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Large families in EU countries: a comparison of support schemes and outcomes

Abstract

While knowledge about family policy in the European Union (EU) has increased considerably in the last two decades, we know relatively little about policies directed at large families. This paper aims to compare family support schemes affecting large families in EU countries. Based on welfare regimes and family support models (Esping-Andersen, 1990; Korpi, 2000; Kuronen, 2010), we categorise the selected EU countries into five groups, and we explore what configuration of support measures is most effective in meeting the needs of large families, and what are the outcomes of family policy in each country and group of countries.

Our analysis is based on previous literature reviews and data from MISSOC and Eurostat.

The findings show that the needs of large families are most effectively met (as evidenced by high rates of third and higher-order births, high total fertility rates and

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relatively low rates of poverty and social exclusion), first, in the Nordic countries, second, in Continental states, and third, in the examined post-socialist ones. The support for large families is dependent on the overall design (support for families with children) and generosity (monetary inputs) of the family policy of the given country, and the differences between countries can still be explained by the ideal-typical family policy model prevailing in each country.

Keywords: welfare regimes, family support systems, large families, types of family policy, family support models

Introduction

In recent decades, the number of large families has been declining in all European countries, but to a rather different extent. Shares of large families have declined most in Southern, Central, and Eastern Europe, but remained quite stable in Western and Northern Europe (Frejka, 2008; Oláh, 2015). The question is, why the share of large families in the total number of families varies across Europe? To answer the question, we conducted the comparative analysis of family policies and their support measures for large families by grouping selected countries into distinct ideal-typical family policy models. The major argument is that the support for large families is dependent on the overall design (support to families with children (benefits and services)) and generosity (monetary inputs) of the family policy of the given country as well as gender attitudes, and the differences between countries can still be explained by the ideal-typical family policy model prevailing in the country.

It should be emphasised that although the object of the comparative analysis is support for large families, the general context of family policy is also very important here. In other words, just as we do not see the real picture of the object without the background, it is difficult to understand the peculiarities of support for large families without the general context of family policy. Knowledge of national contexts is crucial for understanding the possible implications of demographic trends and for identifying where family policy interventions are needed (Lohmann et al., 2009).

Family policy, in this study, is understood as a government provisions (benefits and services) that contribute to the family well-being, including health care, education and housing policy (Hobson, 2018; Wendt et al., 2011; Wennemo, 1994). In this study, our focus is on support measures for families with children, which include work-life balance policies (maternity leave, parental leave, paternity leave policies and childcare services) and financial (tax deductions and various benefits for families with children) support policies (see: Esping-Andersen, 2009; Javornik, 2014; Korpi, 2000; Lohmann & Zagel, 2016; Nieuwenhuis et al., 2019; Yerkes & Javornik, 2018).

Thus, the aim of this paper is to compare the support provided to large families in the countries of the EU, grouping them according to the ideal-typical family policy models. This study seeks to answer the questions: What family policy model is the most effective in supporting large families? What configuration of support measures best meets the needs of such families? What are the outcomes of family support

measures in each examined country and groups of countries? The study was carried out using the method of comparative analysis, aiming to compare how different family policy models (Esping-Andersen, 1990; Korpi, 2000) provide support for large families in the EU grouping them according to family policy types (Kuronen, 2010).

Seeking to achieve the aim, the tasks of the analysis are as follows:

1. To summarise the essential features of the family policy model represented by each group of the EU countries.
2. Provide examples of the most distinguished countries in terms of large families in each group of countries, examining in detail their general family policies and especially the support measures for large families.
3. Analyse the results of family policy orientation of each country and group of countries by analysing and comparing the following family policy indicators: total fertility rate, percentage of third and higher-order births, share of GDP for family/children, percentage of children under 18 at risk of poverty and social exclusion, and percentage of children under three in formal care.

The comparative analysis allows us to evaluate how different family policy models, grouping countries by family policy type, meet the support needs of large families, what design of support measures best responds to them, and what the results of family support systems are in each country and group of countries.

Methodology

The method of comparative analysis was chosen for this study, when data are collected on theoretical basis, then they are summarised, analysed, and compared. The theoretical basis of this study consists of Esping-Andersen's (1990) typology of welfare regimes and Korpi's (2000) typology of family support models, as well as Kuronen's (2010) family policy models. All these three typologies together generate the theoretical model of this comparative analysis, which helps to analyse the empirical data and achieve the tasks and the aim of the analysis.

As is well known, Esping-Andersen (1990) distinguished three types of regimes – social democratic, conservative-corporatist, and liberal[2] – that vary qualitatively in

[2] The distinctive characteristic of the "liberal" welfare state regime typifies the means-tested assistance plan with an incorporated moderate social insurance plan. Benefits, which are mainly received by clients on a low-income, usually working-class, state dependent, are modest and have a stigma attached. This model increases the demand for subsidised private welfare schemes. In the conservative-corporatist regime, the eligibility for benefits is mainly based on labour market participation and paid contributions. Social insurance coverage plays the most significant role in providing welfare in this regime. However, the right to benefits is strongly attached to class and status. This means that different occupational groups and classes are entitled to various benefits and services. The corporatist regime is also typically shaped by the church, and, hence, strongly committed to the preservation of the traditional family. The social-democratic regime exhibits such features as high levels of universalism and solidarity. Compared to the liberal or conservative-corporatist regimes, the level of inequality and poverty is the lowest in these countries. The key criterion for access to social benefits is citizenship (Esping-Andersen, 1990).

different arrangements between the state, the market, and the family. Though Esping-Andersen's typology is evaluated ambiguously, it has been intensively exploited for several decades and has become a classic of the genre of comparative social policy analysis and a certain point of reference (Emmenegger et al., 2014).

Korpi's (2000) typology expanded Esping-Andersen's (1990) regimes with the component of gender (in)equality. In the context of family policy, Korpi's typology reflects the state-supported distribution of paid and unpaid work, that is, the extent to which a country's family policy encourages women to participate in the labour market or work for free in the family. He focused on social insurance programmes and the taxation relevant for children and parents as well as on social services for children and the elderly. Korpi identified three family policy models: general family support, dual-earner support, and market-oriented policies. Central to the dual-earner model are care facilities, available on a continuous basis, for the youngest pre-school children as well as earnings-related maternity and paternity leave. This model is found precisely in what is known elsewhere as social democratic welfare states. Sweden, Norway, Finland, and Denmark are examples of dual-earner and social democratic models. Cash benefits to minor children and family tax benefits, given via tax allowances or tax credits, are a form of general family support, formally neutral with respect to the labour force participation of the spouses. However, tax benefits to housewives can be expected to encourage homemaking. Childcare services are underdeveloped in this model. The general family model is usually found in the conservative welfare states and such countries as Italy, Germany, Austria and the Netherlands are examples of both models. Countries, such as the United States, the United Kingdom, New Zealand, and Australia, where maximum private responsibility for child-care prevails, are described as having a market-oriented gender policy (Korpi, 2000).

The comparative analysis is based on Kuronen's (2010) grouping of European countries according to family policy types. It is largely based on Esping-Andersen's (1990) typology of welfare state regimes, which has been expanded due to geopolitical realities. Exactly when Esping-Andersen's typology was published, the Soviet Union and the entire communist bloc collapsed, and a new group of countries not mentioned in the typology appeared – post-socialist countries. These countries were included into classification of Kuronen (2010), dividing European countries into the following groups: Nordic countries, Continental countries, Anglo-Saxon countries, Southern or Mediterranean countries, and post-socialist countries. Family policies of the Nordic countries have been heavily influenced by the Protestant church and left-wing governments, and they became gradually focused on gender equality, reconciliation, and female labour market integration through defamilialising policies. Family policies of the continental countries have been heavily influenced by the Catholic Church and subsidiarity principle, they are traditionally characterised by male-breadwinner and female-carer norms. The Anglo-American or Anglo-Saxon countries, as exemplified by Ireland, Malta and the UK, share common ground in weak state intervention, need-oriented support, and high role of the market. The Mediterranean or Southern countries are similar to the continental systems in male-breadwinner and female-carer traditions and Catholic influences, but the Mediterranean countries assign mutual obligations to the extended family, and the state only supports when these sources are

exhausted. "The post-socialist countries make most interesting cases, since they repeatedly reached 'fundamental junctures' and implemented dramatic institutional shifts […]" (Kuronen, 2010, 90).

In the comparative analysis, the methods of literature review, content analysis of documents on family support systems of the countries and secondary analysis of quantitative data (total fertility rate, percentage of third and higher-order births, share of GDP for family/children, percentage of children under 18 at risk of poverty and social exclusion, and percentage of children under three in formal care) were used. To illustrate changes over time, we analysed data from 2016 and 2021 (Eurostat, 2016; Eurostat, 2021). The five-year period was marked by dramatic events in the EU: massive immigration, and Covid-19 pandemics. Therefore, we may expect changes in the indicators over time. Below is the rationale for choosing the following statistical indicators in the comparative analysis:

1. The purpose of the total fertility rate is to describe the annual birth rate of the country. This is a certain indicator of socio-demographic processes. The country's family policy is one of the factors that may affect this indicator (Gauthier, 2007; Thevenon, 2011).
2. The share of third and higher-order births implies how the country's family policy (although it is one of several factors) encourages going beyond the two-child norm, i.e., having more than two children. Studies (Bujard & Sulak, 2016; Fahey & Spéder, 2004; Pearce et al., 1999) have shown that the decision to have third or higher birth order children is a decisive indicator of national fertility in many European countries.
3. The share of GDP for family/children shows public spending on families, which according to the Organisation for Economic Cooperation and Development (OECD, 2023) can be categorised into three types: child-related cash transfers to families with children, public spending on services for families with children, and financial support for families provided through the tax system. This statistical indicator reflects the extent to which the state prioritises the family when distributing public finances.
4. Percentage of children under 18 at risk of poverty and social exclusion presupposes whether the state's efforts to help the most socially vulnerable groups are sufficient and how effective they are. Considering the fact that large families are usually classified among the most vulnerable social groups (Mynarska et al., 2015), the analysis of general family support measures and support measures specifically for large families, the comparison of the rate of third and higher-order births and the rate of children under 18 at risk of poverty and social exclusion within the group of countries and between groups of countries allows us to understand the extent to which the chosen model of family support solves the problem of poverty and social risk.
5. The rate of participation of children under three in formal care presupposes how much the state invests in early childhood care and education (ECCE). The quality ECCE, especially for children living in disadvantaged environments, leads to their better achievements in the future, but it is no less important that the participation of children in ECCE encourages participation of parents in the labour market,

promotes gender equality and dual-earner model, therefore, ensuring it is considered a significant support for families with children.

For our empirical investigation, we have chosen to analyse three countries for each ideal-typical family policy classification delineated by Kuronen (2010). Our choice of countries is based on the desire to analyse country cases which are the best representatives of the theoretical models employed in our study, and at the same time they provide diversity within the model/type.

Denmark, Finland, and Sweden were chosen as representatives of the social-democratic welfare state regime (Esping-Andersen, 1990), dual-earner family policy model (Korpi, 2010) and Nordic family policy type (Kuronen, 2010). These three countries have also significant differences as it comes to support measures to families with children (see, e.g., Aidukaite, 2021a; Hakorvita & Nygård, 2021; Oláh & Neyer, 2021).

To represent Anglo-Saxon countries were chosen the United Kingdom, Ireland, and Malta. These countries belong to the liberal welfare regime type with typical means-tested support and the dominance of market-based solutions in welfare provision (Esping-Andersen, 1990; Oláh & Neyer, 2021). The United Kingdom has left the EU in 2020, however, for our comparative purposes we keep the UK as the most prominent example of the liberal welfare state regime (Esping-Andersen, 1990) and the market-oriented gender policy (Korpi, 2000).

To represent the Continental group, we have chosen Belgium, France, and Germany. These countries belong to conservative welfare regime type that acknowledges men's supremacy in the labour market, it also offers women the chance to balance work and family responsibilities through family policy measures (Oláh & Neyer, 2021). At the same time, they provide diversity within the regime as France being more family friendly than Germany or Belgium (Wennemo, 1994).

Southern Europe is represented by Italy, Portugal, and Spain. They are part of the "Southern" model that has extremely limited family support and pronounced gender roles (Lewis, 2006, quoted by Oláh & Neyer, 2021, 35).

For a deeper analysis, we have chosen to analyse Estonia, Hungary and Latvia as representatives of the Central-Eastern European region, and post-socialist welfare state regime or most recently called Hybrid welfare state regime (see: Kuitto, 2016). Three countries are prominent as it comes to the state's efforts to support families with children and, at the same time, are distinct with Estonia being the most generous to families with children (Aidukaite, 2021b), Hungary staying in between with more generous support to employed parents with higher income received than to families with meagre labour market opportunities or low income (Szikra, 2018), and Latvia at the end with less public support for families and children (see: Aidukaite, 2021b; Javornik, 2014).

The MISSOC data were utilised to examine support measures for families with children in the selected 15 countries for the years 2016 and 2021 (MISSOC, 2016; MISSOC, 2021). Appendix 1 provides a summary of the measures available in the countries.

Results

In the comparative analysis, the combination of all the five statistical indicators of the compared countries and the EU average (Table 1) provided a clearer picture of each country's efforts in the field of family policy and how they are reflected in the results of family policy. All these data allowed to compare the countries within their own group, with the EU average, as well as to compare the groups of countries.

Table 1. Indicators of the compared countries and the EU average

Group of countries	Country	Total fertility rate	Percentage of third and higher-order births	Share of GDP for family/ children	Percentage of children under 18 at risk of poverty and social exclusion	Percentage of children under three in formal care
Nordic	Denmark	1.79 / 1.72	16.9 / 16.6	3.5 / 3.2	14.0 / 14.0	70.0 / 69.1
	Finland	1.57 / 1.46	24.6 / 23.8	3.1 / 3.1	14.1 / 13.2	29.6 / 39.1
	Sweden	1.85 / 1.67	20.8 / 20.7	3.0 / 2.8	19.7 / 19.7	51.0 / 55.8
Continental	Belgium	1.68 / 1.60	21.4 / 20.9	2.1 / 2.1	23.5 / 20.5	43.9 / 51.7
	France	1.92 / 1.84	22.1 / 23.0	2.4 / 2.2	23.8 / 22.8	48.9 / 57.1
	Germany	1.60 / 1.58	17.5 / 18.3	3.2 / 3.6	20.6 / 23.7	31.7 / 31.4
Anglo-Saxon	Ireland	1.81 / 1.78	27.1 / 26.4	1.6 / 1.1	26.8 / 22.8	20.9 / 15.1
	Malta	1.37 / 1.13	13.2 / 15.0	0.9 / 0.9	23.7 / 23.2	31.4 / 24.0
	UK	1.79 / –	22.3 / –	2.6 / –	27.9 / –	28.4 / –
Southern	Italy	1.34 / 1.25	14.1 / 14.9	1.1 / 1.2	32.7 / 29.7	34.4 / 33.4
	Portugal	1.36 / 1.35	11.8 / 14.0	1.2 / 1.3	27.5 / 22.9	44.4 / 43.3
	Spain	1.34 / 1.19	11.5 / 14.0	1.3 / 1.5	33.7 / 33.4	39.3 / 55.3
Post-Socialist	Estonia	1.60 / 1.61	22.0 / 26.9	2.1 / 2.2	19.7 / 17.4	30.2 / 25.7
	Hungary	1.53 / 1.61	20.7 / 21.4	2.1 / 1.8	38.6 / 23.3	15.6 / 13.8
	Latvia	1.74 / 1.57	20.6 / 24.2	1.6 / 2.1	25.9 / 20.1	25.9 / 29.2
European Union average		1.60 / 1.53	18.1 / 18.7	2.3 / 2.4	27.3 / 24.4	29.1 / 37.9

Source: Eurostat, 2016–2021

The comparison of family support systems in EU countries, grouping them according to the types of family policy (Table 2) revealed that the countries still maintain the characteristic features according to which they are divided into family policy models (Esping-Andersen, 1990; Korpi, 2000; Kuronen, 2010). They determine both the differences of the main features of family support system and targeted support measures for large families.

Table 2. Family support systems in different groups of countries

Group of countries	Countries	Welfare regime	Family support model	The main features of family support system	Targeted support measures for large families
Nordic	Denmark	Social democratic	Dual-earner support	Universal support measures (child benefit, etc.) Gender equality: support measures encourage mothers to participate in the labour market and parents in childcare Well-developed system of early childhood education and care Special benefits for single-parent households due to the orientation of the family policy towards a dual-earner support model (except Sweden)	None
	Finland				From the second child onwards, the benefit for subsequent children increases
	Sweden				From the second child onwards, the benefit for subsequent children increases
Continental	Belgium	Conservative	General family support	The traditional model of a male breadwinner and a female caregiver is weakening and women are increasingly encouraged to participate in the labour market Focus on generous financial support for families with children: benefits and tax rebates Considerable differences in the system of childcare services between and within countries	From the second child onwards, the benefit for subsequent children increases[3]; tax rebates for families with children and tax rebates for childcare costs
	France				Several different benefits; the size of the tax breaks is linked to the number of children (regardless of income)
	Germany				From the third child the benefit for subsequent children increases very slightly; tax allowances for families with children / tax breaks for childcare are available

[3] For children born on or after January 1, 2019, the basic amount of monthly allowance does not depend on the birth order of the child in the family but the social supplement (means-tested) is related to the size and annual income of the household.

Anglo-Saxon	Ireland	Liberal	Market-oriented policies	State provides "basic security": family support is need-oriented The only universal measure is child benefit but only in Ireland it is flat rate Early childhood education and care services are underdeveloped	None
	Malta				None
	UK				None
Southern	Italy	Mediterranean	Market-oriented policies	There is a great lack of support measures for the family There are no universal benefits[4], even child benefit depends on family income Underdeveloped early childhood education and care services that prevent women from increasing their participation in the labour market (except Portugal)	Family card as a new type of voucher for large families to be granted; discounts for expenses related to child-raising; allowance for families with three or more children, granted for a period of 13 months (means-tested)
	Portugal				The amount of the family allowance to be granted to every child shall double after the birth or integration of a second child in the family during the period between 12 and 36 months. As from the birth of the third child in the same household, that amount shall increase threefold
	Spain				€1,000 per birth or adoption in cases of large families
Post-Socialist	Estonia	Post-communist	Transit family support model	Universal child benefit Different support measures for large families The network of state childcare institutions is insufficient, but the state's attention to these services is growing	From the third child onwards the amount of child benefit increases; universal large family benefit; additional amount of tax-free income applies from the second child onwards; housing programme (within the income threshold); pension benefits
	Hungary				The amount of child benefit depends on the number of children; additional benefits for parents or grandparents caring for large families at home; greater tax allowances for large families; two additional days off per child; housing subsidies; transport provision programme
	Latvia				From the second child onwards, the child benefit increases; real estate tax and personal vehicle tax rebates; additional three days of paid leave per year; pension benefits

Source: Prepared by the authors, according to Esping-Andersen (1990), Korpi (2000), Kuronen (2010), MISSOC (2021)

[4] As of January 2022, Italy introduced the so called Single Universal Allowance for children replacing all the family benefits which existed before.

Below, the results of the comparative analysis are presented in more detail, according to group of countries.

Support schemes for large families in Nordic countries

This group of countries includes the countries of the social democratic welfare type (Esping-Andersen, 1990) and the dual-earner support model (Korpi, 2000). They have no institutionalised family policies with designated ministries; therefore, the performance of this function is delegated to several institutions of central government and self-government, none of the countries mentions the family in their constitutions (Kuronen, 2010). Nevertheless, the Nordic countries are showing rather good results in family policy: generous financial support that significantly reduces the costs of raising children, a strong commitment to gender equality and a good work-life balance. Family policy model of the Nordic countries has been experiencing transformations recently due to increasing migration and marketisation of public services (Estevez-Ave & Hobson, 2015; Grødem, 2017; Therborn, 2017), however, it is still the most defamilialising family policy model in the world with the most distinguished feature of the family support system – emphasis on gender equality and commitment to providing services instead of cash benefits (Aidukaite, 2021a; Oláh & Neyer, 2021).

Comparison of the Nordic countries. The comparison of the statistical indicators in this group of countries (Table 1) shows that in all three countries the birth rate declined from 2016 to 2021. The highest decline was felt in Sweden (from 1.85 to 1.67). The birth rate in Finland felt down from 1.57 to 1.46, while Denmark experienced moderate decline from 1.79 to 1.72. Despite the decline, in Denmark and Sweden this indicator is well above the EU average (1.60/1.53). Finland's total birth rate is slightly lower than the EU average and continues to decline (1.32 in 2022 (Eurostat, 2022)).

The comparison of the third and higher-order birth rates shows that this indicator is rather stable over time in Finland (24.6%/23.8%) and Sweden (20.8%/20.7%) if 2016 and 2021 data are compared, and in both countries, it is above the EU average (18.1%/18.7%). However, Denmark deviates (16.9%/16.6%) from the other Nordic countries and shows worser results than the EU average. The third and higher-order birth rates in Sweden and Finland may be explained by several factors, including gender equality in these countries, where women are encouraged to participate in the labour market and men in family life (Hiilamo, 2002; Leitner, 2003). It should be noticed that the countries that are more liberal in terms of gender roles in family life are also those with preferences for large families (Letablier et al., 2009).

Comparing the share of GDP for family and children, it is above the EU average (2.3%/2.4%) in all three Nordic countries examined, and in this respect, Denmark stands out (3.5%/3.2%). This can be explained by the large share of GDP devoted to formal care of children – as much as 1.4% in 2016 and 1.2% in 2021. Significant Danish investment in child and family policy is likely to prevent social risks, as the proportion of children under 18 at risk of poverty and social exclusion in Denmark (14% both, in 2016 and 2021) is much lower than the EU average (27.3%/24.4%). Finland (14.1%/13.2%) has a similar proportion of children under 18 at risk of poverty and

social exclusion as Denmark, but Sweden's proportion is higher (19.7% both, in 2016 and 2021). The poorer Swedish indicator may be due to the fact that Sweden does not have support measures for single-parent families which Denmark and Finland have (see: Appendix 1), so in the Scandinavian dual-earner/dual-career family support system, these families face financial difficulties, and this automatically affects the well-being of children.

