Pertaining to the quality, accessibility, and efficiency of healthcare services delivered to the population.
2. Health Workforce: Emphasis on matters pertaining to healthcare professionals, workforce distribution, training, and recruitment.
3. Information: Encompassed the utilization and administration of health information systems for planning, monitoring, and decision-making.
4. Medical Products, Vaccines, and Technologies: Encompassing questions about the availability, accessibility, and regulation of medical products, vaccines, and technological advancements in healthcare.
5. Financing: Relating to resource allocation and funding for healthcare services and programs.
6. Leadership and Governance: Involving questions about the policy-making, management, and governance aspects of the health system.
7. Food Safety: Addressing issues about the safety and regulation of food to ensure public health.

These thematic areas were selected based on their relevance to the responsibilities and remit of the Minister who was answering these questions. The categorization into the above-mentioned thematic areas allowed us to investigate the emerging topics and trends in the legislators' questions regarding health policy and systems during the specified period. The utilization of a deductive approach helped ensure clarity and a systematic framework for the content analysis.

A basic descriptive statistical analysis was conducted using Microsoft Excel software version 2016, relying on the previously mentioned categorization of questions into thematic areas. Furthermore, we performed a yearly trend analysis to gain insights into the patterns of these questions concerning the exploratory variables. This approach enabled us to explore patterns and fluctuations over time.

As the data used in this study were sourced from a publicly available government proceedings archive and did not encompass any identifiable information or involve human subjects research, ethical approval or application was unnecessary. Our secondary data analysis adhered to data protection and privacy guidelines.

Results

During the 14th Assembly, only eight percent of the starred questions (7.9%) were related to health, the members of the ruling alliance, LDF, raised more starred questions (60.7%) in the assembly across the years in the state [see Table 1].

The majority of the questions raised in the state overall were directly related to health service delivery (43.4%) followed by health information (16.5%) [see Table 2]. Within this category, the questions raised ranged from aspects of the newly implemented health reforms (like the Aardram Mission[1]) to standardization of services, accreditation of facilities, as well as emergency care and e-health. Figure 1 shows the distribution of the questions of the Assembly according to major thematic areas between 2016 and 2021.

The representation of women in the Legislative Assembly was notably low, at just 6.06% during 2016-2021. Nevertheless, approximately 18% of the questions were raised by women legislators within the Assembly [see Table 3].

Discussion

In our analysis, we focused on health-related starred questions presented in the Legislative Assembly between 2016 and 2021.

1 Aardram Mission is one of the projects included in the 'Nava Kerala Mission', which has been launched by the Keralan government. It was started with the intention of radically changing the public health system thereby attaining the Sustainable Development Goals (SDGs).

Our findings revealed that health-related questions accounted for only about 8% of all starred questions raised by MLAs. This indicates that healthcare matters constituted a relatively minor portion of the overall topics deliberated upon during the assembly sessions. The limited representation of health-related questions in the starred category highlights the need for further attention and emphasis on health policy and system matters.

Contrary to the expectations based on previous studies,[1,3] our findings revealed a different pattern regarding the questions presented by the governing and opposition alliances in the Legislative Assembly. We anticipated that the opposition alliance members would raise more questions; however, we observed that the ruling alliance predominantly utilized questions to bring up matters for discussion.

Interestingly, some issues saw the active involvement of both governing and opposition alliances. For example, in the case of Malappuram district, there were reports of lower vaccination coverage during 2015-16, along with a high number of diphtheria cases.[19] The concern regarding vaccination and diphtheria was repeatedly raised by legislators from both, ruling and opposition alliance to the government, pressing for appropriate action. The success of these efforts is evident from the current National Family Health Survey (NFHS 5) data, which shows significant improvement in the district's vaccination status compared to the previous NFHS 4 survey.[14] These findings suggest that certain health issues transcend political affiliations, and legislators, irrespective of their alliance or constituency, can come together to address critical health concerns. The collaborative efforts of both the governing and opposition alliance have the potential to drive positive changes in public health outcomes and policy implementation. Our research underscores the significance of multiple political group collaboration in tackling public health challenges and emphasizes the legislators' pivotal role in advocating for enhanced health outcomes for their constituents. By shedding light on such instances of inter-political collaboration, our research emphasizes the potential for political engagement to positively impact health and facilitate tangible improvements in healthcare services and programs.