The percentage of children under three in formal care is the highest in Denmark (70%/69.1%), which is approximately twice the EU average (29.1%/37.9%). Sweden (51%/55.8%) is also well above the EU average. According to this indicator, Finland ranks last in this group (29.6%/39.1%) but is still a bit higher than the EU average. Relatively low percentage of children under three in formal care in Finland may be affected by the child home care allowance paid to families who care for their children under the age of three at home or by other arrangement instead of using day care provided by municipalities (Kela, 2020). It is interesting to point out that the percentage of children under three in formal care increased over time (from 2016 till 2021) in Sweden and Finland, while remained stable in Denmark.

The comparison of the family support systems of all three Nordic countries (Table 2) shows that their most important feature is the orientation towards the empowerment of the family itself. This is facilitated by a well-developed system of ECCE, the implementation of gender equality by including women into the labour market and men into the family life. In other words, the distinctive features of the Nordic family model are the "emphasis on services and on the father's involvement in childcare" (Aidukaite, 2021a, 30).

While comparing the support provided by the Nordic countries for large families, attention should be paid to the context of the family policy in the first place. All three countries have relatively generous universal family benefit and good conditions for work-life balance, which are usually ensured by two wages. Families with only one employed person receive additional benefits in Denmark and Finland. Finland and Sweden pay additional benefits to families with two and more children, but none of the three countries have tax breaks or other targeted measures for large families (see: Table 2 and Appendix 1). This configuration of family support measures ensures a relatively high standard of living for all families, including larger ones.

Support schemes for large families in Continental countries

As per the typology of welfare regimes by Esping-Andersen (1990), Continental countries are classified as a conservative model, and according to Korpi (2000), as a general family support model. Families traditionally are explicitly supported in these countries, as illustrated by high levels of transfers to families (Thevenon, 2011).

Comparison of the Continental countries. Comparing the statistical indicators of Belgium, France, and Germany (Table 1), the largest share of GDP for family and children is in Germany (3.2%/3.6%), which significantly exceeds the EU average (2.3%/2.4%). Belgium (2.1%, both in 2016 and 2021) and France (2.4%/2.2%) lag behind Germany but are close to the EU average. The shares of children under 18 at

risk of poverty and social exclusion are quite similar in Belgium (23.5%/20.5%), France (23.8%/22.8%), Germany (20.6%/23.7%) and Belgium are slightly below the EU average (27.3%/24.4%). These results are backed by generous financial incentives in all three countries.

In the group of Continental countries, France has the highest total fertility rate (1.92%/1.84%), while both Belgium and Germany are quite similar (1.68%/1.60% and 1.60%/1.58%, respectively) and to the EU average (1.60%/1.53%). France's leadership in this area may be due to the most generous system of family benefits in this group of countries (the only country of all examined has support measures in all categories, see: Appendix 1; Wennemo, 1994). It also explains the largest share of third and higher-order births in France (22.1%/23%). This indicator shows that France is ahead of Belgium (21.4%/20.9%), Germany (17.5%/18.3%), and the EU average (18.1%/18.7%).

Regarding the participation of children under 3 in formal care, again France stands out with the rate (48.9%/57.1%) exceeding the EU average by 20% (29.1%/37.9%). The German rate of children under 3 in formal care (31.7%/31.4%) is the lowest in this group and closest to the EU average (29.1%/37.9%). The Belgian share of children under three in formal care (43.9%/51.7%) is closer to France than Germany.

All three countries provide relatively high levels of financial support through benefits and tax breaks (see: Table 2 and Appendix 1). This support is still marked by "conservatism", however, gender equality and work-life balance are not obvious drivers of policy support (Thevenon, 2011).

Summarising the support for large families in the Continental countries, it must be noted that all of them support this group of families, nevertheless, France is the leader. This can be explained by the fact that large families have already become a part of French culture. According to Bujard et al. (2019), in France, large families have a completely different status than in many European countries. Clear incentives for large families exist not only in the tax system but also in culture – couples with three or more children are highly valued here. The tax relief for the third child is twice as high as for the first two, which is particularly attractive to middle-class families. Therefore, France can be considered the country which supports large families the most – both in this group and, perhaps, in the EU (Thevenon & Gauthier, 2011; Table 2; Appendix 1).

Support schemes for large families in Anglo-Saxon countries

Ireland, the United Kingdom[5], and Malta belong to the Anglo-Saxon group of the EU countries (Kuronen, 2010). In the typology of Esping-Andersen (1990), Anglo-Saxon countries represent the liberal regime, where the state has the least responsibility for the well-being of families. According to Korpi (2000), these countries illustrate a market-oriented model of family support, where individuals are encouraged to create their own well-being. According to Thevenon (2011), the Anglo-Saxon countries

[5] The initial analysis was carried out before the United Kingdom withdrew from the European Union in 2020.

lie at the opposite end of the public-support spectrum from the Nordic countries. Family policy in these countries is characterised by weak state intervention, demand-driven support, and an important role of the market. However, they also have differences, as Malta and Ireland have stronger familialist traditions than the UK (Kuronen, 2010).

Comparison of the Anglo-Saxon countries. The comparison of the statistics of the Anglo-Saxon group of the EU countries (Table 1) shows that Malta has the lowest total fertility rate (1.37%/1.13%) of all the examined countries, and it is well below the EU average (1.60%/1.53%). Meanwhile, Ireland (1.81%/1.78%) and the UK (1.79% in 2016) are well above the EU average (1.60%/1.53%). Probably, it is due to the share of third and higher-order births, which is particularly high in Ireland (27.1%/26.4%). This indicates that Ireland surpasses the Scandinavian countries and France and leads in the entire EU. Ireland's lead may be explained by cultural factors such as the strong influence of the Catholic Church, and the long-standing constitutional ban on abortion (see: Canavan, 2012), repealed in 2018. Compared to Ireland, Malta is more than twice behind (13.2%/15%). The UK (22.3% in 2016) is in between them.

Percentage of children under 18 at risk of poverty and social exclusion in Ireland (26.8%/22.8%) and the UK (27.9% in 2016) is like the EU average (27.3%/ 24.4%), and Malta is slightly below (23.7%/23.2%). The rate of children under three in formal care is smallest in Ireland and it dropped significantly in five years from 2016 till 2021 (from 20.9% to 15.1%). The same change is observed in Malta (from 31.4% to 24%). The share of children in formal care in the UK in 2016 was close to the EU average (28.4% and 29.1%, respectively).

Summarising the family support systems of the Anglo-Saxon countries compared (Table 2), it can be concluded that the financial incentives focus on low-income families in all three countries. Although all have a child benefit, its amount is flat rate (i.e., it does not depend on family income) only in Ireland (Appendix 1). The UK pays a child benefit, but above a certain income threshold, a part of the child benefit has to be paid back in tax (UK Government, 2020). In Malta, the amount of the benefit depends directly on the family's income (Department of Social Security of Malta, 2020) (Appendix 1).

The Anglo-Saxon countries have no support measures for large families (see: Table 2). Moreover, in Ireland and the UK, some support measures have discriminatory features towards larger families: in Ireland, the back to work family dividend, the total amount of which depends on the number of children, is paid only for four children (Irish Government, 2020), while in the UK, the child benefit from the second child onwards even decreases (UK Government, 2020). Moreover, the UK has a special attitude towards large families, as this social group is considered problematic here. Studies (Bradshaw et al., 2006) showed that children in large families are more likely to have a parent who is unemployed, low-educated, from a minority ethnic group and has other characteristics that are associated with a higher risk of child poverty. According to Bradshaw et al. (2006), the UK policies are not particularly sensitive to the needs of large families. The especially high poverty rate among large families in the UK may suggest absence of more decisive action by the state to address the problems of such families, as poverty is determined not only by the existing or implied

characteristics of the family but also by the state's family policy (Bradshaw et al., 2006). In the absence of universal benefits and lack of incentives for women to participate in the labour market, large families fall into the category of the most vulnerable social groups and risk being marginalised. This creates preconditions for their stigmatisation, and negative public opinion creates barriers for the state to try to solve the problems of such families.

Support schemes for large families in Southern countries

Greece, Italy, Spain, Cyprus, and Portugal represent the group of Southern countries in the EU (Kuronen, 2010). In the original Esping-Andersen (1990) typology of welfare regimes, these countries, except Italy, were not included into the analysis. Italy was attributed to the conservative-corporatist regime. Therefore, Leibfried (1992, quoted by Arts & Gillessen, 2002) singled out the fourth welfare regime, which was named the Latin Rim. The Latin Rim/Mediterranean regime included such countries as Spain, Italy, Portugal, and France and was characterised by "the lack of an articulated social minimum and a right to welfare" (Arts & Gillessen, 2002, 145). Soon, Esping-Andersen (1999) himself agreed that the unique model of Southern Europe ultimately depends on the crucial role of families.

The Mediterranean countries share similarities with the Continental systems in male-breadwinner and female-carer traditions and Catholic influences (Kuronen, 2010), but the distinguishing feature of the Southern countries is familialism. According to Esping-Andersen (1999), familialism easily goes hand-in hand with a passive and underdeveloped family policy.

It is necessary to emphasise that these countries have the lowest birth rates in Europe. This is related to the still relevant traditional perception of the family with a male breadwinner and a female carer. According to McDonald (2000), the more traditional the society regarding its family system, the greater is the level of incoherence between social institutions and the lower is fertility. This may explain why the lowest birth rates are typical of Southern European countries and other societies with traditional, male-dominated families. State duties to protect the family are prescribed in the constitutions of all the three compared Southern countries (Kuronen, 2010). Nevertheless, Southern countries are characterised by a "deficit" of policies, whichever aspect is considered (Thevenon, 2011).

Comparison of the Southern countries. The comparison of the statistical indicators (Table 1) shows that Italy has a lower rate of children under 3 in formal care (34.4%/33.4%) than Portugal (44.4%/43.3%), and Spain (39.3%/55.3%). These indicators for Portugal and Spain are well above the EU average (29.1%/37.9%). Portugal's rate of children under 18 at risk of poverty and social exclusion (27.5%/22.9%) is close the EU average (27.3%/24.4%), while Spain's (33.7%/33.4%) and Italy's (32.7%/29.7%) indicators are lower.

The share of GDP for family and children in Italy (1.1%/1.2%) is twice as low as the EU average (2.3%/2.4%). The indicator of Portugal is a bit higher (1.2%/1.3%) as well as the rate of Spain (1.3%/1.5%), but it is still well below the EU average.

Meanwhile, total fertility rate in Italy (1.34%/1.25%), Spain (1.34%/1.19%), as well as Portugal (1.36%/1.35%) is well below the EU average (1.6%/1.53%). This does not necessarily mean that families in the Southern countries want fewer children. As Gauthier (2007) notices, the gap between ideal and actual birth rates is highest in the Southern countries, where families receive very limited state support. Therefore, it is very likely that the low birth rates in Southern countries are caused by their modest family policies. The same is true for the share of third and higher-order births. The indicators of Spain (11.5%/14%) and Portugal (11.8%/14%) are the lowest of all the analysed countries. The situation in Italy is slightly better (14.1%/14.9%) but its share of third and higher-order births also lags far behind the EU average (18.1%/18.7%).

Summarising family support schemes of the Southern countries (Table 2), one should agree with Kuronen (2010) that regarding family allowances, the Mediterranean countries have taken different paths but are sharing their low level. In all three states, there is a lack of support measures for family, and the existing ones focus only on lowest income families.

Although there are special support measures for large families in Southern countries, they all apply means-tested (see: Table 2) and can, therefore, reduce poverty in large families to some extent but it is difficult to expect them to serve as an incentive to have larger families. This is evidenced by the third and higher-order births rates and total fertility rates in Southern countries, which are among the lowest in the EU (Table 1).

Support schemes for large families in post-socialist countries

The group of post-socialist countries, also known as post-communist countries, includes 10 countries of the EU: Bulgaria, the Czech Republic, Estonia, Latvia, Lithuania, Poland, Romania, Slovakia, Slovenia, and Hungary. According to Kuitto (2016, 2), over the last quarter of a century, the social welfare system of the post-communist countries of Central and Eastern Europe (CEE) has undergone a thorough transformation along with their political and economic systems: "Reforming the welfare policy arrangements and making them work effectively has been one of the central challenges for the new democratic regimes, as economic transformation has been accompanied by wide-ranging social costs".

After the collapse of the communist regime, all CEE countries started from similar position; however, the different results achieved during that time indicate that different paths had been chosen. These countries can very relatively represent the same family policy model, as their alliance is based more on the same historical experience than on the uniformity of their family policy trajectories. CEE countries are characterised by transit family policy: interim, difficult to describe and highly diversified (Stankūnienė et al., 2013). For this reason, these different CEE countries can hardly be categorised into a separate model according to their family policy, as it is a specific group of countries in the sense that their family policies are based on different family traditions, religion, and culture. The similarities between the CEE countries are more institutional in nature, they stem from similar historical experiences and challenges in the transition to democracy and a market economy (Aidukaitė et al., 2012).

However, until there is no more definite typology based on these differences, we believe that these countries have enough similarities to be classified as a general group of post-socialist countries.

Comparison of the post-socialist countries. The analysed post-socialist countries have a wide range of support options for large families, covering all three groups of McDonald's (2000) support measures, i.e., financial incentives, support for parents to combine work and family, and social change supportive of children and parenting (especially in Estonia and Latvia) (see: Table 2 and Appendix 1).

The comparison of the indicators of the post-socialist countries (Table 1) shows all three countries stand out for their very high numbers of third and higher-order births. Estonia (22.01%/26.9%), Latvia (20.6%/24.2%), and Hungary (20.7%/21.4%) are well above the EU average (18.1%/18.7%). It is worth noting that the percentage of third and higher-order births has increased in all three countries from 2016 to 2021. If we examine longer period, it can be observed that in Hungary, this indicator has always been high, while in Estonia and Latvia it has increased only recently. The share of third and higher-order births in the total number of births in the decade since 2011 (Eurostat, 2011) until 2021 grew by 5.8 percentage points in Estonia (from 21.1% to 26.9%) and 7.1 percentage points in Latvia (from 17.1% to 24.2%), meanwhile in Hungary, no significant growth has been recorded (from 21.3% to 21.4%), but as aforementioned, the country has a consistently high rate of third and higher-order births.

Estonia's total fertility rate (1.60/1.61) is similar to Hungary's (1.53/1.61). In 2016, Latvia was the leader of this group (1.74) and in 2021 it became the last (1.57) of the three countries. In Estonia and Hungary, total fertility rate slightly increased from 2016 to 2021, while in Latvia it has decreased. In all three post-socialist countries total fertility rate is slightly higher than the EU average (1.60/1.53).

In all three countries, the share of GDP for family and children is lower than the EU average (2.3%/2.4%), but worth to mention that in the period from 2016 to 2021 this indicator decreased in Hungary (from 2.1% to 1.8%), significantly increased in Latvia (from 1.6% to 2.1%), and remained stable in Estonia (2.1%/2.2%). Meanwhile, the rate of children under 18 at risk of poverty and social exclusion in Estonia (19.7%/17.4 %) and Latvia (25.9%/20.1%) is below the EU average (27.3%/24.4%). Hungary constitutes an interesting case as the rate of children under 18 at risk of poverty went considerably down from 38.6% in 2016 to 23.3% in 2021. In terms of participation of children under 3 in formal care, Hungary (15.6%/13.8%) lags twice behind Estonia (30.2%/25.7%), Latvia (25.9%/29.2%), and the EU average (29.1%/37.9%).

Summarising the family support systems of the post-socialist countries (Table 2), they are favourable to large families. All three countries have family benefits, the amount of which depends on the number of children, as well as tax benefits calculated according to the same principle. In all three countries, support for large families is complex, as they not only receive more generous child benefits and tax breaks (except Latvia) but can also benefit from measures such as real estate or vehicle tax breaks, pension benefits, housing or transport schemes, additional paid holidays for children

(Table 2). The share of large families in these countries is one of the highest in Europe, so it can be argued that targeted support measures for this group encourage them to have more children.

Conclusions and discussion

In this article, we aimed at comparing the family support schemes that affect large families in the selected EU countries. Based on the regimes/models defined by Esping-Andersen (1990), Korpi (2000), and Kuronen (2010), and their related guidelines, we grouped them into five welfare state and family policy models.

It is no coincidence that the analysis of the situation of large families in the countries of the EU pays considerable attention to the general context of family policy. Overall family support measures may or may not leave the need for targeted measures for large families. This is illustrated by the example of the Nordic countries. The Nordic model with its service-oriented, gender-equal, and universalist approach provides a strong foundation for supporting large families even in the absence of specific targeted measures.

The Continental countries provide substantial support for families, especially through financial measures, but France clearly stands out in promoting and supporting large families through both policies and cultural attitudes. The broadest and most generous benefits system of France is reflected in its outcomes, namely, the highest fertility rate and the largest share of third and higher-order births.

The Anglo-Saxon countries provide limited support for large families and have market-oriented welfare models. While these countries focus on low-income families with financial incentives, the support is often inadequate for larger families, which may face stigmatisation, higher poverty risks, and less access to formal childcare. Ireland stands out with its relatively higher fertility rates, but even there, the support for large families is insufficient and sometimes discriminatory.

The Southern countries are characterised by familialism and limited state support. Traditional family models, combined with limited state intervention, result in insufficient support for larger families. Although there are some means-tested measures for large families, they do not provide adequate incentives to increase fertility or improve family well-being. As a result, Southern countries have some of the lowest fertility rates in Europe, and low third and higher-order birth rates indicate a lack of significant state support for families, especially large ones.

The post-socialist countries have implemented family policies that provide strong support for large families. These countries offer a variety of family support measures in reducing child poverty and promoting family welfare, namely, investing in family-friendly policies, particularly, in areas like childcare, housing, and tax incentives, which have led to higher fertility rates and increased number of third and higher-order births.

The comparison of family support systems (see: Table 2), specific support measures for families with children (see: Appendix 1), and quantitative data (see: Table 1) of the analysed EU countries, grouping them into family policy models, allows us to conclude

that the needs of large families are most effectively met (as evidenced by high rates of third and higher-order higher-order births, high total fertility rates and relatively low rates of poverty and social exclusion) in the Nordic countries with their high economic development, strong universal family policy framework, i.e., emphasis on services over cash benefits, gender equality, and work-life balance, ensure the well-being of larger families without special targeted measures provided to them. Second are the Continental countries distinguished by generous financial incentives through child benefits, tax breaks, and other family-oriented measures for large families, where France stands out for its proactive approach to this type of families. And third are the analysed post-socialist countries providing targeted financial support, tax breaks, and additional social benefits, contributing to higher fertility rates and a growth in third and higher-order births. The post-socialist countries have measures to support large families that are not typical of other groups of countries, such as pension benefits, housing or transport schemes, additional paid holidays for children.

The comparative analysis shows that the countries of the EU still maintain the characteristic features according to which they are divided into family policy models, determining both the differences of support systems between the group of countries and the different support schemes for large families within them. This suggests that family policy does not change so quickly. Though some differences can be seen within the models, nevertheless these differences are not so significant as to fundamentally shake the foundations of the country groups they are divided into.

Appendix 1. Support measures to families with children in analysed countries in 2016–2021 (MISSOC)

Group of countries	Nordic			Continental			Anglo-Saxon			Southern			Post-Socialist		
Countries / Categories of support measures	Denmark	Finland	Sweden	Belgium	France	Germany	Ireland	Malta	UK	Italy	Portugal	Spain	Estonia	Hungary	Latvia
Maternity leave	+/+	+/+	+/+	+/+	+/+	+ / +	+/+	+/+	+/n.a.	+/+	+/+	+/+	+/+	+/+	+/+
Paternity leave	+/+	+/+	+/+	+/+	+/+	-/-	-/+	+/+	+/ n.a.	+/+	+/+	+/+	+/+	+/+	+/+
Parental leave	+/+	+/+	+/+	+/+	+/+	+/+	-/-	-/-	-/n.a.	+/+	+/+	-/-	+/+	+/+	+/+
Child benefit (universal)	+/+	+/+	+/+	+/+	+/+	+/+	+/+	-/-	+[6]/n.a.	-/-	-/-	-/-	+/+	+/+	+/+
Child benefit (means-tested)	+/+	-/-	-/-	-/+	+/+	-/-	-/-	+/+	-/n.a.	+/+	+/+	+/+	-/-	-/-	-/-
Childcare allowance	+/+	+/+	-/-	-/-	+/+	-/-	-/-	-/-	-/n.a.	+/+	-/-	-/-	-/+	-/-	-/-
Free or subsidised childcare facilities	n.a./+	n.a./+	n.a./+	n.a./+	n.a./+	n.a./+	n.a./+	n.a./+	n.a./ n.a.	n.a./+	n.a./+	n.a./-	n.a./+	n.a./+	n.a./+
Birth and adoption grants	+[7]/+[8]	+/+	+[9]/+[10]	+/+	+/+	-/-	-/-	+/+	+/n.a.	+/+	-/-	+/+	+/+	+/+	+/+
Allowance for single parents[11]	+/+	+/+	-/-	-/+	+/+	-/-	+/+	-/-	+/n.a.	-/-	+/+	-/-	+/+	+/+	-/-
Special allowances for children with disabilities	+/+	+/+	+/+	+/+	+/+	-/-	+/+	+/+	+/n.a.	-/-	+/+	+/+	+/+	-/-	+/+
Advance on maintenance payments	+/+	+/+	+/+	-/-	+/+	+/+	-/-	+/+	+/n.a.	-/-	-/-	-/-	+/+	+/+	+/+
In-work benefits (tax credits)	n.a./-	n.a./-	n.a./-	n.a./-	n.a./+	n.a./-	n.a./+[12]	n.a./+	n.a./ n.a.	n.a./+	n.a./-	n.a./-	n.a./-	n.a./-	n.a./-
Tax concessions	n.a./-	n.a./-	n.a./-	n.a./+	n.a./+	n.a./+	n.a./-	n.a./+	n.a./ n.a.	n.a./+	n.a./+	n.a./+	n.a./+	n.a./+	n.a./-

[6] No variation with income, but a tax charge applies in the case of income over GBP 50,000 (€67,752) per year.
[7] Adoption Grant is paid only in case of adoption of a foreign child.
[8] Adoption Grant is paid only in case of adoption of a foreign child.
[9] Adoption Grant is paid only in case of adoption of a foreign child.
[10] Adoption Grant is paid only in case of adoption of a foreign child.
[11] Or larger amount of child benefit for single parent families.
[12] A Single Person Child Carer credit of €1,650 is available only to single parents.

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Old age pensions lower than the minimum pension in Poland – whose problem is it and what are the potential solutions?

Abstract

"Paltry pensions" (Pol. emerytury groszowe) are old age pensions that are lower than the statutory minimum pension. This type of retirement benefit is a relatively new phenomenon in the Polish social security system. As many as 400,000 people received "paltry pensions" in 2023, with an upward trend forecast for the years ahead. The reform of the Polish pension system of 1999 generated circumstances conducive to the emergence of "paltry pensions" as a side effect of the implementation of the defined contribution principle. The article aims to explore the perspectives of diverse stakeholders on the causes, consequences, and policy relevance of this phenomenon. It also includes an analysis of their opinions on social justice principles in the context of pension systems. For this purpose, the article employs 15 qualitative interviews with

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experts representing various stakeholders of the universal pension system in Poland. The result is the mapping of the differences and similarities in the positions of stakeholders with diverse interests and political influence and an overview of these stakeholders' approaches to the future of pension policy in Poland.

Keywords: Polish Social Insurance Institution, pension policy, paltry pension, pension poverty

1. Introduction

Pension reforms have been the topic of discussion in Europe for several decades. The European Union institutions were among those who advocated a direction aimed at a significant improvement of public insurers' financial health as well as more considerable adaptation of existing solutions to new demographics and the labour market. However, some experts pointed to a major risk of proposed changes: a decline in the average value of pensions relative to wages.

One of the first reforms implemented in the new economic spirit was the Polish reform of January 1, 1999. Its financial objectives included a reduction in the obligatory subsidy from the state budget to the pension system and a reduction in the contributions collected from the working population. These goals went hand in hand with the idea of individual pension responsibility. The reform proposed that every working person paying at least one contribution to the Social Insurance Fund – a state fund administered by the Polish Social Insurance Institution – became entitled to a monthly pension. However, the size of old-age pension payments for individuals who failed to achieve the minimum insurance period of 25 years for men and 20 years for women would depend solely on the contributions made. Such provisions generated benefits with a value lower than the minimum pension, which became known as "paltry pensions" in the public debate.

At the end of 2023, over 400,000 pensioners were receiving pensions lower than the minimum pension. This number represents almost 9.7% of all new-system pensions paid that year (ZUS, 2024). Moreover, experts point to an upward trend – in 2013, the number was 50,000. The focus of studies concluded to date was on the scale of the phenomenon or the exploration of its social and economic causes (Bieńkowski & Życzyńska-Ciołek, 2023; Szukalski et al., 2023a, 2023b). The key question, however, is whether "paltry pensions" pose a serious risk to the Polish pension system.

The study focuses on the perceptions of the phenomenon of "paltry pensions" in the context of justice and pension policy objectives[2]. This article presents the findings based on the analysis of 15 in-depth expert opinion-interviews with stakeholders, who are representatives of groups at risk, civil servants, scholars, trade unionists, as well as policymakers. The three research questions are as follows:

1. How do the experts understand the principles of social justice and effectiveness of the pension system?

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2. How do the experts assess the phenomenon of "paltry pensions"?
3. What solutions do experts suggest?

The article begins with an overview of the key pension policy objectives and social justice principles, which also includes the reform of the Polish pension system of 1999. The presentation of the survey methodology and the description of the interviewees precede the analysis of the interviews. The conclusions summarise the principal arguments, areas of consensus, and points of contention among stakeholders.

2. Theoretical framework and historical context

2.1. Objectives of pension policy as social policy

Since the Second World War, pension systems have been the focal point of relations between modern states, the free market, society, the family, and the individual. The ways in which individuals acquired pension rights, the extent of guaranteed benefits, and the role of the private sector in insurance were of primary importance to the implementation of pension policy objectives (Esping-Andersen, 1990).

The end of the 20th century and the beginning of the 21st century brought changes to the typical employment trajectories and the contradiction between the competitiveness of economies and the level of social security resurfaced (Hughes & Stewart, 2000). Moreover, population ageing increased the pension burden on those of working age. In consequence, new strategies of pension policy began to emerge. The conclusions of the Stockholm European Council of 2001 are an example of these solutions. The objectives of pension policy, such as counteracting old-age poverty, allocating income over the life cycle, or ensuring social solidarity, became supplemented and made more detailed within the new framework, whose most important components included pension adequacy and the financial sustainability of systems (European Council, 2001).

The financial sustainability of public pension systems determines the way in which pension liabilities are defined and funded. There are two most prevalent benefit generation methods: defined contribution and defined benefit, while in the context of funding, there is the pay-as-you-go system and the capital-funded system (Peris-Ortiz et al., 2020). Adequacy refers to the ability of the system to protect against old-age poverty and to maintain a standard of living after retirement (Holzmann & Hinz, 2005). An important factor is equitable redistribution that pension policy pursues.

This article uses the term "pension system's effectiveness" as a combination of the system's adequacy and financial sustainability. In addition to effectiveness, the second element in the analysis of stakeholder opinions is their view of the implementation of social justice principles in the Polish pension policy.

2.2. Principles of social justice in pension policy

While adequacy and financial sustainability are the main concerns of pension experts, the third most debated issue focuses on social justice and equity (Hughes &

Stewart, 2000). The literature considers more specific concepts such as insurance justice or intra- and intergenerational solidarity (Concialdi & Lechevalier, 2004; Beetsma & Bovenberg, 2009). However, this article does not use these concepts and instead focuses on the alternative notion that the pension system is not primarily a financial or demographic problem, but a political one (Cremer & Pestieau, 2000). The political implication of social justice in the context of pension policy relates primarily to wealth redistribution and contributions. Redistribution in pension policy takes the form of one of the following principles: (1) "to each the same"; (2) "to each according to their needs" (together they form a group of egalitarian principles), (3) "to each according to their work" (merit/contribution principle) (Perelman, 1963).

The literature provides analyses of the factors that determine whether particular pension systems are perceived as fair. Individual factors suggest that an individual's position in society influences preferences for redistributive rules (Rawls, 1971). In the case of pensions, the exposure to social risk plays significant role: people with resources that minimise the risk of poverty in old age prefer meritocratic principles, while people without resources favour egalitarian principles (Arts & Gelissen, 2001). Contextual factors arise from the structure of social welfare institutions and public policies. The presence of a particular form of redistribution in public policy is correlated with greater support for the corresponding rule of justice for a given social problem (Reeskens & Van Oorschot, 2013). Based on the results of the 2008 wave of the European Social Survey, Reeskens and Van Oorschot found that respondents with better protection against social risks, i.e., with higher education and subjectively good income, were more likely to favour the principles of equity over equality. The existing pension contribution rules also proved to be significant: in countries with earnings-related rules, the probability of preferring equity was much higher compared to the others, while in the case of the universal system of pension redistribution (in Denmark), the probability of preferring equity was much lower (Reeskens & Van Oorschot, 2013).

A study by researchers at the University of Konstanz (Breyer et al., 2024) provides a compelling comparison for analysis based on international surveys. To investigate the perception of redistribution rules in the German pension system and their fairness, a survey experiment was conducted among a representative group of German citizens and elected politicians. The results showed a significant difference in the views of citizens and politicians. Politicians were more likely than citizens to see the current system as fair and to prefer a lower degree of potential redistribution between the highest and lowest earners. Interestingly, elected representatives involved in pension policy-making wanted more egalitarian forms of redistribution than other politicians.

In the analysis of qualitative interviews with pension system stakeholders, individual factors may play a limited role. Contextual factors, in addition to those arising from interests and positions in the pension system, contribute in this article to further explaining differences (or similarities) in the assessment of the justice of pension rules between stakeholders with different levels of influence and connection to the system.

2.3. The reform of the Polish pension system of 1999

The historical context for the reform was the political changeover after the collapse of the Eastern Bloc in 1989. The pension system inherited from the previous regime was fully state-owned and based on the defined benefit principle. The transition period thoroughly shook up the system's financial sustainability. On the one hand, unemployment increased significantly, resulting in a decrease in revenue to the system, while on the other hand, the right to early retirement and the calculation manner of benefits resulted in a dynamic increase in costs (Müller, 2008).

Faced with these challenges, Polish policymakers opted for a public-private system divided into three pillars: (1) a public pay-as-you-go system based on defined contributions; (2) capital-funded pension insurance managed by the private sector, voluntary for those born between 1949 and 1968, compulsory for those born in 1969 and later; (3) voluntary financial products. Such measures linked the benefit amount to the sum of the contributions made by individuals in their lifetime.

The reform covered all individuals born on or after January 1, 1949. For those who worked before January 1, 1999, the state calculated the initial capital, namely, it recreated the amount of contributions paid in accordance with the old pension rules. The state introduced a minimum pension, i.e., a statutory minimum value of the pension benefit for those with a documented minimum work period (20 years for women, 25 for men) who had not accumulated sufficient funds in their individual accounts. However, not all forms of employment were subject to contributions or counted towards the work periods at the time of reform implementation, e.g., some types of civil law agreements were excluded.

The Polish pension system of 1999 implemented the merit principle of social justice. Although introducing a minimum pension for individuals with sufficiently long work periods seems to incorporate the egalitarian principle, the distinctiveness of the provisions for minimum pensions and their funding from a budget subsidy (rather than contributions) points to the auxiliary nature of this principle.

Public opinion polls on the pension system before and after 1999 provide additional context for assessing the current pension system. Before the reform, polls showed widespread dissatisfaction with the pension system, up to 66% (CBOS, 1995). In 1998, one-third of respondents hoped for an improvement, more so among the better educated and financially affluent. The majority also expected at least the same, if not higher, pensions in relation to wages in the new system. More than half were in favour of linking the level of contributions to the level of benefits (CBOS, 1998). After the reform, opinions about the system shifted – the number of respondents dissatisfied with the pension system increased from 38% in 2001 to 56% in 2011 (Binaś, 2020). The percentage of people expecting lower pensions in the future also increased: from 8% in 1998 to 56% in 2013. Simultaneously, 70% of respondents believed that the state was responsible for ensuring income in old age. However, the better the socio-economic situation, the more people recognised individual responsibility (CBOS, 2013).

In summary, while the demand for reform was universal, the new arrangement polarised Polish society into a stable minority of the more affluent people, who were relatively satisfied with the system, and a group of the disappointed, which grew in the

following years. Nevertheless, research shows that most Poles supported earnings-related rules even before the reform. The resilience of these sentiments is supported by the 2008 ESS: 67% of Poles surveyed believed that people with higher incomes should receive higher pensions, and 28% that everyone should receive the same regardless of income (Reeskens & Van Oorschot, 2013). This supports the assertion that the merit principle in the post-1999 pension system is accepted by the majority of society.

3. Research material and methods

3.1. Expert opinion-interview method

The research material consists of 15 expert opinion-interviews conducted between May 2022 and March 2024[3]. The expert opinion-interview method allows for generating unique knowledge stemming from experts' experience but also for reflecting the structure of the dispute over goals and values of the pension system and its potential changes (Bogner et al., 2009). The latter aim was decisive in the selection of the experts. The study used two-level stakeholder characterisation: having a distinguishable (1) interest in and (2) potential to influence the objectives and implementation of pension policy (Brugha & Varvasovszky, 2000; Mehrizi et al., 2009).

Due to this two-level stakeholder approach, the study presents a spectrum of pension scheme assessments (see also Table 1):

- Primary stakeholders share their significant influence on pension policy. This group includes policymakers, high-level executives at the Polish Social Insurance Institution, members of supervisory institutions (Supervisory Board of the Polish Social Insurance Institution), and members of consultative bodies for dialogue between the government and social partners (Social Dialogue Council). Stakeholders from this group have intensive, often direct contact with each other, which might influence their converging opinions on the functioning of pension policy despite the stakeholders' differing interests;
- Secondary stakeholders constitute a heterogeneous group in terms of influence, interest, and links to pension policy. Its members represent diverse viewpoints: (1) academic or independent experts focus on evaluating the overall outcomes of pension policy; (2) mid- and low-level state bureaucrats provide descriptions of direct interactions with people of retirement age; and (3) NGOs and grassroots organisations assess the situation from the perspective of social justice.

Moreover, the author identified additional division. Two stakeholder groups in the course of the study and subsequent analysis can be distinguished:

- those who have a high level of knowledge of social security as a result of their education, profession, or role in the system (working in supervisory institutions, co-creating the reform of 1999) [R2, R5, R8, R10, R11, R13, R14, R15].
- those who have strong links to employee interests resulting from membership in or cooperation with one of the trade unions, including those outside the main social partners [R7, R8, R10, R15].

[3] The interviews were conducted by Piotr Drygas, Danuta Życzyńska-Ciołek, and Ewa Potępa.

Table 1. Stakeholder categorisation

Stakeholder category	Stakeholder type	Role in pension policy	Objectives	Respondents' ID[4]	Current participation in consulting or supervisory institutions?	Took part in the reform of 1999?
Primary (high influence potential)	Political decision-makers	creation and implementation of legislative and executive acts	shaping the pension system in accordance with political interests	R15	yes (member of the Social Dialogue Council)	yes (MP passing the reform)
	Social partners – unions	reviewing laws and legal acts	favourable retirement conditions for employees, especially those unionised	R8	yes (expert for the union's representatives in the Social Dialogue Council)	
				R10	yes (member of the Social Dialogue Council)	
	Social partners – employer organisations	reviewing laws and legal acts	reducing the contribution burden on labour costs	R14	yes (member of the Supervisory Board of the Polish Social Insurance Institution)	yes (co-creator of the third pillar)
	Social partners – others	reviewing laws and legal acts	improving the welfare of represented groups	R5	yes (member of the Supervisory Board of the Polish Social Insurance Institution)	
	Polish Social Insurance Institution – top management	implementation of pension policy	effective collection of contributions and payment of benefits	R13		

[4] The order corresponds to the chronology of the expert opinion-interviews.

Stakeholder category	Stakeholder type	Role in pension policy	Objectives	Respondents' ID[5]	Current participation in consulting or supervisory institutions?	Took part in the reform of 1999?
Secondary (medium or small influence potential)	academic researchers, independent experts	evaluating pension policy, advising other stakeholders	shaping public debate on the pension system, proposing solutions to problems	R2		
				R11		yes (reform expert)
				R12		yes (reform expert)
	state institutions (medium or low level) implementing pension policy or supplementary policies	providing services to pensioners, potential pensioners, people in poverty	effective service, reducing administrative burden	R1		
				R3		
				R4		
	non-governmental organisations, advocacy groups	advocacy for pensioners, older people affected by poverty, and groups at risk of receiving low pensions in the future; providing services for the above-mentioned groups	improving the welfare of advocated people	R6		
				R7		
				R9		

[5] The order corresponds to the chronology of the expert opinion-interviews.

The selection of interviewees was purposive. However, due to numerous refusals, certain types of stakeholders are represented by one expert only. Experts were contacted through official communication channels, such as professional email or phone number. The stakeholder group comprised 9 women and 6 men.

3.2. Method of conducting and analysing expert opinion-interviews

Interviews followed a semi-structured scenario adapted to stakeholder type and the stakeholders' position in pension policy system. Fixed components related to:

- the principles and the consequences of the pension reform of 1999;
- principles of justice (merit and egalitarian);
- the causes and scale of the phenomenon of pensions lower than the minimum pension;
- the effectiveness of the current pension policy;
- proposed changes to reduce or eliminate the phenomenon of the lowest pensions if the interviewee perceived it as a problem.

Interviews were recorded and later transcribed using Sonix and WhisperAI software. Transcriptions were then verified manually. The qualitative content analysis of the interviews took place with the aid of the MAXQDA programme. The coding framework (see: Table 2) distinguished three main themes corresponding to the research questions: first, grounded in terms of social justice, adequacy, and financial sustainability of the pension system, the second one organising statements about the phenomenon of the lowest pensions and the third one, covering the issue of potential solutions.

Table 2. Code framework

Code framework	Frequency
All codes	308
Assessment of pension policy	
Principles of redistributive justice	
Equality	51
Equity	33
Pension policy goals	
Adequacy of pensions	26
Financial sustainbility	8
Defining phenomenon of pensions lower than the minimum	
Main causes	55
Importance/scale	41
Structure/ affected groups	18
Suggested solutions	
Reducing the scale of the phenomenon	36
Counteracting the occurrence of causes	33
Changing the rules of redistribution	7

The quantitative analysis of coding results had limited justification due to the small number of expert opinion-interviews and their significant differentiation. Nonetheless, several observations helped guide further qualitative interpretation:

1) The most common themes concerned the causes and relevance of the phenomenon of the lowest pensions, the principles of justice in the pension system, as well as counteracting the causes of pensions lower than the minimum pension;
2) The least frequently raised issues related to the objectives of pension policy (adequacy, financial sustainability) and the impact of the lowest benefits on their implementation, as well as proposals for more significant changes to the functioning of the pension system;
3) Only primary stakeholders and representatives of the group, comprising academic and independent experts, mentioned the themes of pension adequacy, financial sustainability of the pension system, and the need to restrict the scale of the phenomenon.

4. Analysis of the material

4.1. Experts' understanding of the principles of social justice, adequacy, and financial sustainability

4.1.1. Justice in the pension system

At the outset, it should be noted that the direct question on the principles of justice in the pension system elicited different reactions. R12 and R14 stated directly that this was not a relevant topic for pension policy. Some experts, such as R5 or R10, analysed various phenomena and solutions in the pension system more directly using the category of social justice.

As mentioned earlier, the principle of "to each according to their work" is fundamental for the Polish pension system. Egalitarian principles of "to each the same" and "to each according to their needs" are materialised in the system mainly through a guaranteed minimum pension. The experts often addressed these two aspects collectively, so the argumentation, identified in the expert opinions and presented below, considers both dimensions:

1. The principle of "to each according to their work" in the pension system is just; the role of egalitarian principles is marginal.

The experts provided various articulations of recognising merit principles in the pension system as appropriate. Many emphasised that these rules were fair because they applied to all workers to the same extent, without privileges for specific professional groups[6]. Secondly, in order to calculate the amount of the pension, the system takes into account the entire period of professional activity, not selected, best earning periods as was the case before the reform. From this perspective, the principles

[6] Certain professional groups, e.g., farmers and uniformed services, were excluded from the reformed pension system. In 2022, they jointly accounted for 15% of all pensions paid in Poland (GUS, 2023).

of justice after 1999 better implement equality, in the sense of applying the same principles for all workers, where individual decisions throughout the entire professional career are the only factor influencing the amount of the pension.

The second type of argumentation intended to confirm the validity of the merit principles was criticism of the pension supplements introduced in recent years that are not linked to accumulated contributions. This criticism applied in particular to the benefits introduced in 2019–2021: 13th and 14th pensions and the "Mother 4+ pension". The important context is that the aforementioned solutions are not pensions from a legal and systemic perspective but supplementary benefits. In the case of the former, it is a supplementary cash benefit, and in the case of the latter, a parental supplementary benefit. In both cases, political communication deliberately linked them to the pension scheme. It is for that reason that certain experts blamed these benefits for spoiling the pension system: R2 criticised such benefits because they discouraged longer working lives, R5 referred to them as patching the system, while R12 saw the "Mother 4+" programme as a pure PR stunt that promoted a conservative family model.

Importantly, almost nobody questioned the state's obligation to support people without sufficient income, especially those unable to enter the labour market. The arguments put forward related to aspects such as legal rules or Poland's membership in the EU (R8 and R11).

2. The principle of "to each according to their work" in the pension system is just but egalitarian principles should supplement such a system.

Redistributive elements within the pension system garnered few positive comments. According to R10, a fair system should be based on rules that reward individuals for their work and contributions. Moreover, the expert noted that with a defined contribution system and a falling replacement rate, pensions would continue to decrease. The solution would be to restore the social element implicitly along the lines of the system from before the reform of 1999. Initially, R15 considered the principle of "to each according to their work" as the fairest. However, the interviewee noted: *The question is whether everything depends on us [...] Women, because they raise children without working [for pay], have lost either the possibility of a higher pension or the possibility of acquiring contributory periods at all*. In his view, the benefits mentioned above, such as the 13th pension, are steps in the right direction. The expert was also slightly ambivalent about considering them a part of the pension system. At one point, he indicated that these benefits were not pensions but auxiliary solutions. Later, however, he stressed that he would not like to see them transferred to the social assistance system, as this would be insulting to the recipients of these benefits who, in their own view, receive them for their contribution.

3. The principle of "to each the same" in the pension system is more just than the principle of "to each according to their work".

Only two experts spoke positively about changes to the pension system that would lead to a greater share of egalitarian redistribution principles. R7 demonstrated a deeply ingrained perspective of professional artists and cultural workers who, in her view, experience exclusion in the pension system. The interviewee simultaneously drew attention to the situation of other groups whose future pension benefits would be insufficient to cover the minimum costs of living. As a solution, she mentioned the

universal pension or guaranteed income.

R8, in turn, pointed to the negative effects of the strategy of some trade unions: instead of agreeing to a mandatory increase in the retirement age, they prefer to leave it formally low, but in fact not obligatory. As a result, an informal rule is created: anyone who considers that their pension is too low can extend their professional activity. R8 comments:

> *[I]n my opinion, this type of discourse is actually shooting yourself in the foot because it makes it impossible to assess whether this benefit, available after meeting certain conditions, which we currently call the minimum pension [...] is decent or not. Since the above system is open, you can always work longer.*

Instead, according to R8, solutions aiming at universal, guaranteed benefits would provide better systemic protection for retired people.