Table 1: Distribution of starred (*) questions by posing party in Kerala's Legislative Assembly (2016-2021)

Year	Kerala		
	LDF	UDF	Others
2016	38 (55.1)	31 (44.9)	
2017	41 (54.7)	33 (44.0)	1 (1.3)
2018	58 (58.0)	42 (42.0)	
2019	47 (67.1)	23 (32.9)	
2020	18 (94.7)	1 (5.2)	
2021	8 (61.5)	5 (38.5)	
Total	210 (60.7)	135 (39.0)	(0.3)

*Symbol repersent the starred questions

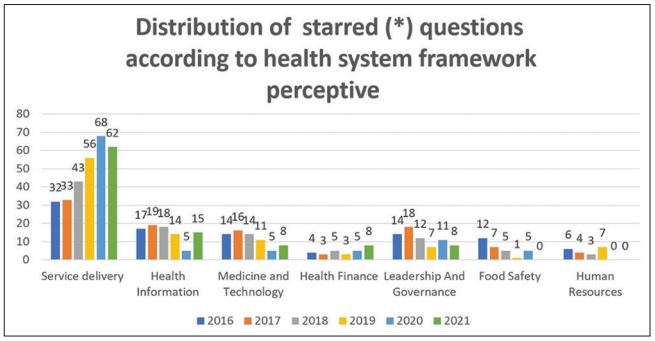

Figure 1: Distribution of starred (*) questions according to health system framework perceptive (N)

Table 2: Themes covered in the Kerala Legislative Assembly (KLA) starred (*) questions related to health (2016–2021) (Distribution of starred questions corresponding to and going beyond the WHO's Health System Building Blocks)

Theme	Topics covered in questions	Total, *n* (%)
Service delivery	Infrastructure development such as building new blocks and laboratory facilities Standardization of services and accreditation of facilities	150 (43.4)
Health Information	Health data at the individual (healthcare records), facility (procurement records, community outreach), and population level (household surveys) Public health surveillance Collection, analysis, evaluation, and dissemination of data at all levels	57 (16.5)
Medicine and Technology	Access to medical products, vaccines, and technologies	46 (13.29)
Leadership and governance	Legislative Assembly questions based on policies, bills, and regulations Interdepartmental coordination, instructions, plans, and guidelines come under leadership and governance	44 (12.7)
Health finance	Pharmaceutical products and related services and use Development of technologies and diagnostic methods Legislative Assembly questions based on fund allocation and utilization of the health department budget, and financial risk protection, such as health insurance coverage	14 (4.0)
Food safety	Questions related to food safety and poverty	20 (5.8)
Human Resources	Salary, appointment, transfer, and benefits Training of workforce Formation of professional associations	15 (4.3)

*Symbol repersent the starred questions

Table 3: Distribution of the starred (*) questions according to major thematic areas and gender of the legislator

	Women, *n* (%)	Men, *n* (%)
Service delivery	35 (56.4)	115 (40.5)
Health information	9 (14.5)	48 (16.9)
Medicine and technology	8 (12.9)	38 (11.1)
Leadership and governance	5 (8.06)	39 (13.7)
Health finance	3 (4.84)	11 (3.9)
Food safety	2 (3.23)	18 (6.3)
Human resources	0	15 (5.1)

*Symbol repersent the starred questions

Our analysis of the questions asked by legislators in the Legislative Assembly revealed that more than half of the questions were related to service delivery, information, medical products, vaccines, and technology, as well as leadership and governance. These themes appeared to be the primary areas of concern and focus during the legislative discussions on health matters. However, challenges related to financing and the health workforce did not prominently emerge in the legislative arena, despite being clear areas of concern. The National Health Accounts of 2018 estimated that nearly 68.7% of the total health expenditure in Kerala was accounted for by out-of-pocket expenditure (OOPE).[20] A secondary analysis study investigating OOPE between 2004 and 2018 reported that by 2018, Kerala ranked second highest in the country in terms of mean OOPE and highest in catastrophic health expenditure (CHE). Notably, Kerala experienced the highest increase in CHE in the country, with a significant rise from 15.7% to 33.8% between 2014 and 2018.[21] These concerning findings underscore the need for greater attention to financing-related issues during the assembly sessions. Similarly, the shortage of and dissatisfaction with human resources in the healthcare sector, including medical officers and supporting staff, were evident in a qualitative study conducted in 2014 among 30 medical officers of 21 primary healthcare centers in Malappuram District, North Kerala.[22] However, despite this documented concern, MLAs did not devote substantial focus to addressing human resource challenges throughout the entirety of the Assembly's tenure. These discrepancies in the legislative discussions and the pressing issues highlighted by research studies emphasize the need for policymakers and legislators to give greater attention to financing and health workforce-related concerns.