4.1.2. Adequacy of pensions

The problem of adequacy manifested itself in the form of an assessment of the system's ability to provide individuals who stopped working due to reaching retirement age with protection from poverty and the means to meet their needs at an adequate level. Opinions were divided on whether the post-1999 system provided an equal opportunity to obtain adequate pensions. A contentious issue was an assessment of the ability of the defined contribution principle to generate adequate pensions. As many as three aspects influenced the stakeholders' opinion: the replacement rate, the statutory retirement age and working beyond that age, and the role of redistributive elements, mainly the minimum pension, in ensuring adequate pensions:

- **The replacement rate:** R8, R10 and R15 defined the falling replacement rate as a signal that the average pensioner will consider their benefit as unsatisfactory and, for many, their pension will fail to protect them from poverty. According to R13, the issue is whether individuals pay contributions on their total income and work without major interruptions. R2 and R12 emphasised that private savings are essential for satisfactory retirement income security;
- **Retirement age and working beyond this age:** a frequently cited reason for low pensions was the low statutory retirement age. R7 expressed a different opinion by stating that certain people, for example those working physically, find the age of 60 as already quite demanding. According to R15, a lower retirement age allows individuals to decide on retiring in accordance with their preferences, while the state should encourage longer working lives using other tools, such as tax exemptions.
- **Minimum pension and other forms of support:** question that was present in the interviews was whether the minimum pension and other redistributive benefits had a positive impact on pension adequacy. The spectrum of responses was broad. R7 considered a guaranteed benefit and the ability to cover all citizens with such benefit as crucial. R15 claimed that the 13th and 14th pensions and the "Mother 4+" programme constituted a social element. However, some experts adopted an individualistic perspective. In their view, adequate pensions are best realised

through the defined contribution principle. R11 argued that this principle enables an individual's income to be distributed effectively across the life cycle, balances the scale of burdens and benefits in the pension system, and guarantees the individual's influence on their old age pension payments. Redistributive elements negatively affect pension adequacy because they dilute the link between the benefit and the outcome of one's own work, which in turn discourages participation in the system by avoiding contributions, among others.

4.1.3. Financial sustainability

Only some stakeholders most familiar with pension policy gave their opinion on the financial aspect of the pension system. A key issue was the ability of the pension system to be self-financed by the contributions paid by working people. The analysis arrived at three key aspects, which the experts believe may influence this ability:

- **Deficit within the Social Insurance Fund):** R14 was the most critical of the financial condition of the Social Insurance Fund. The expert pointed to subsidies paid from the state budget to cover additional benefits such as the 13th pension – which, as previously noted, are not formally part of the pension system – and the growing costs of pension indexation. On the other hand, after the reform of 1999 and the introduction of the defined contribution system, the financial condition of the Social Insurance Fund improved, as R13 pointed out.
- **Generational replacement and the labour market:** there was prevalent concern among experts in regard to demographic changes resulting in an increasing number of pensioners with fewer people paying contributions based on their work. Moreover, R2 highlighted another challenge linked to the labour migration to Poland:
  It would be correct to say that the foreigners are saving the situation in the Social Insurance Institution. However, this is a short-lived perspective. Today, the situation is favourable, as they are currently paying contributions. But [they] will have the right to their pension in 30 to 40 years.
- **Contribution avoidance:** all primary stakeholders pointed to the threat posed by contribution avoidance to the financial sustainability of the pension system. Numerous experts demonstrated resistance to the idea of introducing a voluntary scheme in place of universal mandatory pension insurance or exempting certain professional groups from contributions.

4.2. Assessment of the phenomenon of pensions lower than the minimum pension

4.2.1. Causes and relevance of the phenomenon

Stakeholders pointed to what they perceived to be the typical reasons leading to pensions being lower than the minimum pension. These reasons are twofold: personal – determined by the course of an individual's life and their professional activity, and

suprapersonal – structural (e.g., related to social and economic processes) or systemic (related to changes in the law or a particular policy). Importantly, most experts pointed to commonly recognised causes, such as a lack of sufficiently long work periods due to short working lives or mass unemployment in post-industrial areas in the 1990s and 2000s. In addition, interviewees gave more detailed reasons:

- R1 mentioned missing employee documentation using the example of a situation where an employee has no access to the documents necessary for the calculation of initial capital by the Polish Social Insurance Institution, for example, due to the liquidation of a workplace and the impossibility of retrieving copies from the archives;
- R6 pointed to the difficulties experienced by people in the homeless crisis who may not have the means to find employment documentation entitling them to a pension;
- R7 discussed the situation of professional artists who lost their dedicated pension scheme in 1991. According to the expert, the nature of their work made it difficult or even impossible for the majority to participate in the universal pension scheme as they worked based on contracts to produce a work with irregular income;
- R9 pointed to the discrimination prevalent in the labour market on the basis of ethnicity, which became one of the sources of low pensions after 1989 among parts of the Roma community in Poland.

There are three distinguishable stances when it comes to assessing the validity of the phenomenon of pensions lower than the minimum pension:

1. This is not a significant problem: it affects a small group of people (several per cent) compared to the total number of pensioners; moreover, there are more "dangerous phenomena" related to the pension system, such as attempts to lower the real retirement age (R14); from the point of view of the reform of 1999, it is an insignificant defect in the rules that on the whole have contributed to the success of the new system (R12);
2. This is a significant problem here and now: up to three million people have not had their initial capital calculated. If some of them have lost their documentation, they could expand the ranks of pensioners receiving the lowest pensions (R1);
3. This will be a problem in the future: the phenomenon of civil law agreements that did not generate the need to pay social security contributions developed mainly after the reform, so we will see its scale in the pension system once a decade passes (R2); together with the falling replacement rate, the previously non-existent problem of pension poverty will become one of the most severe social problems in Poland (R8).

4.2.2. Context of the principles of social justice and pension system effectiveness

4.2.2.1. Pensions lower than the minimum pension and principles of justice

In terms of distributive justice principles, the assessment of the phenomenon of pensions lower than the minimum pension coincides with that of the system as a whole. Experts who pointed to suprapersonal causes of the lowest pensions, e.g., declining

mining and industrial regions after 1989, more often highlighted the need for egalitarian redistribution. In contrast, some experts consider this phenomenon as a validation of the "to each according to their work" principle. An example of this view is R13's input in the debate linked to artists' low pensions: *We are just starting to see comments saying that "if they had paid their contributions, they would have their pensions". And people give examples: "I worked at this post, I paid […] and now my pension is bigger, so they should not be complaining". It is evident that this message is slowly beginning to get through*.

The analysis of the interviews draws attention to another aspect of assessing the justice of the pension system, namely, to what extent it guarantees equal treatment, opportunities for participation and effects in the form of a pension. The previously discussed statements by R6, R7, and R9 indicated unequal opportunities for specific social or professional groups to participate in the pension system, while R1 pointed to the inequality in effects resulting from the problem of missing employee documentation. Similar arguments were cited by R10 and R15 in the context of the situation of people from regions affected by post-transformation unemployment, as well as women who, for economic and social reasons, had breaks in their contribution period while raising children.

However, according to the experts, not all lowest pensions result from unequal opportunities to obtain an earned pension. In particular, the topic of civil law contracts, as one of the sources of the "paltry pension", indicates a different treatment of cases in which a conscious decision of the employee to avoid pension contributions is assumed. R10's statement illustrates this distinction well:

> *The fact that one or another group of people had a situation over which they had no influence, we must solve the problem systemically, e.g., miners who lost their jobs in Wałbrzych. If this means they have a break in the insurance period and have not collected [contributions], then for me these are people who should receive help. But if someone […] signs a [civil] contract for specific work because they simply believe that: "Why do I need contributions, why do I need an employment contract, I don't need it, the system pension is yuck", I approach this person a little differently.*

Moreover, in such cases, the phenomenon of the lowest pensions generates injustice in the pension system towards other insured who have achieved the minimal work period entitling them to the minimum pension. Namely, reaching the retirement age and making at least one contribution to the pension system guarantee not only the receipt of a pension benefit but also several other entitlements, including health insurance and transport discounts, as well as the payment of the 13th and 14th pensions. The last entitlement, in particular, caused outrage among some stakeholders, including R2, R4, and R10.

4.2.2.2. Pensions lower than the minimum pension and pension adequacy

When assessing the phenomenon of pensions lower than the minimum pension in the context of pension policy objectives and its effectiveness, the experts most often

referred to the problem of benefit adequacy. The most popular opinion was that pensions lower than the minimum pension did not meet the objective of protecting individuals against old-age poverty. According to R11, the role of the statutory minimum pension is to guarantee income security and, therefore, all benefits below this amount are unable to provide such security. However, some experts pointed out that the old age pension from the universal system is only one possible form of income security after individuals end their working lives. R2 considered the above as a compelling reason not to treat all those receiving pensions lower than the minimum pension on equal terms.

Referring to the adequacy of individual pensions, some experts suggested that the amount of accumulated pension funds is, at least to some extent, a reflection of an individual's professional preferences. Addressing potential situations leading to the payment of the lowest pensions, R11 uses the term "professional inactivity":

> *Some of them might have attempted to run their own business and paid their contributions for some time but later failed to and for various reasons became professionally inactive. This precisely means those situations where the regulations required the payment of contributions but these individuals did not link their future personal or professional career to these activities.*

Therefore, the problem is not connected to the lack of pension adequacy but to recognising these lowest benefits as an old age pension. R2, R11, and R12 found it inappropriate that individuals obtain the right to a pension even after paying only one contribution, regardless of whether the benefit meets the objectives of the pension policy. At the other end of the scale are arguments according to which individual decisions are not always the reason for failing to receive an adequate pension. Interestingly, they do not necessarily lead to the desire to change the pension system, as indicated by R9's statement: *Because it is actually known that if someone has not worked and is not entitled to a pension, he or she should receive some minimum benefit. I wouldn't call it a retirement allowance or a pension, because it is unearned, but just, I don't know, some kind of allowance*.

4.2.2.3. Pensions lower than the minimum pension and the system's financial sustainability

The second component of the pension system's effectiveness is its financial sustainability. Almost all experts who commented on this aspect agreed that the phenomenon of pensions lower than the minimum pension has a limited but negative impact on the financial sustainability of the pension system. The experts drew attention to the financial and organisational burden of calculating and paying the benefits in question. Many interviewees agreed with opinions formulated by the President of the Polish Social Insurance Institution from 2016 to 2024, Professor Gertruda Uścińska, among others. R5's statement can serve as an example: *To be honest, paying these benefits, which sometimes amount to as little as several groszy [grosz – 1/100 of a Polish złoty*

(PLN)], when the approximate cost of one such decision ranges between PLN 100 and PLN 150, with it being an administrative decision, makes absolutely no sense. According to R13, public institutions should focus on the efficient use of the available resources. As the lowest pensions do not provide adequate income security for older people, the funds coming from contributions and, most importantly, the state budget are being spent inefficiently. The only contrasting voice was that of R8, who called this a "technical, micro, non-existent problem", concluding that the proposals already discussed on several occasions aimed at reducing the above-mentioned spending are not controversial and all social parties are ready to support them. A contentious issue is the question of the remaining pension rights of those who do not receive a minimum pension, such as the entitlement to health insurance.

4.3. Experts' solutions and their justifications

Responses to the question of how to address or reduce the problem of pensions lower than the minimum pension were diverse. The divide was most noticeable between the primary stakeholders together with the academic or independent experts and most of the interviewees from the secondary groups. In the first group, everyone referred to solutions that can be described as reducing the scale of the phenomenon by means of adjusting the rules for awarding the lowest pensions. Some stakeholders pointed to possible measures for counteracting the causes behind the lowest benefits. Ultimately, a certain share of experts suggested making more profound changes to the pension system, in particular, in the crucial area of redistribution.

4.3.1. Reducing the scale of the phenomenon by means of rule adjustment

While working towards solutions, the starting point for most stakeholders with solid links to pension policy was the proposals included in some of the official documents of the Polish Social Insurance Institution (ZUS, 2016). Such approach can be explained by the fact that many experts actively participated in social consultations conducted at the Social Dialogue Council, where they had the opportunity to closely observe the attempts to translate the above-mentioned ideas into changes to the law.

The first solution was to change the method of paying pensions lower than the minimum pension from monthly to quarterly or annual. The second proposed the introduction of a threshold in the form of the duration of the insurance period, e.g., 10 or 15 years, or the amount of funds accumulated on an individual retirement account, below which a one-off payment of the accumulated funds would take place. The second, more far-reaching solution, which was a departure from the annuity principle, found wider support, sometimes under slightly different conditions, e.g., guaranteeing people below the threshold health insurance. The arguments that the interviewees put forward coincided with the negative assessment of the lowest benefits in the context of pension system effectiveness.

Another noteworthy measure was the call for aligning all pensions lower than the minimum pension to the level of the guaranteed minimum pension. Stakeholders R2, R10, and R15 who mentioned it, disagreed with this measure as unfair to those who worked the required number of years.

4.3.2. Tackling the causes of the lowest pensions

The solutions discussed included ideas on how to counteract the causes that lead to pensions lower than the minimal retirement income. The majority of stakeholders pointed to the need for mechanisms encouraging longer working lives and tightening the contribution system. Some stakeholders noted that the existing arrangements in this area have not always been successful. According to R11 and R13, there is a lack of in-depth diagnosis of the situation and the much-needed coordination between institutions at different levels. R7 and R8 noted a more systemic problem with the economic development model, which they believe encourages contribution avoidance. Conversely, R12 and R13 recognised as a significant problem the behavioural patterns of individuals prioritising current consumption over making savings for old age.

Most stakeholders agreed that the remaining obstacles include the lack of knowledge on pension-related topics and the low level of trust among Polish citizens towards bodies such as the Polish Social Insurance Institution. In the opinion of academic and independent experts, a certain percentage of low pensions results from a lack of understanding of the defined contribution rule, as well as a lack of trust. R5 illustrated this aspect as follows:

> *So attempts to persuade people to put money away so they could benefit in the future ... But then their friend, son-in-law, or daughter says: the government will change, and the concept alongside it. Why should I give away money now every month when I can spend it on my daily expenses, having no guarantee that in 10, 15, or 20 years, this money will still represent some value once I retire?*

R7, R8 and R10 pointed to the consequences of the dominant social and economic discourse. In their view, this discourse affects the current image of the pension system, with entrenched beliefs such as the vision of the imminent bankruptcy of the Polish Social Insurance Institution, as well as the impact of the widespread belief that only the free market is a guarantor of livelihood security.

4.3.3. More extensive changes to the pension system (in redistribution principles)

There is a third theme linked to the above-mentioned reasons behind the lack of trust in the pension system: the potential reform of pension policy, particularly in the area of the redistribution principles embedded in the post-1999 system. Most stakeholders were in favour of keeping the rules in their current form. In their view, the problem lies in the ability to effectively encourage individuals to make responsible

retirement decisions. The proposals for a potential reform are limited in number and comprise two types:

- making contributions payable on new forms of professional activity: some stakeholders emphasised changes in the economy and society, which should be reflected in the pension system. R13 addressed this dilemma in simple terms:
  If we consider the gig economy, platform-based work, or [...] restrict the work understood in such a [...] twentieth-century manner – namely as physical performance of something or, to put it crudely, tapping on the computer – in favour of artificial intelligence and other forms of work provision, then we need to think about how to translate these new forms of work and activity to contributions paid into the pension account.
  The experts suggested solutions such as fuller control of contributions due on all forms of gainful employment (R15), broader tax changes (R8), or the introduction of new taxation on robots or algorithms (R13);
- guaranteed income, universal pension: the idea of a fundamental change in the pension system (and elsewhere) came up in several interviews. Two experts, R7 and R8, made a positive reference to the idea of introducing guaranteed benefits independent of the work period or accumulated contributions. The argument in favour is the fear of widespread pension poverty (R7):
  In my opinion, the solution would be [...] a guaranteed income. So that it also includes these pensioners, so that they have a kind of guaranteed pension that allows them to survive. And that would be something that would save all those people because none of them will have a pension of even the lowest amount, I mean most of them.

R13 considered various scenarios for changes in the labour market as a result of the technological revolution. In his view, the aforementioned taxation of robots, together with a significant reduction in employment, could lead to the adoption of a guaranteed income in the future. R10, the fourth stakeholder who raised this issue, was more sceptical. This interviewee stated that such solutions would be very costly for the state and would compete with existing forms of social redistribution. R10 advocated investing in education and technology, which, in his opinion, would increase productivity and earnings for all working people and, therefore, also pensions.

5. Conclusions

The analysis of the interviews identified the key patterns of thought on the phenomenon of the lowest pensions among pension system stakeholders (see: Table 3). The value of this analysis lies not only in reconstructing these assessments and proposals but in placing them in the context of the beliefs and preferences of stakeholders on the shaping of Polish pension policy.

Table 3. Viewpoints of individual stakeholders

Thematic category	**Summary of the interviewee's**	**Viewpoint**
1. How do the experts understand the principles of social justice and effectiveness of the pension system?		
Principles of justice	To each according to their work (merit principle); treating every insured person the same (equality of principles).	R1, R2, R3, R4, R5, R12, R13, R14
	To each according to their work; promoting participation in the pension system of individuals discriminated against in the labour market (equality of opportunities).	R9, R11, R13
	To each according to their work; supplementing pensions of those who have not made sufficient contributions through no fault of their own with additional benefits (equality of outcome).	R10, R15
	To each the same (egalitarian principle); guarantee of equal opportunities to receive a decent pension (equality of principles, opportunities, and outcome).	R7, R8
	No clear indication.	R6
Ensuring pension adequacy	The system ensures adequate pensions.	R13, R14
	The system does not ensure adequate pensions and	
	making private savings is required.	R2, R12
	the length of a working life must be extended.	R1, R2, R5, R8, R12, R14
	additional benefits are necessary for selected groups.	R10, R15
	the minimum pension must be increased.	R7, R8, R11
	No clear indication.	R3, R4, R6, R9
Ensuring financial sustainability	The system is financially stable.	R12, R13, R15
	System stability is at risk	
	through indebtedness, including budgetary indebtedness.	R14
	through economic stagnation and low wages.	R10
	through demographic processes and excessively low retirement age.	R1, R2, R5, R8, R11, R14
	No clear indication.	R3, R4, R6, R7, R9

Thematic category	**Summary of the interviewee's**	**Viewpoint**
2. How do the experts assess the phenomenon of pensions lower than the minimum pension?		
Causes of the phenomenon	Individual decisions linked to both personal and professional life.	R2, R3, R4, R11, R13, R12, R14
	Inequalities in the labour market resulting, e.g., from the caregiver burden.	R5, R11, R13
	Unjust economic or social processes, flawed laws.	R1, R6, R7, R8, R9, R10, R15
Relevance of the phenomenon	This is not a significant problem.	R3, R5, R12,
	This is currently a significant problem.	R1, R7, R10, R11, R13, R15
	This will be a significant problem in the future.	R2, R8
	No clear indication.	R4, R6, R9, R14
Pensions lower than the minimum pension and principles of justice	The principles are not violated.	R3, R12, R13, R14
	The principles are violated because individuals receiving the lowest benefits gain the same pension rights as the other insured who have at least the minimum insurance period.	R2, R4, R10
	The principles are violated because the lowest pensions might be the result of unfair practices, such as moving employees to contracts that do not require obligatory contributions, or the loss of employee records.	R1, R6, R7, R8, R9, R10, R15
	No clear indication.	R4, R11
Pensions lower than the minimum pension and pension adequacy	There is no discernible impact.	R12, R14
	Negative impact – encouragement of undesirable actions, such as contribution avoidance.	R2, R10, R11
	Negative impact – lack of protection against old-age poverty.	R7, R8, R15
	No clear indication.	R1, R3, R4, R6, R9
Pensions lower than the minimum pension and the system's financial sustainability	There is no discernible impact.	R8, R14, R15
	Negative impact – the value of the benefit exceeds the administrative costs of calculating and paying the pension.	R2, R5, R10, R11, R12, R13
	No clear indication.	R1, R2, R3, R4, R6, R7, R9

Thematic category	**Summary of the interviewee's**	**Viewpoint**
3. What solutions do experts suggest?		
Reducing the scale by adjusting the principles	Setting a pension threshold below which the benefit is paid at less frequent intervals, for instance, annually.	R2, R5, R10 R11, R13
	Setting a pension threshold below which the benefit is paid as a lump sum.	R2, R5, R10, R11, R12, R13, R15
Counteracting the causes	Encouraging individual actions, such as prolonging working life.	R5, R10, R13, R15
	Statutory increase of the retirement age.	R2, R5, R8, R14
	Better education about the pension system.	R2, R5, R13, R15
More significant changes to the pension system	Making contributions payable on new forms of activity, such as automation.	R8, R10, R13, R15
	Greater pension reform combined with tax reform.	R7, R8
	No clear indication.	R1, R3, R4, R6, R9

The systematic analysis of the arguments identified three areas of almost complete consensus of opinion among stakeholders representing different interests:

- acceptance of the prevailing principle of "to each according to their work" as socially just in the pension system;
- negative assessment of the impact, even when considered minor, of the phenomenon of pensions lower than the minimum pension on the financial sustainability of the pension system;
- acceptance of the idea of reducing the scale of the phenomenon by introducing a minimum insurance period below which the lowest pensions would be paid less frequently than monthly or as a one-off payment.

The remaining issues raised point to three groups of stakeholders demonstrating different attitudes to the contentious matters mentioned in the interviews: the role of egalitarian principles of justice in the pension system, ensuring pension adequacy, and assessing the phenomenon of pensions lower than the minimum pension.

1) **Stakeholders with links to employee interests.** These interviewees gave more arguments for strengthening egalitarian forms of redistribution in the pension system. They postulate better income security for people without sufficient means of their own to ensure pension adequacy. They mostly consider pensions lower than the minimum pension as a significant problem. In their arguments, they list the social and economic processes that might have caused an individual to receive a very low benefit. Some interviewees, e.g., R15, support, albeit conditionally, supplementary benefits, while others, for instance, R10, would prefer the introduction of a guaranteed pension basis for every insured person;
2) **Meritocratic stakeholders** (employer organisations, the Polish Social Insurance Institution – top management, academic researchers, and independent experts).

These interviewees are in favour of strengthening individual responsibility within the pension system. This predilection is visible in the context of ensuring adequate pensions. Stakeholders emphasise that individual decisions, for example regarding working longer or making personal savings, have a decisive role within the pension system. These stakeholders accept egalitarian justice only as part of the rules for awarding the minimum pension. They see the phenomenon of pensions lower than the minimum pension as primarily career and life decisions and not the result of unfair rules. Some of them, for instance, R11 or R13, recognise the role of inequality in the labour market but prefer to promote participation in the pension system through the payment of contributions while working rather than compensating for low pensions with additional benefits;

3) **Other stakeholders** (state institutions, non-governmental organisations, and advocacy groups). They formed assessments on the pension system as a whole less often than the groups previously mentioned – they cannot be credited with a viewpoint on some of the issues, such as addressing the problem of the lowest pensions. They were closer to the individualist vision of the pension system demonstrated by group two. Knowledge and experience resulting from direct contact with individuals receiving the lowest pensions led some interviewees, e.g., R1 and R9, to point out unfair mechanisms in pension policy that make it difficult to obtain an adequate benefit.

The methodology adopted in the study and its implementation conditions mean that the conclusions of the analysis should be approached with a degree of caution. The impact of the choice of respondents, particularly those associated with current parliamentary politics, is important. For instance, R15, as the only representative of the policymakers, spoke as a stakeholder politically linked to a particular party and the government that lost power in the 2023 elections. This factor and his connection to one of the trade unions might have had a more significant impact on the assessments he formulated than his position in the pension system. Therefore, generalising the conclusions to create an image of the entire debate on pensions lower than the minimum pension is inadvisable. A more valuable solution would be an attempt to find deeper beliefs about pension policy that mark the most important divisions and areas of consensus among different stakeholders.

Comparing the analyses with previous studies, the consensus around the merit principle should not be surprising. According to the results of the 2008 ESS, it can be treated as a reflection of the prevailing sense of justice in the pension system in Polish society (Reeskens & Van Oorschot, 2013). Alternatively, it can be explained as a preference for the status quo, especially in the stakeholder group more closely associated with the political process (Breyer et al., 2024). The contrast between stakeholders linked to employee interests, R7/R8 and R10/R15 is significant. While the first two were in favour of a universal pension, the latter advocated the inclusion of social elements to increase the income of vulnerable people (in terms of their material situation and their health, among other things). The more important difference is that R10 and R15, together with other stakeholders closely linked to the pension system, agree on the establishment of a minimum threshold that confers pension rights. The implementation of such a solution would move the pension system even further away from the egalitarian principles of pension policy.

In the context of this last proposal, one cannot ignore the widespread recognition of the need to separate the assistance function from the pension system. This is partly consistent with the observations of Reeskens and Van Oorschot (2013), according to which the sense of justice is policy-driven and related to the specificity of social risk in a given social problem. The predictability of the risk of incapacity in old age strengthens support for the principle of "from each according to their work", however, as R13 shows, it is possible if the rationality of retirement decisions during working life is assumed.

Importantly, almost all stakeholders recognised the state's obligation to help people devoid of sufficient income in the old age. This is in line with dominant social beliefs (CBOS, 2013). It also points to the importance of fulfilling egalitarian rules of justice, albeit in other public policies related to welfare spending. However, the practical and ethical implications of implementing the above solutions would not be easy to assess. Suffice it to recall the statements pointing to the injustice in the equal treatment of people who have consciously chosen non-contributory forms of employment and those who have been forced to do so by transformational unemployment. There is also the question of how such changes would affect the low level of public confidence in the pension system, which has been identified by some stakeholders as one of the main challenges for any future reform, along with the declining replacement rate and the current threat to generational replacement. Conducting a study in a similar model to the aforementioned research (Breyer et al., 2024) would help to learn and understand the interdependence between the institutional set-up of pension policy in Poland, sentiments of citizens and the opinions of elected politicians or other stakeholders in pension policy.

The phenomenon of pensions lower than the minimum pension aptly demonstrates the tensions present in pension policy: between the almost complete individualisation of the responsibility of all insured persons and the need for social solidarity, which requires support for pensioners with low benefits; between voluntarism and the pursuit of universality of contributions; and between financial sustainability and guaranteed benefit adequacy. Considered by most stakeholders as a failure of the system, the phenomenon of "paltry pensions" reinforces the belief that the best solution would be to strengthen the current rules and shift responsibility for their abnormal effects to someone else, namely future pensioners or support institutions. If the solutions proposed are genuinely implemented, the number of lowest benefits may fall significantly. The same is unlikely to be said for the number of older people who are unable to work and have insufficient means to live in dignity.

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Perception of the Family 500+ programme and its beneficiaries among Poles in the light of the deservingness theory: a Q methodological study[2]

Abstract

The concept of deservingness relates to judgements about whether a person or group deserves support. The deservingness criteria that underlie people's opinions play a crucial role in this process. This study examines the perception of deservingness among Polish people in relation to the Family 500+ programme and its beneficiaries. The aim was to determine which deservingness criteria are applied to evaluate the deservingness of families with children and to distinguish groups of people who share similar views. Q methodology was employed as a research method that exemplifies a mixed approach, using both quantitative and qualitative data to explore viewpoints, opinions, beliefs, and attitudes. The purpose of Q methodological studies is to identify factors that distinguish groups of people who share similar opinions about the analysed

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topic. Three factors were identified as a result of the study. The first is linked to the equality criterion the second to the criteria of control, reciprocity, need, and adequacy, and the third to the criteria of reciprocity and social investment. The results show that people's opinions of the same social programme vary considerably, which is the result of attaching importance to different aspects. The results also revealed a certain degree of ambiguity that seems to be an intrinsic part of the research focused on the deservingness of families with children – whose deservingness is really being judged: the children's or the parents'? This study has shown that people's views on this issue also vary.

Keywords: family policy, Q methodology, deservingness, deservingness criteria, Family 500+

Introduction

The Family 500+ programme (currently 800+) was introduced to Polish family policy in April 2016 as a fulfilment of a promise made during a political campaign by one of the parties. In its initial phase, it was partially means-tested, with an income threshold of 800 PLN per person in the household for the first or only child (1200 PLN if there was a child with a disability in the household). For subsequent children, the family was entitled to support regardless of its financial situation. A substantial change took place in July 2019 when the income threshold was abolished, making the benefit fully universal for all children under the age of 18. The benefit was 500 PLN per month per eligible child. From 2024, the benefit was increased to 800 PLN, motivated by the inflation process that had lowered its purchasing power, and the fact that the benefit had not been indexed since its introduction. The aim of the benefit was to increase fertility, limit child poverty, and invest in families. The aim of increasing fertility was not achieved. Despite an initial rise in the total fertility rate (TFR), it is currently at its lowest level in post-war Poland's history: 1.099 in 2024 (Statistics Poland, 2025). In terms of reducing poverty, the programme has been successful (Szarfenberg, 2019; Paradowski et al., 2020). However, it was also suggested that the effect could be achieved at a lower cost (Magda et al., 2019).

The introduction of this programme sparked debate not only within the political and scientific communities but also among ordinary people in Polish society, with many arguments for and against its implementation, particularly with regard to its potential negative impact on women's participation in the labour market. This benefit represents a significant shift in Polish family policy, which, prior to its introduction, was modest and focused on multi-child families. The proportion of GDP spent on family issues rose from 1.78% in 2015 to 3.23% in 2021 (Bień, 2022), reaching one of the highest levels in Europe. This illustrates the significant change that the programme has brought about. In 2023, the programme cost 41.6 billion PLN and supported nearly 6.9 million children (Statistics Poland, 2025). After the amount was increased to 800 PLN, the cost of the benefit rose to over 60 billion PLN per year. Furthermore, it should be noted that, at the time of its introduction, the benefit equalled 37% of

Poland's net minimum wage. Currently, in 2025, this figure stands at around 23%. Taking all these factors into account, it is not surprising that the introduction of the programme was met with such a strong social reaction.

In this context, it is interesting to study who is perceived as deserving of this family benefit in relation to the deservingness theory. The aim of the present study is to answer the question: which deservingness criteria are applied to evaluate the deservingness of families with children in Poland with regard to the Family 500+ programme? Furthermore, the study aimed to distinguish groups of people who share similar opinions. To achieve these goals, Q methodology was employed as the research method. To the best of the author's knowledge, this is a novel approach in the field of deservingness studies. It should be noted that the study was conducted in 2022, so the article focuses on the programme's previous version, before benefit's amount was increased. Therefore, the author will refer to this benefit as "500+" in the text, bearing in mind the change that took place in 2024. Nevertheless, it is assumed that the change in the amount of the benefit has not significantly affected the issues considered in this article taking into account the inflation that Polish society experienced in recent years.

Deservingness theory

In the case of social policy, concept of deservingness expresses making judgements about whether person or group deserved help. Evaluation of that takes place on the basis of deservingness criteria that can be defined as premises underling people's opinions about the deservingness and play a role some benchmarks used by respondents in evaluation process. Scoring on criteria allows making decisions how much deserving person or group is. van Oorschot (2000; van Oorschot & Roosma, 2017), on the basis of prior research, developed CARIN framework that consists from five deservingness criteria: control, attitude, reciprocity, identity, and need. It poses a well-established core for research in the field of deservingness. The control criterion is linked to perception of responsibility or fault for current situation that can be attributed to needy person where deservingness decreases with increasing responsibility. The attitude criterion refers to people's behaviour evaluated through the prism of commonly accepted standards and rules. Compliance with these standards, and being docile and grateful make people considered more deserving of help. The reciprocity criterion is related to contributions (understood for example as paying taxes) made by needy person in the past or possibilities to do it in the future. In this context, the higher the contributions (or potential) to society, the higher the perceived deservingness. The identity criterion refers to interpersonal relation between needy people and those who support them where closer relation or similarities (e.g., kinship bound, being part of the same social group) makes people more deserving in the eyes of evaluators. The need criterion is related to the level of need with greater need determining higher perceived deservingness to be supported.

The deservingness criteria formulated by van Oorschot (2000) are not the only ones described in the literature. Michoń (2021), based on a qualitative study focusing

on the deservingness of 500+ beneficiaries, proposed to extend the CARIN framework by adding a new element, namely, the adequacy criterion (CARINA framework). It expresses the level of belief that the benefit is used appropriately by the beneficiaries – a stronger belief influences their perception as more deserving. Laenen et al. (2019) distinguished three additional deservingness criteria: equality, cost awareness, and social investment. They are not strictly connected to the characteristics of welfare recipients but are linked to the welfare system. The equality criterion expresses the desirability of universal, unconditional, and equal access to welfare services and benefits. The cost awareness criterion refers to the level of financial feasibility, scarce public resources, and concern about fiscal sustainability. The social investment criterion reflects the need for an appropriate allocation of resources that will enable the creation of a "better society": current beneficiaries will be able to support society in the future.

The role of family policy and support for children

Family policy is an important element of social policy, taking into account the crucial role of families in the development of societies. As Kamerman (2010, 432) stated, "There is no country that does not recognize the centrality of the family in both short and long term societal developments – and as part of economic as well as social development. Families fulfil an essential societal role in reproduction, in socialization, in early education, in the promotion of good health, in preparing the next generation for adulthood". In this context, it is interesting to consider how we perceive children and their role in society, including the economic viewpoint. This can influence how family policy is framed. According to Folbre (1994, 86), "children tumble out of every category economists try to put them in. They have been described as consumer durables providing a flow of utility to their parents, investment goods providing income, and public goods with both positive and negative externalities. Children are also people, with certain rights to life, liberty, and the pursuit of happiness". Taking this into account, categorising children as a public good and viewing the role of parents as a public service can influence the perception of responsibilities that should be shared by the whole society, justifying income distribution towards families with children. Esping-Andersen also postulated the perception of children as a "collective asset" and a form of social investment. He stated that a child-centred welfare strategy "represents also a unique combination of individual private gains and positive social externalities" (2005, 28), which is referred to as the "double bonus" (2005, 15). Along these lines, investments in health and proper education are essential for building a strong society for the future.

There has been discussion as to whether family benefits should be granted universally, or based on means testing or even other conditions. This issue has become particularly apparent in the discourse surrounding Polish family policy since the introduction of the Family 500+ benefit. Bastagli et al. (2020) indicated the advantages of universal child benefits, such as a higher coverage rate, lower exclusion errors, less scope for abuse, the minimisation of stigmatisation, greater transparency, no incentive

to reduce incomes, and stimulation of demand during recessions. They also pointed out that universal child benefits had non-monetary outcomes for children, e.g., improvements in health and education, and received broader public support than narrowly-targeted programmes. However, the issue of greater support for universal benefits is debatable. Laenen and Gugushvili emphasised that the social legitimacy of universal and selective welfare provision varies across countries, over time, and within different policy areas. They indicated that "this suggests that a universally valid answer simply does not exist: it is not the case that one policy design option is more popular than the other, always and everywhere. Instead, the task for future research is to scrutinize under which circumstances – when, where and why – one policy design option is more popular than the other" (2021, 1142). In turn, arguments for means testing can relate to issues such as redistributive justice, reducing inequality and the effective management and allocation of scarce public resources (Devereux, 2016). Nevertheless, means-tested benefits generate more administrative costs (van Oorschot, 2002).

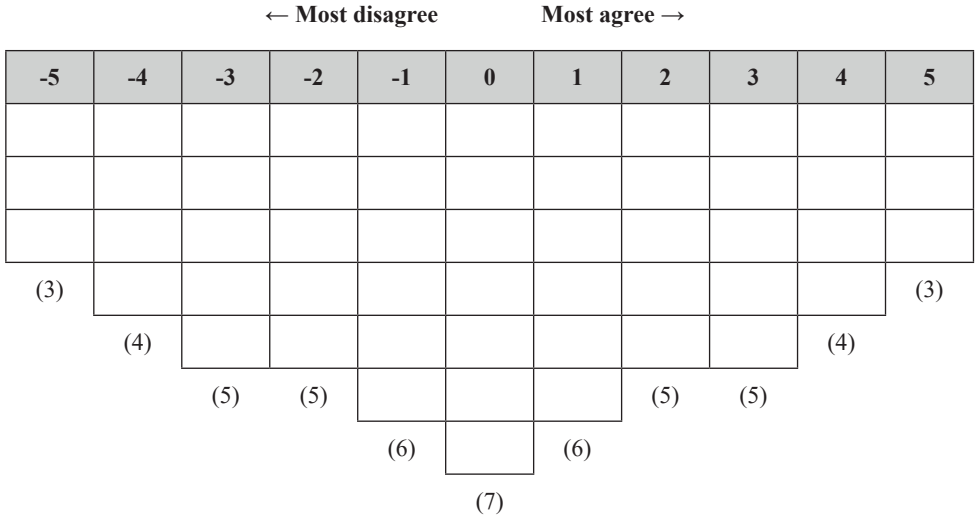
An increase in fertility is often indicated as one of the reasons for introducing family benefits, as was the case with the 500+ benefit. However, Kalwij (2010), using data from 16 Western European countries, showed that increases in family allowances had no significant impact on the timing of births or completed fertility. This was explained by the fact that subsidies only cover direct costs, not the opportunity cost of raising children, which seems to be crucial in the context of changing gender roles.

Method and study organisation

Q methodology was used as a research method to achieve the planned objectives. It is used to explore a person's opinions, beliefs, viewpoints, and attitudes, and "Q can be very helpful in exploring tastes, preferences, sentiments, motives and goals, the part of personality that is of great influence on behaviour but that often remains largely unexplored" (van Exel & De Graaf, 2005, 2). The application of Q methodology allows for differentiating factors that identify a group of people who share a similar perspective on a given topic (Watts & Stenner, 2012).

In studies using this method, participants are presented with a sample of statements (called Q set) about a topic. Their task is to rank these statements according to their individual opinions on a specially prepared Q grid, usually with a scale from "disagree" (on the left) to "agree" (on the right) in the form of a quasi-normal distribution. The Q grid used in the study is shown in Figure 1. The participants' rankings are the subject of statistical calculations. It should be noted that a Q study requires a limited number of respondents, and empirical studies have confirmed that it is possible to obtain meaningful results even with very small numbers of participants (Sandbrook et al., 2013).

Figure 1. The Q grid used in the study



Q methodology is a form of reversal of classical factor analysis, where people are treated as variables and traits or other items are treated as a sample or population of cases (Watts & Stenner, 2012). In this context, as noted by Risdon et al. (2003, 377), "the results [of Q methodology] are used to describe a population of ideas and not a population of people: the participants should be thought of as collaborators in an analysis of a shared culture rather than subjects under investigation". It is a mixed approach that uses quantitative and qualitative data (Herrington & Coogan, 2011; Ramlo, 2016), which provides a combination of richness of qualitative data and statistical rigour (Dziopa & Ahern, 2009; McKeown & Thomas, 1988), which can also be referred to as "quantifying qualitative data" (Shemmings, 2006, 147). Q methodology is an appropriate tool for dealing with the complexity and multidimensionality of deservingness research, as it allows for the exploration of how people understand and apply deservingness criteria in relation to real existing family benefit.

The study was conducted between June 2022 and November 2022. The sample of 28 respondents was selected in a purposive manner. Participants varied in characteristics such as gender, age, educational level, and whether or not they had children, in order to ensure heterogeneity. It was assumed that these characteristics might influence perceptions of the analysed problem. Participants ranged in age from 22 to 66, with an average age of 39. The characteristics of the sample are shown in Table 1. The Q set consisted of 53 statements (presented in Table 2) reflecting the opinions of Polish society in relation to the Family 500+ programme. The statements were prepared taking into account public and political debates about the programme, discussions with members of the public and a review of literature on the perception of deservingness. The study conducted by Michoń (2021), in which the author analysed the views of internet users in relation to 500+ and its beneficiaries, played a particularly important role in this process.

Table 1. Characteristics of the respondents

Characteristics		Number of respondents	Percentage of respondents
Sex	Woman	18	64
	Man	10	36
Age	<25	3	11
	26–35	10	36
	36–45	6	21
	46–55	6	21
	56–65	2	7
	>65	1	4
Education level	Vocational education	2	7
	Secondary education	8	29
	Higher education	18	64
Having children	Yes	17	61
	No	11	39
Number of children	1	6	35
	2	9	53
	3	2	12
Having children below 18	Yes	12	71
	No	5	29

The Q grid used in the study ranged from -5 to +5, which is the appropriate range for a Q set of 40-60 items (Brown, 1980, 200), and was flatter due to the fact that the benefit being analysed is widely known and discussed in society, so people tend to have specific opinions on the subject. Participants in the study were asked to rank statements on the Q grid according to whether the views expressed in the statements were most dissimilar (most disagree) or most similar (most agree) to their personal opinions about Family 500+ programme and its recipients. The gathered data was analysed using qmethod R package developed by Zabala (2014).

Table 2. Statements used in the study and factor arrays

No.	Statement	Factor		
		1	2	3
1.	It is the parents who have decided to have a child, so the burden of supporting the child is their responsibility.	2	1	-4
2.	The 500+ benefit is targeted at children, so their parents' socio-economic status (their wage level or jobs they do) should not be relevant.	4	-5	2
3.	Imposing additional eligibility criteria in the 500+ programme would be equivalent to segregating children.	2	-4	0
4.	The state should support parents only in exceptional situations, when they are not able to cope on their own.	-1	1	-3

No.	Statement	Factor		
		1	2	3
5.	All children equally deserve to receive money from the Family 500+ programme.	5	-3	3
6.	A person who has left their job after receiving the 500+ benefit does not deserve to get it.	0	4	-3
7.	The 500+ benefit is spent on children's needs.	3	-2	2
8.	The fact of receiving the 500+ benefit makes parents feel entitled.	1	2	-4
9.	Families with children should be supported by obtaining an income tax relief, in this way, working parents would be supported.	4	3	-2
10.	Families with multiple children particularly deserve to receive the 500+ benefit because by giving birth to more children and bringing them up, they significantly contribute to society.	-3	0	4
11.	Families deserve to be supported because they bear the cost of bringing up children who will be contributing to society in the future.	2	0	5
12.	By receiving the 500+ benefit, children will feel a stronger bond with their country in the future.	-4	-5	-3
13.	Since Polish people can receive family benefits in other countries, foreigners should also be eligible for the 500+ benefit.	3	0	5
14.	Poland should keep the 500+ benefit since other European countries provide similar benefits.	3	-1	2
15.	Eligibility for the 500+ benefit should depend on the family's economic situation.	-3	2	0
16.	The amount of the 500+ benefit paid to support each subsequent child should progressively increase.	-4	-4	1
17.	If someone is able to save money from the 500+ benefit, it means that they should not be eligible for this benefit since they obviously do not need it at the moment.	-5	-3	-3
18.	Children are the country's future, so public money should first be spent to foster their upbringing and development.	1	-2	4
19.	Children older than 18 should also be eligible for the 500+ benefit if they are students.	3	-2	1
20.	Rather than give people cash benefits, it would be better if the government reduced prices of products for children.	1	4	-2
21.	The state should be able to check how the 500+ benefit is spent.	-2	5	-1
22.	The 500+ benefit contributes to the exacerbation of social pathologies.	0	1	-5
23.	Most families spend the 500+ benefit properly, so it has a positive effect on the current and future situation of their children.	0	-1	3
24.	Eligibility for and the amount of the 500+ benefit should depend on the country's current economic situation.	1	2	2
25.	The fact that one parent decides to stop working in order to take care of children full-time once the family has become eligible for the 500+ benefit is a form of investment in the children's future.	-2	-4	0
26.	Lone mothers deserve higher benefits than families with both parents.	0	1	1
27.	People should decide to have children only if they can afford to bring them up without counting on state support.	4	3	-4

No.	Statement	Factor		
		1	2	3
28.	The main reason why many parents decide to have a child is the prospect of receiving the 500+ benefit.	-5	0	-4
29.	For the sake of the children, parents who behave improperly should not completely lose the right to receive state support.	-3	-1	5
30.	The 500+ benefit contributes to women's professional inactivity.	-1	0	-1
31.	Supporting families should be the primary obligation of the state.	1	0	3
32.	The 500+ benefit should be indexed annually in order to mitigate the effects of inflation.	-1	-1	3
33.	Parents who are unwilling to take up work should lose the right to receive the 500+ benefit.	2	5	-3
34.	When children who have received the 500+ benefit become adults, they will feel entitled to receive support from the state.	-2	-1	-5
35.	The state should develop social programmes that encourage parents to have children rather than support families who already have children.	0	-2	-2
36.	The 500+ benefit helps to ensure that the Polish pension system can function properly (more future employees paying contributions to finance pension payments).	-4	-2	1
37.	The 500+ benefit encourages parents to have children, which has a positive effect on Poland's demographic situation.	-5	-4	1
38.	It is unfair to offer the 500+ benefit without means-testing, when many pensioners receive low pensions.	-2	3	-1
39.	Immigrant parents deserve to receive the 500+ benefit, just like Polish parents, since they work and pay taxes in Poland.	4	1	3
40.	Depriving rich people of the right to receive the 500+ benefit would be a form of penalising them for being successful.	5	-3	-1
41.	The amount of the 500+ benefit should depend on the family's income.	-3	4	0
42.	The 500+ benefit has increased the sense of security among Polish families.	-1	-1	4
43.	The 500+ benefit should be paid only in the first years of a child's life when it is more difficult for the parents to work.	-3	1	-2
44.	The 500+ benefit should be higher.	-1	-5	1
45.	Lone mothers deserve the 500+ benefit more than families with both parents.	-2	2	2
46.	The 500+ benefit should be provided in the form of vouchers for basic products and services for children.	3	5	-1
47.	Most of the 500+ benefit is spent on basic goods.	0	-3	0
48.	There are a number of problems in Poland that need to be solved urgently and that's what public money should be spent on first of all.	1	3	-2
49.	Some people in Poland need financial support more than families with children.	0	2	0
50.	The quality of human capital of the new generation will increase thanks to the 500+ benefit because parents can afford to pay for additional activities that develop children's skills.	-1	-3	4

No.	Statement	Factor		
		1	2	3
51.	It is unfair that people without children have to contribute to the cost of raising other people's children through their taxes, which are spent to finance the 500+ programme.	2	3	-5
52.	Eligibility for the 500+ benefit should depend on the number of children in the family.	-4	0	0
53.	The state should first provide access to nurseries and kindergartens and only later offer financial support to parents.	5	4	-1

Results of analysis

The correlation matrix of Q sorts showed that respondents' opinions about the 500+ benefit and its beneficiaries varied considerably. The strongest positive correlation was 0.77, while the strongest negative correlation was 0.60. Factor analysis was carried out using principal component analysis (PCA) and varimax rotation. The calculation of factor loadings, which indicate the extent to which the Q sort is typical for the extracted factors, allowed the selection of respondents representing the identified factors (Table 3). Subsequently, the determination of Z-scores was crucial for the construction of factor arrays, which represent an average Q sort for particular factors, i.e. they indicate how a hypothetical respondent with a 100% loading on a particular factor would place statements on the Q grid. Factor arrays are presented in Table 2. Finally, the identified factors were named and described, also taking into account information obtained during brief post-sorting interviews with study participants.