Legislators often raise concerns about various topics, including health services, technology, vaccines, governance, and human resources, but not human resources and health financing. Healthcare providers can advocate for issues such as budget shortages and workforce issues, especially at primary care levels. Addressing these challenges through targeted policies and discussions during question hours can significantly improve the state's healthcare system and ensure better access to quality services. Understanding state political views on health helps healthcare providers communicate their strategies, interact with legislators, and address pressing healthcare concerns, promoting cooperative solutions beneficial to patients and the healthcare system.The participation of women in the Kerala Legislative Assembly has been limited, with Malappuram having no women legislators during the 14th Assembly. This underrepresentation of women in the Kerala Assembly reflects the gender disparity in India, notably the low ratio of women:men (1:8.3) in the Lok Sabha.[23] Many studies have shown that women legislators are more inclined to prioritize and champion women's concerns in comparison to their counterparts.[24,25] A study in Uganda revealed that a rise in the representation of women legislators and policymakers in the eighth Ugandan parliament led to the enactment of substantial pro-women legislation, covering a wide range of issues, including genital mutilation, human trafficking, and domestic violence.[24]

Additional analysis could delve into examining the correlation between women's participation in the Assembly and the formulation of laws related to women and other underserved populations. This would necessitate employing methods of policy analysis and implementation that go beyond parliamentary questions and encompass a comprehensive examination of the legislative process itself. The study has limitations due to the complexity of the parliamentary questions and the diverse nature of health. It only provides a glimpse into the healthcare concerns and priorities of these legislators. This study used the comprehensive WHO framework, but could not consider cultural, social, environmental, and emergency healthcare responses. This study only looked into the questions raised by these legislators, but not into the potential impact of these parliamentary questions and their corresponding answers. Future research should adopt a comprehensive and multidisciplinary approach to understand the interests of parliamentarians regarding broader health. Future study initiatives should focus on adopting a more comprehensive and multidisciplinary approach. This includes mixed-methods research using both qualitative and quantitative data, as well as longitudinal studies that track the outcomes of legislative questions over time. Policy impact evaluations can provide insights into the practical effects of legislative questions on healthcare, allowing for a more complex understanding of the consequences and effectiveness of questionnaire hours.

There is a pressing requirement for more in-depth exploration into how the representation of women legislators affects the development and passing of laws that address the issues faced by women and other marginalized groups. Policymakers can acquire valuable perspectives on the influence of gender representation on legislative results. Grasping this connection may lead to the creation of more inclusive and equitable policies and programs, thereby contributing to the progress of women's rights and the well-being of underserved communities in Kerala. Such research can play a pivotal role in advancing gender equality and social justice within the legislative procedures of Kerala.

Conclusion

Our findings indicated that legislators from diverse political factions raised concerns related to healthcare, demonstrating a collective interest in addressing healthcare concerns irrespective of party lines. Focus was given to the topics that included health service delivery and health information-related matters. This broad focus on these thematic areas suggests a commitment to improving healthcare services and ensuring equitable access to health resources. Remarkably, there was limited representation of women legislators in the Assembly. In summary, our study highlights the crucial significance of political cooperation and the value of diverse participation in the legislative process. The collective emphasis on health service delivery issues signifies a shared commitment to public welfare. Understanding the legislative agenda and focal points of the Kerala Legislative Assembly is crucial for developing comprehensive health policies, catering to the requirements of all segments of the population and advancing social equity and justice in healthcare services.

Acknowledgements

We, the authors thank Dr. Hyfa Mohammed Ali, former Research Officer HSRII for initiating the data collection and translation of the Legislative Assembly questions from Malayalam to English.

Financial support and sponsorship

This work was supported by a policy engagement grant from the Wellcome Trust (AdEquate, Grant number 215749/Z/19/Z). The funder had no role in study design, data collection and analysis, decision to publish, or preparation of the manuscript.

Conflicts of interest

There are no conflicts of interest.