Table 3. Factor loadings (N=28)

Respondent	Loading F1	Loading F2	Loading F3
R1	0.08	0.83	-0.16
R2	0.12	-0.34	0.69
R3	-0.22	0.08	0.78
R4	-0.20	0.59	-0.06
R5	0.23	-0.41	0.79
R6	0.32	0.68	-0.37
R7	0.29	0.16	0.47
R8	0.63	0.24	0.19
R9	0.66	-0.01	0.13
R10	0.46	0.32	0.30
R11	0.51	0.45	-0.57
R12	0.35	0.55	0.21
R13	0.72	0.11	-0.25

Respondent	Loading F1	Loading F2	Loading F3
R14	0.50	0.10	0.40
R15	0.59	0.25	0.35
R16	0.70	-0.35	-0.30
R17	0.65	-0.19	0.17
R18	0.30	-0.33	0.26
R19	0.08	0.62	0.02
R20	0.03	0.69	0.20
R21	0.66	0.22	-0.01
R22	0.47	-0.13	0.38
R23	0.42	0.00	-0.16
R24	-0.20	-0.13	0.80
R25	0.09	0.01	0.46
R26	-0.03	0.79	-0.30
R27	0.79	0.03	-0.14
R28	0.29	0.63	-0.51

Note: Grey cells indicate assignment to a particular factor

The analysis allowed the extraction of three factors represented by 12, 8 and 6 respondents, two respondents did not qualify for any factor (Table 4). Combined, these three factors explained 53% of the total variance, which is an acceptable level in social research (Rahma et al., 2020). The composite reliability of the individual factors ranged from 0.96 to 0.98. An alternative approach using a scree plot helped to distinguish four factors, but the presence of the additional, fourth factor did not enrich the analysis and left six respondents without assignment to an identified factors. It should be noted that the resulting gain in cumulative explained variance would be relatively small: 58% compared to 53% in the case of extraction of three factors.

Table 4. Extracted factors

Factor	Number of participants	Percentage of explained variance
Factor 1	12	19.6
Factor 2	8	17.1
Factor 3	6	16.3

Factor 1: "There are no better and worse children"

According to participants sharing this perspective, all children equally deserve to be supported by the Family 500+ programme (#5, +5) and as they noted *A child is a child* (R9, R22); *If the government decides to introduce this benefit, it should be available to all children* (R16); *There are no better or worse children* (R17) or *Don't segregate children, if it's for every child, then it should be every child* (R13). In their view, young people over 18 should also receive 500+ on condition that they are students (#19,

+3), bearing in mind that further education is also expensive. Following this line of thinking, they disagreed that 500+ should only be paid in the first stage of a child's life, when parents' work is significantly reduced (#43, -3). In addition, wealthy people should also be entitled to this benefit, as aspects such as economic and social status should not be taken into account (#2, +4; #15, -4; #41, -4): *It doesn't matter if it's a child of poor or rich and economically successful parents* (R16); *All children deserve to be treated in the same way, does the fact that I exceeded the threshold by 30 groszy mean that my child is worse? (R22).* Respondents agreed that depriving rich people of this support could be seen as a punishment for success (#40, +5). They also thought that 500+ was spent according to the needs of the children (#7, +3). There was also opposition to making the number of children in the family a criterion for eligibility and determining the amount of the benefit (#16, -4; #52, -4; #10, -3): *What's the difference between the first and a third child?* (R10); *The first child is not worse than a second or a third* (R22); *There should be no discrimination between families, no one should be favoured, everyone decides on their own how many children to have* (R13). Similarly, there was strong disagreement with the view that people who are able to save money from 500+ should not be given support because there is no real need for it (#17, -5): *If someone is able to save this money, it means that they are good at managing [their] money* (R21). The issue of foreigners' eligibility for the 500+ benefit also seemed important to those who shared this point of view. They agreed that foreigners should be entitled to the benefit due to the fact that they pay taxes in Poland and taking into account that Poles can receive family benefits in other countries (#13, +4; #39, +4): *Children of foreigners are not different from our children* (R21).

However, there was also agreement that the state should first provide access to nurseries and kindergartens and only later provide financial support to parents (#53, +5), bearing in mind that the lack of places in such institutions is an acute problem for many: *The biggest problem is not the money but access to kindergartens and no benefits will solve this problem* (R21); *There is a problem with nurseries, women tend to leave their jobs or reduce their working time because they can't organise childcare, their commute is too long, there are far too few places in kindergartens* (R8); *I wouldn't need this money if there was a nursery that my child could get to* (R14). Respondents thought that the benefit could take the form of tax relief or vouchers for children's necessities (#9, +4; #46, +3). They also admitted that Poland should keep the 500+ benefit as other European countries provide similar forms of family support (#14, +3). However, despite their rather positive and inclusive attitudes towards 500+, those who shared the view expressed in this factor were convinced that people should only decide to have children if they can afford to bring them up without relying on state support (#27, +4).

Furthermore, they felt that the desire to receive the benefit is not a motive for deciding to have a child and does not encourage to have children (#28, -5; #37, -5) because the amount of the benefit is simply too low: *The benefit is a drop in the ocean of needs and it is impossible to live on it, so it has not motivating effect* (R9); *For people who think reasonably, it is not enough to influence their decisions* (R9). Participants did not expect this family support to have a positive impact on the demographic situation in Poland (#36, -4). Nevertheless, there was no agreement that the benefit should be

higher (#44, -1). According to the respondents, receiving the 500+ benefit will not make children feel more connected to their country in the future (#12, -4).

Factor 2: "The benefit is justified but not in this form"

The second group of respondents were those who felt that the benefit should be provided in the form of vouchers for basic products and services for children (#46, +5), or by reducing the price of products for children (#20, +4): *It should be something other than money to make sure it is not used to pay for expenses unrelated to children* (R19), or *It would help to lower the cost of raising children* (R28). In the opinion of respondents, this change could have a positive impact on the public's perception of benefits: *This benefit is justified but not in this form* (R20); *the public evaluates it negatively* (R12); *If it was in the form of vouchers, people's views might change, it would be perceived differently* (R12). An important issue was also related to the state's monitoring of the use of the 500+ benefit (#21, +5): *The money should be spent on the child's needs but currently there is no supervision in this regard* (R4), especially that there were opinion that in some cases the money is not used to pay for basic goods (#47, -3): *Supervision would prevent misuse* (R19); *The state should not have unlimited trust in citizens and it should have the right to check if the money is spent on children's needs* (R20).

The willingness of parents to work was very important to respondents. According to people who share this point of view, it should be taken into account in the process of granting benefits as an eligibility criterion (#33, +5): *It should be for people who work, even part-time; if they can't work, they should not have so many children* (R6); *If someone doesn't want to work, why help them?* (R26). On the other hand, this solution could play a role of as a motivator to work: *Parents should be systematically encouraged to take up work, even just look for work* (R20), in turn, being active on the labour market would be a good example of behaviour for their children: *Parents should set an the example for the children by having a job* (R6).

The importance of being employed was also expressed by participants who thought that the benefit should take the form of an income tax relief (#9, +3): *Tax relief would be somewhat fairer, it would be a recognition of the value of employment, it would motivate [parents] to work* (R19). People should decide to have children only if they can afford to bring them up without counting on state support (#27, +3): *The state is offering the benefit now, but it may be eliminated one day; the ability to raise a child cannot depend on state support, parents should be financially independent* (R28*)* or *If they can afford to raise a child, it shows that take care of their life on their own* (R28). In line with this view, parents who refuse to work should lose their entitlement to 500+ (#6, +4). There was also disagreement with the statement that a parent's decision to stop working once the family is entitled to the 500+ benefit can be seen as a form of investment in the children's future (#25, -4).

Similarly to the people who shared the perspective expressed in Factor 1, respondents agreed that the state should first provide access to nurseries and kindergartens and only then provide financial support to parents (#53, +4): *Access to nurseries would be a form of support for parents, mainly to mothers; It would help them return to work; now, even if a mother wanted to go back to work, she cannot if she has no one to leave her child with*

(R28), or *An accessible nursery is a greater motivator to have children than this benefit, because women want to work, and the lack of nurseries may have a negative impact on their procreative decisions. PLN 500 cannot replace a salary* (R28).

Furthermore, they were also in favour of treating the family's income as a factor in determining how much support the family receives from the programme (#41, +4; #40, -3): *The state is supposed to help those in need, not everyone* (R26); *The richer you are, the lower the amount of benefit should be* (R20); *More for the poorest* (R19) and therefore did not see the introduction of additional eligibility criteria in the Family 500+ programme as equivalent to segregating children (#3, -4). For people who share this view, it is right to see parents' socio-economic status as an important criterion for eligibility (#2, -5; #5, -3): *Parents' financial should matter, because children don't earn a living* (R26). Nevertheless, there was disagreement that people who are able to save money from the programme should not be eligible for the benefit because they do not need it so much (#17, -3), emphasising the possible future needs of children: *It is OK that someone is able to save money from the 500+ benefit; it can be used for the children's future, e.g., their studies or to buy a flat* (R19). Respondents were against a progressive increase in support for each subsequent child in the family but also did not think that the benefit should be higher (#16, -4; #44, -5).

There was also a strong belief that the benefit would not make children feel more connected to the country in the future (#12, -5): *I don't think that the child will be grateful for this support, they will think that this form of support was available and they were entitled to it, so they will not treat it as a goodwill of the state* (R28) and that the benefit does not encourage parents to have children, which means that it would not have a positive impact on Poland's demographic situation (#37, -4). Moreover, respondents did not see the introduction of the 500+ benefit as a chance to improve the quality of human capital of the new generation in the future (#50, -3). They felt that there is a number of problems in Poland that need to be solved urgently (#48, +3), such as difficulties in accessing public health care or very low pensions (#38, +3). Taking these aspects into account, they felt that this is where public money should be spent first: *There are cases where huge sums of money are raised to treat sick children because parents are not able to pay the costs on their own, and there is no state support in such situations; I would prefer to know that the state will help me in such situations rather than get the 500+ benefit* (R28). There was also some agreement that the obligation on people without children to contribute to the cost of bringing up other people's children through paying taxes that are spent on the Family 500+ programme evokes feelings of unfairness (#51, +3).

Factor 3: "We are members of one society, so we should take care of each other"

From the point of view of people who share the perspective identified in Factor 3, families deserve to be supported because they bear the cost of bringing up children who will contribute to society in the future (#11, +5) and 500+ could improve the quality of human capital of the new generation (#50, +4): *The quality of capital is increasing, all countries implement such measures* (R24), what finally will affect positively not only their future, but also future of the country: *With this benefit, we appreciate children's contribution to the country's future; they will go to universities, we will have*

more professors and doctors (R7); *Thanks to education, they will have better chances of getting a job in the future and consequently paying taxes* (R5). In line with this, children are the future, so public money should be spent first on their education and development (#18, +4): *Europe is getting old, we need to take care of children's development* (R24). They see the support of families as a primary duty of the state (#31, +3): *The state should take care of all members of society, procreation is an important social function* (R5). In their opinion, it is no unproper, when parents count on state's help when they are planning to have a child (#27, -4) and the cost connecting with having children should not be borne solely by the parents (#1, -4). In their view, it is not inappropriate for parents to count on the help of the state when they plan to have a child (#27, -4) and the costs associated with having children should not be borne by the parents alone (#1, -4). They perceived this benefit as a support that made it possible to increase the feeling of security among Polish families (#42, +4), who in their opinion spend this benefit most properly (#23, +3): *Contrary to popular belief, research shows that this money is spent on basic goods and the children's needs* (R5). They also expressed the need for an annual indexation of the benefit, which would reduce the impact of inflation (#32, +3).

Multi-child families were seen by respondents as particularly deserving of support, given their significant contribution to society (#10, +4): *In my opinion, parents make a big contribution to society* (R5). Nevertheless, they were convinced that all children deserve support (#5, +3), including the children of foreigners (#13, +5), which was motivated by the lack of right to exclude someone from this support: *It's absurd to exclude someone from this support only based on their nationality* (R5), especially considering that they contribute to the common good by paying taxes in Poland (#39, +3).

According to the representatives of this Factor, parents who behave improperly should not lose all their right to state support for the sake of their children (#29, +5), but it should be provided in a different form or under special supervision. Furthermore, they agreed that childless people should contribute to the cost of raising children through taxation (#51, -5). This was explained by treating family support as a task carried out by the state, in the same way as providing infrastructure and other public facilities: *We are one society, so we should take care of each other and our needs, roads are also built with taxes, and yet I may not have a car and not use this road* (R5). The respondents believed that receiving the benefit did not foster a sense of entitlement in children or parents (#34, -5; #8, -4): *There will always be those who feel they are entitled to it, this benefit has nothing to do with it* (R24). Similarly, they disagreed that the benefit exacerbates social pathologies (#22, -5). However, they did not believe that receiving the 500+ benefit would make children feel a stronger bond with their country in the future (#12, -3). Participants also disagreed with the statement that many parents decide to have a child mainly because of the prospect of receiving the 500+ benefit (#28, -4), and with the statement that eligibility for this benefit should depend on parents' employment (#6, -3; #33, -3): *Everyone should be able to decide whether or not to stop working to raise a child* (R5), which is linked to the perception of parenthood as a valuable task. Finally, they thought that parents should be the only ones to decide whether to spend money from the benefit immediately or save it for the future, and therefore that it should not affect eligibility (#17, -3).

Identified factors in the context of deservingness theory

The analysis of the identified factors revealed that people apply different criteria of deservingness when considering the Family 500+ programme and its beneficiaries. Factor 1 is primarily associated with the equality criterion described by Laenen et al. (2019). Those who shared this point of view perceived all children as equally deserving of support and believed that children should be treated equally by the state. Consequently, they opposed the introduction of additional eligibility criteria, such as an income threshold, the number of children in a family, or the country of origin.

The representatives of Factor 2 applied the control, reciprocity, need and adequacy criteria that form part of the CARIN(A) framework (Michoń, 2021; van Oorschot, 2000). They favoured the existence of additional eligibility criteria to determine entitlement or benefit amount, particularly in relation to parents' behaviour. The provision of a decent standard of living for their children was perceived as the obligation of parents. Furthermore, they found that people should only decide to have children if they can afford to raise them without relying on state support. This line of thinking is an example of applying the control criterion. The issue of having a job also received much attention. According to people who shared this perspective, being employed or demonstrating an honest willingness to work should play an important role in setting eligibility criteria, which is related to the reciprocity criterion. They also agreed that stopping work should result in the loss of the right to benefit, which can also be attributed to the control criterion. The concern about the proper spending of money from the 500+ benefit by some parents, and support for granting the benefit in a form other than direct payment, was an expression of the application of the adequacy criterion. Finally, agreement that the 500+ benefit should be means-tested and that the state should mainly support those in real need is an implication of the need criterion.

Factor 3 relates to the reciprocity criterion that forms part of the CARIN framework (van Oorschot, 2000) and the social investment criterion identified by Laenen et al. (2019) and Heuer and Zimmerman (2020). From this perspective, there is a strong reciprocal relationship not only between parents and the state but also between members of society who should support each other as an expression of social solidarity. Accordingly, families make a significant contribution to society by raising new citizens, which is particularly important in an ageing society. Therefore, the state should support them. Current children will be future taxpayers and will perform jobs that are important for the functioning and development of society. In other words, they will contribute to the common good in different ways. Furthermore, the Family 500+ programme can be considered a form of social investment, improving the quality of future society by investing in children's needs. Taking all this into account, the cost of having and raising children should not be borne solely by parents, as society as a whole will benefit from having new citizens. The social investment criterion was applied strictly in relation to children, whereas the reciprocity criterion was applied more often in relation to the actions of parents and their role in society.

Discussion

Research in the field of deservingness has shown that people use different criteria to evaluate the deservingness of social programme beneficiaries. As Laenen (2020) stated, deservingness depends on how the group is evaluated in terms of specific deservingness criteria (deservingness perceptions), as well as the importance attached to these criteria (deservingness valuations). The basis for this is the CARIN framework developed by van Oorschot (2000), however, studies conducted by other authors have indicated that the list of possible deservingness criteria is not limited to those described by van Oorschot (Heuer & Zimmerman, 2020; Laenen et al., 2000; Michoń, 2021), and that it can be related to the form of support analysed. This means that the application of deservingness criteria and the focus attached to them are determined by the type of programme being judged, the differences between beneficiaries (secondary targeting; see: Meuleman et al., 2020), prevailing conditions in the country, and even the individual characteristics of those making judgements. In this context, the application of a qualitative research method seems to be a promising tool for better understanding not only the background to the evaluation but also how people grasp deservingness criteria (see: Michoń, 2021; Osipovič, 2015; Theiss, 2023), and how different criteria interact to form hybrid criteria. The Q methodology applied in this research combines elements of qualitative and quantitative research. The former allows very detailed material to be gathered on the topic at hand, and enables respondents to explain how they make judgements. The latter provides the "scientific basis of Q", as van Excel and de Graaf (2005, 8) refer to it, thanks to the use of statistical tools.

The results of the present study show that people's opinions of the same social programme vary considerably, which is the result of attaching importance to different aspects. This study is particularly relevant because the 500+ benefit is universal, whereas most studies in the field of deservingness concern benefits with limited eligibility, which are intended for people in difficult financial situations. Furthermore, the analysed benefit is specific, currently functioning with well-known eligibility rules, which makes the results more reliable. In turn, the fact that it is also available to better-off families can influence opinions and spark more heated discussions, including considerations about how the needs of families can be understood.

The obtained results indicated a certain degree of ambiguity in relation to the perception of 500+ benefit and their beneficiaries, which seems to be an intrinsic part of research focused on deservingness of families with children. The question is whose deservingness is really being judged: the children's or their parents'? This is often unclear but it is crucial because the answer seems to determine the application of particular deservingness criteria. This study has shown that people differ in their interpretations of which of these two groups – parents or children – are being evaluated. In line with this, people who represented the perspectives expressed by Factors 1 and 3 tended to focus on children (especially with regard to Factor 1). In turn, respondents who subscribed to the views identified by Factor 2 paid attention to the parents' situation (especially with regard to material circumstances) and their behaviour (particularly with regard to labour market activities).

Conclusion

The results of the study clearly indicate that the perception of the 500+ benefit and its beneficiaries varies considerably due to use of different criteria for evaluating deservingness. The three identified factors represent different points of view. The first factor expresses the view that all children equally deserves to be supported regardless of their parents' socio-economic status, the number of children in the family, or the country of origin, which is associated with the application of an equality criterion. The second factor focuses on parents' behaviour, such as being employed or willing to take up a job, the obligation to provide children with decent living conditions, and the proper spending of money. Furthermore, there was a conviction that benefit should be paid mainly to families who really need it. All of these issues indicate the use of control, reciprocity, adequacy, and need criteria. The third factor is linked to the awareness of a strong reciprocal relationship not only between the state and families, but also between all members of society, and the perception of the 500+ benefit as a form of social investment that will pay dividends in the future.

The study has its limitations. It should be noted that the results of a study using Q methodology cannot be generalised to the population, nor can they inform us of the percentage of people who share the views associated with each factor. Furthermore, they do not allow us to assume that no other points of view (factors) exist in society. However, despite these limitations, the study seems to be a valuable source of information about the different perceptions of 500+ benefit and its beneficiaries, especially when considering the multidimensionality that is an indispensable part of deservingness research and difficult to capture in purely quantitative research.

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Redefining wellness: assessing grassroots healthcare transformation in India

Abstract

This study provides a comprehensive analysis of service quality and empathy dimensions within Primary Health Centres (PHCs) in Kerala, India, to evaluate their impact on patient satisfaction. Using a descriptive and analytical research approach, primary data were collected from 400 patients across three districts – Malappuram, Ernakulam, and Thiruvananthapuram – using a stratified multi-stage sampling method. The study assesses critical service quality dimensions, including tangibility, reliability, responsiveness, assurance, empathy, accessibility, communication, safety and security. Statistical analysis reveals that empathy, a key driver of patient satisfaction, significantly shapes healthcare experiences alongside other dimensions like accessibility and safety. Demographic factors such as age, gender, and socio-economic status were found to influence patient perceptions, highlighting the need for tailored healthcare

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approaches. The findings underscore systemic challenges like infrastructure limitations, inconsistent grievance mechanisms, and inadequate provider-patient communication. Positive outcomes, including well-maintained facilities and competent staff, are offset by operational inefficiencies in service delivery. To address these gaps, the study recommends targeted interventions, including enhanced training in interpersonal skills, technological modernisation, and strategies to improve responsiveness, assurance, and empathy. This research contributes valuable insights into the strengths and weaknesses of Kerala's PHCs, offering actionable recommendations for policy-makers and healthcare administrators to enhance patient-centred care. By bridging critical gaps, PHCs can better align with India's broader equitable and high-quality healthcare goals. Future studies could expand the scope to explore the qualitative perspectives of healthcare providers and assess the impact of proposed interventions on patient satisfaction.

Keywords: health care delivery, service quality, Primary Healthcare Centres (PHC's), healthcare sector, empathy in healthcare

Health is universally regarded as a fundamental right. As a core determinant of individual satisfaction, happiness, and well-being, health remains a global priority, aptly captured by the adage "Health is Wealth". Beyond personal welfare, it is a critical driver of economic progress and societal advancement, forming the bedrock of modern development (Ghebreyesus et al., 2017). India's aspiration to become a healthy and developed nation by 2047, marking 100 years of independence underscores the urgency of strengthening its healthcare systems (Arakeri & Rao, 2024). A nation's health infrastructure is shaped by socio-political and economic forces, reflecting the evolving ideologies of its time (Sodhi & Singh, 2016). Healthcare remains a cornerstone of socioeconomic development, contributing significantly to GDP and employment (Attaran, 2022). In a country with over 1.3 billion people, ensuring equitable access to affordable and empathetic care, particularly at the primary level, poses an enduring challenge (Vishwakarma et al., 2022). Despite being conceived as the foundation of the healthcare system, India's public health services are often hampered by long wait times, infrastructure deficits, and eroding public trust, leading many to opt for private care (Sharma et al., 2021).

Access to quality healthcare is a human need and a prerequisite for balanced socioeconomic growth. Globally, the push toward equitable healthcare underscores the dynamic relationship between public health and national development (Ramani & Mavalankar, 2006). India's healthcare sector is rapidly expanding and knowledge-driven (Tiwari, 2021), achieving key milestones such as eradicating poliomyelitis, yaws, and maternal and neonatal tetanus. However, persistent burdens like communicable and non-communicable diseases, alongside a shortage of healthcare professionals, call for renewed attention to service quality and empathetic care (Akhtar & Ramkumar, 2023). India's ongoing urbanisation – projected to reach 590 million urban dwellers by

2030, introduces opportunities and systemic challenges. Addressing the health needs of marginalised populations, especially those in urban slums, is essential for achieving the Sustainable Development Goals (Shrivastava et al., 2023). The country's vast ethnic, socioeconomic, and geographical diversity amplifies disparities in healthcare access and outcomes (Behera et al., 2018). Despite advancements, inequities persist, making the focus on healthcare quality and human-centred care imperative (Kumar et al., 2020). While recent decades have witnessed notable improvements in population health and narrowing urban-rural divides, gaps remain (Mohan & Kumar, 2019). Evidence from various global contexts affirms that robust primary healthcare systems yield better health outcomes (Dutta et al., 2020). Community participation, long emphasised in global public health narratives, remains central to the success of PHC initiatives (Pandey et al., 1997). The 2005 National Rural Health Mission (NRHM) launched India's PHC infrastructure with renewed impetus (Rahman et al., 2020). As of March 31, 2022, India had 31,053 PHCs – 24,935 in rural and 6,118 in urban areas – underscoring these institutions' vast reach and strategic significance (Rural Health Statistics, 2021-22). Reliable data on the cost-effectiveness of care provided by community health workers (CHWs) is also vital for planning and evaluation (Prinja et al., 2014). The global discourse increasingly recognises PHC as central to health system resilience and accessibility (Ramani et al., 2019). Many low- and middle-income countries (LMICs), including India, have invested significantly in PHC systems to ensure affordable, essential care (Rao & Sheffel, 2018). Rising life expectancy in India can be attributed to health literacy, policy reforms, and community-centred services, with PHCs serving a pivotal role in promoting preventive and curative care (Bangalore Sathyananda et al., 2021). In rural India, PHCs are often the primary interface between the state and the people (Rajpurohit et al., 2013), with primary care physicians acting as gatekeepers and ensuring continuity of care (Starfield et al., 2005; WHO, 2008). Service quality, co-created by multiple stakeholders, remains essential to patient outcomes but often falls short of expectations. Enhancing patient empowerment – a crucial yet underexplored dimension – can significantly elevate care standards (Alemu et al., 2021). With rising health awareness and an ageing population, there is an urgent need for patient-centric, empathetic service models that meet evolving expectations (Fatima et al., 2018). Effective healthcare delivery must encompass preparedness, accessibility, and continuous support while fostering a friendly and compassionate care environment (Goula et al., 2021). Hospitals and health centres, including PHCs, are not merely clinical spaces but essential public institutions that reflect societal commitments to health, dignity, and human well-being (Murhadi & Karsana, 2021). PHCs thus serve as a vital bridge between formal health systems and the daily lives of individuals and communities (Tarun Dhyani et al., 2021). The Millennium Development Goals (MDGs), particularly those related to health, reaffirm the role of healthcare in combating poverty and enhancing quality of life, especially for vulnerable populations (Dodd & Cassels, 2006). A well-designed PHC system can meet most health needs regardless of socioeconomic or geographic barriers (Ghebreyesus et al., 2017). Ensuring equitable access, person-centred care, and community involvement are central to creating resilient healthcare ecosystems (Dhanya & Maneesh, 2016). Recent global scholarship emphasises that PHC must

prioritise disease prevention, health promotion, and efficient resource use to improve overall population health (Croke et al., 2024). Against this backdrop, this study investigates the quality and empathy dimensions of PHC services in Kerala India's frontrunner in public health outcomes. Through a descriptive-analytical framework, data were collected from 400 patients across Malappuram, Ernakulam, and Thiruvananthapuram using a stratified multi-stage sampling approach. This study is distinctive in its focus on care's interpersonal and emotional aspects particularly empathy as determinants of patient satisfaction. The analysis reveals that while infrastructure and service access are important, empathy, communication, and provider behaviour emerge as critical influencers of how patients perceive and engage with PHC services.

The findings offer valuable insights for healthcare providers, administrators, and policymakers seeking to enhance primary care's responsiveness, trust, and effectiveness. By foregrounding empathy as an operational priority, this study contributes to the discourse on transforming grassroots healthcare from a purely functional system into a deeply humane, inclusive, and aligned with India's larger developmental goals.

Review of literature

Organisational culture (OC) in government healthcare institutions remains an under-researched area in India. Purohit et al. (2014) emphasised the importance of core organisational values such as openness, trust, and autonomy in shaping service delivery at Primary Health Centres (PHCs). Their findings reveal a significant variance in value perceptions across staff categories, underscoring the need for autonomy and collaborative environments. This aligns with emerging perspectives that patient satisfaction is influenced by structural factors and the empathy and value systems embedded in healthcare delivery. Emerging literature explores how competing policy instruments influence public health outcomes, particularly in mixed healthcare systems. Dayashankar and Hense (2022) highlighted how Kerala's emergency care policies, overshadowed by insurance-driven programmes, have led to a shift from public service provision to private facilitation. This divergence reflects the broader tensions in New Public Management reforms. However, few studies have examined service quality and empathy within PHCs as determinants of patient satisfaction, a gap this study addresses through empirical insights from Kerala. Recent studies emphasise the urgent need to integrate mental health into primary healthcare, particularly in early childhood. Jacob et al. (2021) conducted a community-based assessment in Kerala revealing that over 30% of toddlers exhibited behavioural, emotional, or rhythm-related disturbances, underscoring service gaps in maternal mental health support. This aligns with the broader discourse on empathy and patient satisfaction in PHCs, where culturally relevant tools and collaborative models are advocated to improve holistic care outcomes in low-resource settings. Primary healthcare systems in low- and middle-income countries face persistent challenges, including limited consultation time and inadequate availability of trained professionals. These constraints often result in brief, illness-focused patient interactions, overlooking emotional and

psychological needs (Irving et al., 2017; Mukherjee et al., 2014). Empirical research highlights how organisational, technical, and individual factors shape evidence-based decision-making (EBDM) at the grassroots level (Sahota et al., 2024). Their study in Haryana found data-driven decision-making among Medical Officers influenced by data quality, management support, training, and technological competence. While data use remains suboptimal, fostering a data-conducive culture enhances programme outcomes. However, limited studies explore how service quality and empathy dimensions affect patient satisfaction in PHCs, especially in Kerala, indicating a gap this study seeks to address. Recent studies highlight the need for equitable access and quality in India's Primary Health Centres (PHCs), especially for marginalised groups. Mehta et al. (2024) found that public PHC utilisation in Bihar was evenly distributed across socioeconomic groups, yet adjusting for care quality slightly favoured wealthier users. Their benefit incidence analysis emphasises that high-quality, accessible services are vital for ensuring equity in public health delivery. Ugargol et al. (2023) highlight persistent challenges within India's public health system, exacerbated by underfunding, staffing shortages, and fragmented delivery mechanisms. They advocate for establishing a dedicated public health cadre and integrating family physicians to restore community trust in primary care. Sreelal et al. (2022) conducted a prescription-based study in Kerala revealing poor control rates of hypertension and diabetes, especially among patients with comorbidities. Their findings point to irrational prescribing patterns and significant disparities between public and private healthcare institutions. These results highlight systemic gaps in treatment quality, despite Kerala's advanced health indicators. Their study reinforces the urgency to examine institutional and provider-level factors – such as empathy, drug rationality, and adherence to clinical guidelines – to enhance patient-centred care in Kerala's primary healthcare system. Joseph et al. (2025) examined sex-based disparities in health service utilisation and satisfaction in Kerala's reformed PHC system. Their large-scale survey revealed that males exhibited greater awareness of reforms, while females were more likely to use public PHC services. The study also highlighted stark cost differences between public and private providers. These findings underscore the influence of gender in shaping health-seeking behaviour and satisfaction, reinforcing the need for equitable, gender-sensitive service delivery models in Kerala's grassroots healthcare system. India's primary health care (PHC) system has historically lacked a coherent framework to address its rapidly transitioning health needs (Biswas et al., 2009). Fragmented services, limited family medicine integration, and an underprepared workforce pose challenges to equitable care. However, emerging technologies and community-based approaches offer avenues to enhance PHC delivery. India's healthcare landscape has undergone structural reforms to address disparities in access, particularly through the Ayushman Bharat initiative. Pillai and Obasanjo (2022) compared Kerala and Tamil Nadu in implementing the AB-PMJAY scheme and highlighted systemic challenges such as low reimbursement rates and eligibility misclassification. Based on frontline health worker interviews, their qualitative assessment revealed how political alignments and administrative differences influenced the scheme's effectiveness. These findings underline the need for decentralised, empathetic service delivery models – providing a relevant foundation for examining patient satisfaction and service quality at the

grassroots level in Kerala's PHCs. The evolution of Universal Health Coverage (UHC) is closely tied to the Alma-Ata Declaration of 1978, yet local implementations often predate and transcend this global milestone. Beaudevin et al. (2023) emphasise the foundational role of Primary Health Care (PHC) systems in Tanzania, Oman, and Kerala, highlighting shared priorities such as rural outreach, accessibility, non-medical workforce training, and integrated health delivery. These localised efforts reflect diverse trajectories but collectively underscore the enduring significance of PHC in constructing equitable and sustainable healthcare frameworks across varied geopolitical landscapes. Golechha et al. (2021) underscore how rural primary care providers (PCPs) in India demonstrated remarkable resilience despite systemic deficiencies during the COVID-19 crisis. Their qualitative study revealed gaps in epidemic preparedness, inadequate mental health support, and training limitations, all impacting service quality. Yet, social and institutional encouragement fostered perseverance. These insights highlight the urgent need to enhance PCPs' emotional well-being and professional development, particularly in grassroots health systems, to ensure sustainable, patient-centric primary healthcare delivery. Recent studies on Kerala's community-based healthcare, particularly in palliative care, emphasise the critical role of support groups and community nurses in enhancing psychosocial outcomes. George and Ganesh (2024) highlighted how outpatient meetings facilitated by trained nurses addressed cancer stigma, promoted informed care decisions, and improved quality of life. These insights underscore the Kerala model's holistic and inclusive approach, reaffirming the value of empathetic service delivery and frontline healthcare providers in grassroots wellness transformation. Community health workers (CHWs) play a pivotal role in primary care delivery across low-resource settings, acting as essential liaisons in promoting wellness and disease prevention (Yasobant et al., 2021). Studies increasingly recognise the evolving scope of CHWs from traditional health promotion roles to potential One Health activism especially in community-centric models. The motivation, systemic support, and service quality dimensions like empathy are now critical in assessing CHWs' impact and the transformative potential of grassroots healthcare delivery systems in India. Through this comprehensive review, it becomes evident that while India's Primary Health Centres (PHCs), particularly in Kerala, have made notable progress in enhancing physical access and service coverage, critical qualitative dimensions such as empathy, patient-centred communication, and institutional responsiveness remain underexplored and inconsistently addressed. Existing literature underscores organisational culture, health system design, and provider-patient dynamics profoundly influence service quality and patient satisfaction. However, studies like those by Purohit et al. (2014) and Sahota et al. (2024) suggest that top-down reforms and performance metrics often overshadow these structural elements that neglect the humanistic core of care. Moreover, the review highlights that while Kerala is frequently cited as a model for public health innovation, recent research (e.g., Sreelal et al., 2022; Joseph et al., 2025) reveals systemic disparities in care delivery, gender-based service utilisation patterns, and rational prescribing practices. Similarly, although national schemes such as Ayushman Bharat aim to universalise access, their impact remains mediated by localised administrative efficiency, provider motivation, and community trust areas where empathetic engagement becomes

critical. The literature also signals an emerging consensus that empathy, interpersonal competence, and responsiveness should not be ancillary but central to evaluating PHC performance. However, empirical studies integrating these soft dimensions into measurable service quality frameworks remain sparse, particularly within the Indian context. While global and regional studies (e.g., Beaudevin et al., 2023; Golechha et al., 2021) validate the relevance of community-based and culturally responsive healthcare models, few have empirically tested how these translate into patient satisfaction outcomes at the grassroots level. Thus, this study addresses a significant knowledge gap by empirically examining the relationship between service quality, particularly the empathy dimension and patient satisfaction within Kerala's PHCs. By grounding the analysis in patient-reported experiences across diverse districts, the study not only contributes to the academic discourse on healthcare quality but also offers actionable insights for policymakers, health administrators, and frontline providers striving to strengthen India's primary healthcare system through more humanised, inclusive, and accountable service delivery mechanisms.

Study objectives

- To evaluate the influence of tangibility, reliability, responsiveness, assurance, empathy, accessibility, communication, and safety and security on patient satisfaction at Primary Health Centres (PHCs) in Kerala.
- To analyse the relationship between healthcare providers' empathy and patient satisfaction at PHCs in Kerala.
- To examine the impact of demographic factors (age, gender, socio-economic status) on patient perceptions of service quality dimensions – accessibility, communication, and safety and security – at PHCs in Kerala.
- To identify barriers to delivering high-quality healthcare services, focusing on tangibility, communication, safety, and security at PHCs in Kerala.
- To recommend strategies for improving service quality dimensions, focusing on responsiveness, assurance, empathy, and communication while addressing challenges related to accessibility, tangibility, safety, and security at PHCs in Kerala.

Research questions

- How do service quality dimensions – tangibility, reliability, responsiveness, Assurance, empathy, accessibility, communication, safety, and security – affect patient satisfaction at Primary Health Centres in Kerala?
- What is the relationship between healthcare providers' empathy and patient satisfaction at PHCs in Kerala?
- How do demographic factors (age, gender, and socio-economic status) influence patient perceptions of accessibility, communication, safety, and security at PHCs in Kerala?
- What challenges do Primary Health face in delivering high-quality healthcare, particularly in tangibility, communication, safety, and security?

- What strategies can be implemented to enhance responsiveness, assurance, empathy, and communication, and address barriers in accessibility, tangibility, safety, and security at PHCs in Kerala?

Methods

This study adopts a descriptive and analytical research approach to evaluate service quality and empathy dimensions in India's primary health sector, with a focused regional study in Kerala. The methodological choice stems from the need to understand patient-centred experiences in a socio-politically and epidemiologically unique state. Kerala has long been regarded as a model for inclusive and equitable healthcare in India due to its high literacy rates, especially among women, strong public health infrastructure, effective land reforms, and widespread access to public distribution systems. These factors collectively contribute to Kerala's distinct health outcomes, such as high life expectancy and low infant and maternal mortality rates comparable to those in developed economies. However, in recent decades, the state has also faced a dual burden of emerging communicable diseases and a surge in non-communicable diseases (NCDs), such as diabetes and hypertension. Additionally, the health challenges of marginalised groups, growing privatisation, and rising treatment costs necessitate a closer examination of public healthcare delivery especially at the grassroots level. Given these unique dynamics, Kerala provides a robust case for understanding how primary health systems function under stress and transformation. Primary Health Centres (PHCs), the first contact point for millions of residents, are particularly relevant in this context. The study's focus on PHCs allows for an in-depth evaluation of the grassroots healthcare experience. The research adopted a multi-stage sampling design to capture these realities and ensure representativeness and depth. Kerala was stratified into three regions North, Central, and South each representing geographical, cultural, and administrative diversity. The districts selected Malappuram (North), Ernakulam (Central), and Thiruvananthapuram (South) were chosen based on healthcare density and regional importance through judgmental sampling. Subsequently, stratified proportionate simple random sampling was used to select 149 PHCs (45 in Thiruvananthapuram, 50 in Ernakulam, and 54 in Malappuram), using a random number generator in Microsoft Excel to ensure impartiality. In the final stage, purposive sampling was used to recruit 400 patients who met specific inclusion criteria: individuals aged 18 and above, with at least two outpatient visits to the selected PHCs. Equal representation from rural and urban areas was ensured to capture diverse service perceptions. Ethical procedures included informed consent and a detailed explanation of the study's purpose to all participants. The structured questionnaire used for primary data collection consisted of multiple-choice and Likert-scale items to assess patient perceptions of eight service quality indicators: tangibility, reliability, responsiveness, assurance, empathy, accessibility, communication, safety, and security. These indicators are grounded in the SERVQUAL model and adapted for the Indian primary healthcare context, where patient-provider interactions, communication, and safety directly affect trust, adherence, and revisit intention.

Kerala's people-centric and equity-based healthcare ethos informs the focus on empathy as a central indicator. Empathy in provider behaviour is particularly significant given the increasing mental health burdens, ageing population, and historically marginalised communities in the state. Including accessibility and communication, dimensions reflect systemic gaps observed in earlier health evaluations, especially in reaching vulnerable groups like fisherfolk, Adivasis, and women in remote areas. Data were analysed using the Statistical Package for the Social Sciences (SPSS) version 20.0 for advanced statistical tests, while Microsoft Excel supported graphical and preliminary analysis. Normality tests confirmed a near-normal distribution, validating the use of parametric methods. Descriptive statistics, correlation analysis, and regression models were employed to assess the relationship between service quality indicators and patient satisfaction, supplemented by subgroup analysis based on age, gender, and socioeconomic status.

Results

Table 1. Dimensions of Service quality – tangibility

Measure	Mean ($\bar{X}$)	Standard Deviation (SD)	Sample Size (N)
Professional and well-groomed staff and doctors	4.11	0.719	200
Clean, tidy, and hygienic conditions	3.89	0.886	200
Availability of safety measures (e.g., handrails, ramps)	3.89	0.884	200
Sufficiency of space in the health centre	3.62	1.119	200
Basic physical facilities are visually appealing and comfortable	3.58	1.029	200
Availability of Complaint Box/Complaint Book	3.49	1.116	200
Modernised equipment	3.48	1.051	200
Availability of information boards	3.79	0.966	200

Table 1 illustrates the analysis of tangibility as a dimension of service quality, highlighting significant variations across its measures. The highest-rated factor was "Professional and well-groomed staff and doctors" ($\bar{X}$= 4.11, SD = 0.719), indicating the critical role of personnel professionalism in shaping service quality perceptions. This was closely followed by "Clean, tidy, and hygienic conditions" ($\bar{X}$= 3.89, SD = 0.886) and "Availability of safety measures" ($\bar{X}$= 3.89, SD = 0.884), emphasising the importance of cleanliness and safety in healthcare environments. However, the lowest-rated measure, "Modernised equipment" ($\bar{X}$= 3.48, SD = 1.051), points to a potential gap in technological infrastructure that may require immediate attention to meet patient expectations. Similarly, "Availability of Complaint Box/Complaint Book" ($\bar{X}$= 3.49, SD = 1.116) suggests room for improvement in grievance mechanisms. The findings underscore the need for healthcare facilities to prioritise the professional presentation of staff and infrastructural advancements, as these are pivotal in enhancing patient satisfaction and overall service quality.

Table 2. Reliability as a Dimension of Service Quality

Measure	Mean ($\bar{X}$)	Standard Deviation (SD)	Sample Size (N)
Experienced and knowledgeable staff	4.18	0.726	200
Consistency in service	4.12	0.724	200
Timely service	3.84	0.794	200
Availability of promised service	3.71	0.980	200
Complaints of the patients are handled well	4.00	0.726	200
Accuracy in maintaining records	3.70	0.947	200

The descriptive analysis of Reliability, as shown in Table 2, highlights the performance of six measures constituting this critical dimension of service quality. Among these, the most prominent measure was "Experienced and knowledgeable staff" ($\bar{X}$= 4.18, SD = 0.726). This indicates that patients perceive the expertise and competence of healthcare personnel as the most reliable attribute, fostering trust, and confidence in primary health services. The low standard deviation reflects a high level of agreement among respondents, further underscoring its critical role in shaping service quality perceptions. The second-highest mean score was recorded for "Consistency in service" ($\bar{X}$ = 4.12, SD = 0.724), emphasising the importance of uniformity and dependability in healthcare delivery. Patients valued consistent service experiences, reinforcing their expectations of reliable care during each visit.