References

1. Ojha S, Mishra S. An analysis of parliamentary questions raised by opposition in the Uttar Pradesh (India) State Legislative Assembly. Australasian Parliam Rev 2010;25:94-107.
2. Vatsal khullar. Role of parliament in holding the government accountable. PRS Legislative Research 2017. Available from: https://prsindia.org/theprsblog/role-of-parliament-in-holding-the-government-accountable. [Last accessed on 2021 Dec 08].
3. Hazama Y, Gençkaya Ö, Gençkaya S. Parliamentary questions in Turkey. J Legis Stud 2007;13:539-57.
4. Ferede AN. Executive accountability in parliamentary democracies: A comparative overview: Britain, Germany, India and Ethiopia. Beijing Law Rev 2018;9:583-99.
5. Ayyangar S, Jacob S. Question hour activity and party behaviour in India. J Legis Stud 2015;21:232-49.
6. Sen A, Ghatak D, Kumar K, Khanuja G, Bansal D, Gupta M, *et al.* Studying the Discourse on Economic Policies in India Using Mass Media, Social Media, and the Parliamentary Question Hour Data. In: Proceedings of the 2nd ACM SIGCAS Conference on Computing and Sustainable Societies. New York, NY, USA: Association for Computing Machinery; 2019. p. 234-47.
7. Haritash N, Gupta B. Mapping of S and T issues in the Indian parliament: A scientometric analysis of questions raised in both houses of the parliament. Scientometrics 2002;54:91-102.
8. Jacob S. Gender and legislative performance in India. Polit Gend 2014;10:236-64.
9. Varma A, Chilgod L, Bhojani U. Diverse and competing interests around tobacco: qualitative analysis of two decades of parliamentary questions in India. BMJ Global Health 2021;6:e004093. doi: 10.1136/bmjgh-2020-004093.
10. Gauthaman J. A qualitative analysis of the parliamentary questions on the issue of obesity raised over the past two decades in India. J Family Med Prim Care 2021;10:4223-8.
11. Wen M, Liao L, Wang Y, Zhou X. Effects of healthcare policies and reforms at the primary level in China: From the evidence of Shenzhen primary care reforms from 2018 to 2019. Int J Environ Res Public Health 2022;19:1945. doi: 10.3390/ijerph19041945.
12. The effectiveness of policies to improve primary care access for underserved populations: An assessment of the literature. Milbank Memorial Fund. Available from: https://www.milbank.org/publications/the-effectiveness-of-policies-to-improve-primary-care-access-for-underserved-populations/. [Last accessed on 2023 Dec 09].
13. Ainy. Kerala Legislative Assembly. 2014. Available from: https://istampgallery.com/kerala-legislative-assembly/. [Last accessed on 2021 Dec 09].
14. International Institute for Population Sciences. National Family Health Survey-5 2019-20 District Fact Sheet Malappuram Kerala. 2020. Available from: https://rchiips.org/nfhs/nfhs-5_fcts/KL/Malappuram.pdf. [Last accessed on 2024 March 20].
15. Rules of procedure and conduct of business in the Kerala legislative assembly. Available from: http://www.niyamasabha.org/pdfs/Rules%20of%20Procedure%20in%20English.pdf. [Last accessed on 2021 Dec 09].
16. Kerala Assembly Elections- Results Summary 2016. Available from: http://keralaassembly.org/election/vote_share.php?year=2016. [Last accessed on 2023 Feb 22].
17. Starred Questions and Answers. Kerala Legislative Assembly 2021. Available from: http://www.niyamasabha.nic.in/index.php/questions/starred. [Last accessed on 2021 Dec 13].
18. World Health Organization. Everybody's business-strengthening health systems to improve health outcomes: WHO's framework for action. 2007. Available from: https://www.who.int/healthsystems/strategy/everybodys_business.pdf. [Last accessed on 2024 March 20].
19. Sangal L, Joshi S, Anandan S, Balaji V, Johnson J, Satapathy A, *et al.* Resurgence of diphtheria in North Kerala, India, 2016: Laboratory supported case-based surveillance outcomes. Front Public Health 2017;5:218. doi: 10.3389/fpubh.2017.00218.
20. Mohanty SK, Padhi B, Singh RR, Sahoo U. Comparable estimates of households health spending and out of pocket payment on hospitalization and outpatient care in India, 2004- 2018. IIPS Working Paper No 19. 2020. Available

from: https://www.iipsindia.ac.in/sites/default/files/Working_Paper_19.pdf. [Last accessed on 2024 March 20].

21. Sriram S, Albadrani M. A study of catastrophic health expenditures in India-evidence from nationally representative survey data: 2014-2018. F1000Res 2022;11:141.
22. Vallikunnu V, Kumar SG, Sarkar S, Kar SS, Harichandrakumar KT. A qualitative study on working experience of rural doctors in Malappuram district of Kerala, India. J Family Med Prim Care 2014;3:141-5.
23. Adhya S, Sanyal DK. What does the Indian parliament discuss? An exploratory analysis of the question hour in the Lok Sabha. 2023. Available from: http://arxiv.org/abs/2304.00235. [Last accessed on 2023 Dec 09].
24. Wang V. Women changing policy outcomes: Learning from pro-women legislation in the Ugandan Parliament. Women's Studies International Forum 2013;41:113-21.
25. Tremblay M. Do female MPs substantively represent women? A study of legislative behaviour in Canada's 35th parliament*. Canadienne de Science Politique 1998;31:435-65.