"Timely service" ($\bar{X}$= 3.84, SD = 0.794) received moderate ratings, suggesting that while timeliness is acknowledged as a key component of reliability, its current performance leaves room for improvement. Addressing delays and ensuring prompt service delivery could significantly enhance patient satisfaction. "Availability of promised service" ($\bar{X}$ = 3.71, SD = 0.980) and "Accuracy in maintaining records" ($\bar{X}$ = 3.70, SD = 0.947) scored the lowest among the reliability indicators. These measures' relatively high standard deviations indicate considerable variability in patient experiences, pointing to potential inconsistencies in fulfilling service commitments and administrative precision. These findings signal the need for targeted interventions to strengthen service reliability's availability and documentation aspects. Complaints handling achieved a favourable mean score of 4.00 (SD = 0.726), reflecting the effectiveness of grievance redressal mechanisms in the healthcare sector. While this measure demonstrates satisfactory performance, continually enhancing patient feedback systems could further bolster reliability perceptions.

Overall, the analysis underscores that the reliability dimension is primarily driven by the quality of staff and service consistency. However, addressing gaps in record accuracy and service timeliness can further enhance the perception of reliability in primary healthcare services. These findings provide actionable insights for healthcare administrators to improve service quality and empathy, aligning with patient expectations.

Table 3. Dimensions of service quality – responsiveness

Measure	Mean ($\bar{X}$)	Standard Deviation (SD)	Sample Size (N)
Promptness of service	3.83	0.916	200
Willingness to help	3.90	0.743	200
Attentiveness towards the patient	3.88	0.891	200
Supportive advice and instructions given	3.84	0.853	200
Timely official intervention in resolving patients' issues	3.86	0.897	200
Quickness in attending calls	3.70	0.887	200
Waiting time for service is minimum	3.70	0.992	200

The dimension of responsiveness was evaluated using seven measures, providing insight into the performance of primary healthcare services in India. Among these measures, the highest-rated attribute was "Willingness to help" ($\bar{X}$= 3.90, SD = 0.743), indicating that healthcare providers are perceived as willing to assist patients effectively. This is closely followed by "Attentiveness towards the patient" ($\bar{X}$= 3.88, SD = 0.891), suggesting that empathetic and focused interactions significantly contribute to perceived service quality.

Conversely, the least prominent measures were "Quickness in attending calls" ($\bar{X}$= 3.70, SD = 0.887) and "Waiting time for service is minimum" ($\bar{X}$= 3.70, SD = 0.992). These findings highlight potential areas for improvement, particularly in minimising wait times and enhancing the responsiveness of communication systems. Interestingly, the standard deviations reveal variations in patient perceptions. For instance, "Waiting time for service" exhibited the highest standard deviation (SD = 0.992), suggesting inconsistency in service delivery. In contrast, the relatively lower standard deviation for "Willingness to help" (SD = 0.743) indicates more uniformity in patient experiences. These results underscore the need for targeted interventions in healthcare management to balance promptness and empathetic care. Efforts to reduce delays in attending calls and wait times could further enhance the overall responsiveness of the healthcare system. Furthermore, leveraging the strengths of existing positive attributes such as attentiveness and willingness to help could serve as a foundation for broader service improvements.

Table 4. Assurance dimension in service quality

Measure	Mean ($\bar{X}$)	Standard Deviation (SD)	Sample Size (N)
Politeness and courtesy towards patients	3.72	0.973	200
Providing encouragement, assurance, and trust to patients	3.73	0.940	200
Sufficiency of time allotted for patient diagnosis	3.98	0.789	200
Maintenance of patient privacy	3.96	0.791	200

Table 4 illustrates the descriptive statistics of the assurance dimension of service quality reveal nuanced insights into patients' perceptions in India's primary healthcare sector. Of the four measures evaluated, the highest mean score was observed for the item "Sufficiency of time allotted for patient diagnosis" ($\bar{X}$ = 3.98, SD = 0.789), indicating that patients generally perceive the time allocated for their diagnosis as adequate. This finding suggests that time management is crucial to patients' overall satisfaction and trust in healthcare services. The standard deviation is relatively low, reflecting moderate consistency in the responses, although some variability in patient perceptions remains. The second-highest mean score was recorded for "Privacy of patient is maintained" ($\bar{X}$ = 3.96, SD = 0.791). This strong rating underscores the importance of privacy in primary healthcare settings, which contributes significantly to building trust between healthcare providers and patients. The low standard deviation indicates a high degree of agreement among respondents, highlighting that privacy is widely valued across the sample. In comparison, the measures "Providing encouragement, assurance, and trust to patients" ($\bar{X}$= 3.73, SD = 0.940) and "Politeness and courtesy towards patients" ($\bar{X}$= 3.72, SD = 0.973) received slightly lower ratings. The relatively higher standard deviations for these items suggest more significant variability in patient experiences, indicating that while some patients felt adequately supported and treated with respect, others reported more inconsistent or less satisfactory interactions with healthcare providers. This variability may reflect differences in the interpersonal skills of healthcare professionals or differences in patient expectations, both of which warrant attention to improve overall service quality. These findings point to key areas where primary healthcare services in India may benefit from targeted improvements. The higher ratings for time sufficiency and privacy suggest that these aspects are already well-managed. A greater focus on enhancing politeness, courtesy, and consistent encouragement from healthcare providers could improve patient experiences. These improvements are vital in ensuring a more holistic and empathetic healthcare environment, ultimately leading to increased patient satisfaction and trust in the primary healthcare sector.

Table 5. Empathy as a dimension of service quality

Measure	Mean ($\bar{X}$)	Standard Deviation (SD)	Sample Size (N)
Remembers patients' previous problems and preferences	3.66	1.068	200
Ability to console the patients	3.69	0.893	200
Empathetic attitude towards the patients	3.84	0.829	200

Table 5 analysing the descriptive statistics of empathy as a dimension of service quality in India's primary healthcare sector provides insightful findings regarding patient perceptions of empathy-based interactions. As shown in Table 5, the measure of "Empathetic attitude towards the patients" (Mean = 3.84, SD = 0.829) emerged as the most prominent indicator of empathy. The relatively low standard deviation

suggests that respondents consistently perceive healthcare providers as demonstrating a high level of empathy through positive emotional engagement and an overall caring attitude. This indicates that healthcare workers successfully convey compassion, which is a critical element of patient satisfaction in healthcare settings.

On the other hand, the measure of "Ability to console the patients" ($\bar{X}$= 3.69, SD = 0.893) is closely followed in importance, with a slightly higher variability in responses. While healthcare providers are generally viewed as capable of offering emotional support, the variation in patient feedback suggests that there may be occasional gaps in the consistency and effectiveness of such consolatory behaviours. This finding suggests a potential area for improvement, as ensuring a uniform level of emotional support could further enhance patient experience and care satisfaction. The measure "Remembers patients' previous problems and preferences" ($\bar{X}$= 3.66, SD = 1.068) was found to be the least prominent empathy-related factor. The higher standard deviation associated with this measure indicates significant variability in how patients perceive their healthcare providers' attentiveness to their past medical history and preferences. This inconsistency may suggest that healthcare professionals could improve their ability to recall and act on prior patient information, essential for delivering personalised, patient-centred care. Addressing this gap could lead to a more cohesive and responsive healthcare experience, fostering stronger patient-provider relationships and improving overall service quality. In a nutshell, while the overall display of empathy within India's primary healthcare sector is commendable, the findings suggest opportunities for enhancing specific empathetic behaviours, particularly in remembering patient histories and preferences. Such improvements could contribute significantly to the overall quality of care, ensuring that patients feel emotionally supported and personally valued.

Table 6. Dimensions of accessibility

Accessibility Measure	Mean ($\bar{X}$)	Standard Deviation (SD)	Sample Size (N)
Easy access to service location	3.57	0.970	200
Access to different service facilities	4.08	0.802	200
Pharmacy and laboratories are easily accessible	3.82	0.962	200
Access to toilets	3.87	0.955	200
Access to parking area	3.84	0.912	200
Accessibility of boards with information	3.80	0.968	200

Table 6 highlights the variations in perceptions of accessibility within India's primary healthcare services. Among the six accessibility measures, "Access to different service facilities" emerged as the most prominently rated aspect, with a mean score of 4.08 (SD = 0.802). This suggests that respondents considered the availability of diverse healthcare services to be a key strength of primary health facilities. In contrast, "Easy access to service location" received the lowest mean score of 3.57 (SD = 0.970),

indicating potential challenges related to the location or transportation infrastructure, which could act as barriers to healthcare access. Other important factors such as "Access to toilets" ($\bar{X}$= 3.87, SD = 0.955), "Pharmacy and laboratories are easily accessible" ($\bar{X}$= 3.82, SD = 0.962), and "Access to parking area" ($\bar{X}$= 3.84, SD = 0.912) also received relatively favourable ratings. These scores suggest that, while patients generally had positive experiences regarding basic amenities and healthcare resources, there remains room for improvement. Similarly, "Boards with information are accessible" ($\bar{X}$= 3.80, SD = 0.968) reflects the importance of effective signage and communication within healthcare settings, which could be enhanced to better guide patients and visitors. These findings underscore the importance of improving accessibility across various dimensions to enhance overall service quality in primary healthcare settings. Specifically, addressing the challenges related to service location accessibility could be a key focus for future healthcare infrastructure development, ensuring that geographical or transportation barriers do not deter patients. Additionally, while the other accessibility measures scored positively, continuous efforts to improve facilities such as parking, signage, and sanitation will further elevate the patient experience and improve healthcare outcomes.

Table 7. Dimension of service quality – communication

Measure	Mean ($\bar{X}$)	Standard Deviation (SD)	N
Information provided at the registration counter is easy to understand	3.44	1.159	200
Communication about the diagnosis to the patient well communicated	3.98	0.823	200
Local language is used for communicating the information to the patients	3.91	0.914	200
Lab report by lab technician is communicated clearly	4.27	0.691	200
Medical prescription is explained well by pharmacist	3.73	1.032	200
Information about Grievance Redressal is displayed	3.80	0.997	200
Information about the type of service available is (Sources-Authors) being displayed	3.71	1.050	200

Table 7 reveals a variation in the effectiveness of communication measures, with significant differences in mean scores, suggesting varying levels of perceived service quality. The highest-rated measure was "Lab report by lab technician is communicated clearly", which achieved a mean score of 4.27 (SD = 0.691). This suggests that patients perceive lab technicians as highly effective in conveying lab results, critical for accurate diagnosis and treatment planning. This substantial communication measure likely improves patient trust and satisfaction with healthcare delivery. Following this, "Communication about the diagnosis to the patient well communicated" garnered a mean score of 3.98 (SD = 0.823), indicating that communication regarding diagnosis is generally effective. However, there may be room for improvement in making this

information accessible and comprehensible to all patients. On the lower end of the spectrum, the measure "Information provided at the registration counter is easy to understand" had the lowest mean score of 3.44 (SD = 1.159), suggesting that patients find the information provided during registration less clear. The relatively high standard deviation for this measure implies a significant variability in patient perceptions, which could reflect issues in the consistency of communication at the point of entry into the healthcare system. Other measures, such as the use of local language in communication ($\bar{X}$ = 3.91, SD = 0.914) and the clarity of medical prescriptions ($\bar{X}$ = 3.73, SD = 1.032) were rated moderately, highlighting areas of communication that could benefit from standardisation or additional training to ensure clarity and understanding across diverse patient populations. The findings underscore the importance of effective communication in enhancing service quality within India's primary healthcare sector. The results suggest that while certain aspects of communication, such as the clarity of lab reports, are well-received, there remain gaps in areas like registration information and prescription explanations that could impact the overall patient experience. Improving these aspects of communication can contribute to a more patient-centric approach, ultimately leading to enhanced healthcare quality and patient satisfaction. Future interventions should focus on standardising communication practices, especially at the registration counter, and ensuring that medical and diagnostic information is conveyed comprehensively and in accessible language. Addressing these communication gaps could strengthen the quality of patient care, fostering a more empathetic and efficient healthcare system.

Table 8. Safety and security dimension of service quality

Measure	Mean ($\bar{X}$)	Standard Deviation (SD)	N
Safety of the premises is maintained	3.58	1.162	200
Visiting policy is maintained	3.85	0.857	200
Sanitary practices and level of care followed by hospital staff	3.62	1.000	200
Burning of waste is not carried out in PHC	3.86	0.964	200
No stray animal in PHC	3.60	0.935	200

The descriptive statistics analysis for the Safety and Security dimension underscores key insights into the service quality measures in India's primary health sector. The highest mean score was recorded for the measure "Burning of waste is not carried out in PHC" ($\bar{X}$= 3.86, SD = 0.964), suggesting strong adherence to waste management protocols in most primary health centres (PHCs). This aligns with increasing awareness and enforcement of the sector's environmental and health safety standards. Similarly, "Visiting policy is maintained" also showed a high mean score ($\bar{X}$= 3.85, SD = 0.857), reflecting the consistent application of structured policies to regulate patient and visitor access, contributing to overall safety and control within these facilities. Conversely, while measures such as "Safety of the premises is maintained" ($\bar{X}$= 3.58,

SD = 1.162) and "No stray animal in PHC" ($\bar{X}$ = 3.60, SD = 0.935) exhibited relatively lower mean scores, their higher standard deviations point to variability in implementation across facilities. This suggests room for improvement in physical infrastructure and operational consistency. The moderate score for "Sanitary practices and level of care followed by hospital staff" ($\bar{X}$= 3.62, SD = 1.000) reflects ongoing challenges in maintaining uniformity in hygiene practices despite awareness campaigns and training initiatives. These findings emphasise the critical need for targeted interventions to address the variability observed in safety and security measures. While policy frameworks appear robust in some areas, consistent implementation and monitoring are essential to elevate overall service quality in the primary health sector. Addressing gaps in sanitary practices and physical safety measures will require a combination of policy enforcement, resource allocation, and community engagement to foster an environment conducive to quality and empathetic care.

Discussions

The study's exploration of service quality dimensions within Kerala's Primary Health Centres (PHCs) uncovers key factors influencing patient satisfaction at the grassroots level. Evaluating service quality in Kerala's Primary Health Centres (PHCs) offers critical insights into patient experiences and the operational realities of grassroots healthcare delivery. The multidimensional analysis highlights entrenched strengths and systemic gaps, reinforcing the need for a comprehensive, patient-centred approach to primary healthcare reform in the state. **Tangibility**, as a dimension, extends beyond aesthetics to encompass the physical cues that patients associate with professionalism, safety, and competence. The consistently high ratings for staff grooming and facility cleanliness reflect an ingrained culture of hygiene and visual assurance in PHCs, which aligns with Kerala's long-standing emphasis on public health. Patients, especially those from rural or less literate backgrounds, often assess care quality through such observable cues, making these findings highly significant. However, the low scores for modernised equipment and ineffective grievance mechanisms highlight an imbalance. While the environment appears reassuring, the underlying medical infrastructure and administrative processes require urgent modernisation. Addressing this disparity would necessitate capital investment in diagnostic technologies and developing structured, transparent complaint redressal systems beyond informal interactions. The **reliability** dimension focuses on the operational consistency and trustworthiness of PHCs. High ratings for staff competence and consistent service delivery reaffirm that Kerala's human resources for health remain its most valuable asset. However, the moderate scores for timely service and availability of promised care point toward capacity strain – perhaps stemming from high patient volumes, staff shortages, or supply chain inefficiencies. Moreover, record accuracy and documentation weaknesses suggest that PHCs may struggle with continuity of care, especially for chronic patients or those with complex histories. The dichotomy between interpersonal responsiveness and weak institutional processes reveals a deeper issue: the absence of integrated systems for quality monitoring and

data management. Investments in electronic health records (EHRs), staff training on documentation, and workflow optimisation could address these reliability concerns.

The findings Empathyate an important paradox in assessing empathy: while frontline providers are largely perceived as compassionate, this Empathy does not consistently extend into continuity and depth of care. High variability in responses regarding staff's ability to remember patient histories or offer emotional support underscores the influence of individual personalities and workloads rather than structured institutional practices. This inconsistency is especially problematic in primary care settings, where patient engagement, trust, and continuity are vital. Embedding emotional intelligence training into continuing medical education, encouraging reflective practice, and integrating empathy metrics into performance evaluations may standardise empathetic care delivery. Additionally, PHCs could benefit from tools that support relational continuity, such as patient-held records or digital prompts for providers to recall personal patient information.

Accessibility, a foundational goal of primary healthcare, reveals both achievement and exclusion. The availability of services within the PHC premises received strong endorsements, validating Kerala's co-locating diagnostics, pharmacy, and clinical care model. However, physical access to these centres remains uneven, particularly in remote or geographically challenging areas. This underscores the need to rethink accessibility in terms of service presence and actual reach. Transport challenges, inadequate parking, and underwhelming signage all impede equitable access, especially for the elderly, persons with disabilities, and the illiterate. Addressing these issues requires more than infrastructure it involves inclusive design thinking. Localised innovations such as community transport networks, health worker-led navigation support, and multilingual, pictorial signage can bridge the accessibility gap meaningfully. Further, digital interventions like telemedicine must be matched with efforts to overcome digital literacy barriers and ensure culturally sensitive interfaces.

Communication, a dimension that cuts across the patient care journey, was marked by significant variation in quality. Patients appreciated the clarity in lab result communication and diagnostic explanations, suggesting that specific clinical processes follow standard protocols. However, the communication breakdowns at the registration counters and in explaining prescriptions reflect a lack of attention to the patient's informational needs during critical moments. The relatively low rating for local language use further exposes linguistic mismatches that can exacerbate patient confusion or anxiety. These shortcomings could be addressed through structured communication training, standardised scripts, and the deployment of community health volunteers fluent in local dialects. Moreover, visual aids, digital kiosks, and simplified forms can enhance patient understanding while reducing reliance on medical jargon.

In examining safety and security, the study points to partial adherence to regulatory and infrastructural norms. Favourable ratings for biomedical waste disposal and visiting policy adherence reflect institutional alignment with national health mandates and infection control principles. Nevertheless, lower scores for indicators such as stray animals, safety of premises, and staff hygiene highlight operational inconsistencies that can undermine patient confidence. The variability in these indicators suggests

uneven implementation rather than systemic neglect. Addressing these issues will require consistent supervision, periodic facility audits, and community oversight mechanisms. Strengthening health and safety training, ensuring the availability of basic resources, and introducing feedback loops can institutionalise safe care environments.

A broader synthesis of findings reveals a system between historical strength and emerging complexity. Kerala's PHCs demonstrate commendable performance in professional conduct, clinical availability, and foundational hygiene – outcomes that reflect decades of investment in public health literacy and decentralised governance. However, the study exposes structural challenges related to documentation, infrastructure, empathetic engagement, and systemic responsiveness. The results suggest that further gains in healthcare quality will require a shift from input-based models to function-based evaluations prioritising how services are delivered, perceived, and experienced by patients.

From a policy perspective, several strategic interventions emerge. First, digital transformation encompassing EHRs, appointment systems, and mobile health – can significantly enhance service coordination, timeliness, and record accuracy. Second, embedding patient-centred communication and empathy training within workforce development programmes can improve relational and informational quality. Third, ensuring inclusive physical and informational accessibility must be treated not as auxiliary improvements but as core health equity commitments. Fourth, formalising grievance redressal mechanisms and using patient feedback for service redesign can close the accountability loop.

Finally, the study highlights the importance of contextualised health service evaluation. While many national metrics focus on coverage and utilisation, this analysis emphasises the subtler but equally important dimensions of how care is delivered and experienced. Future research should build on these findings by incorporating qualitative perspectives from healthcare providers and patients, thereby capturing the socio-cultural dynamics influencing care quality. Longitudinal studies evaluating the impact of specific interventions particularly those targeting empathy digital systems and accessibility will be instrumental in shaping scalable models of high-quality, equitable primary healthcare delivery across India.

Limitations and future research

While this study provides valuable insights into the service quality and patient satisfaction within Kerala's Primary Health Centres (PHCs), several limitations should be acknowledged. First, the data collected was based on patient perceptions, which are inherently subjective and may not fully capture the broader operational challenges faced by PHCs. Additionally, the study focused on a limited sample of PHCs, which may not represent the diversity of healthcare delivery across all rural and urban settings in Kerala. Future research could expand the scope to include a more extensive and diverse sample, allowing for a more comprehensive analysis of the regional and demographic variations in patient satisfaction. Moreover, the study did not explore the underlying reasons for the identified operational inefficiencies, such as service delivery

delays and technological infrastructure issues. Further investigations using qualitative methods, such as interviews or focus groups with healthcare providers and administrators, could offer deeper insights into the root causes of these challenges. Future studies could also examine the impact of specific interventions on patient satisfaction and service quality, such as the introduction of modern equipment or improvements in grievance mechanisms. Lastly, exploring the role of community engagement in enhancing the empathy and responsiveness of healthcare providers could provide valuable direction for improving patient care in PHCs.

Conclusion

This study offers a critical reappraisal of grassroots healthcare delivery in Kerala by assessing patient satisfaction through eight service quality dimensions within Primary Health Centres (PHCs). The study goes beyond generic evaluations of public health infrastructure by employing a cross-sectional analytical framework across diverse districts. It brings to light, nuanced patterns of care quality as experienced by patients. The findings reveal that while Kerala's PHCs demonstrate consistent strengths in human resource competencies and facility upkeep, there remain significant disparities in systemic areas such as grievance redressal, communication equity, and continuity of empathetic care. The multidimensional role of **empathy** emerges prominently from the analysis not merely as an emotional quality but as an operational determinant of patient-centred service. Empathy, when institutionalised rather than individualised, strengthens the relational aspect of care, builds trust, and improves compliance. The study's emphasis on this dimension calls for a paradigm shift in how training, performance, and health outcomes are aligned in primary healthcare delivery. Equally important are accessibility and safety, which together form the threshold criteria for engaging underserved populations. Physical and informational accessibility, coupled with basic assurances of environmental safety, significantly affect healthcare-seeking behaviour, particularly among vulnerable groups such as the elderly, persons with disabilities, and those with low literacy.

The discussion underscores that patient satisfaction is influenced not only by visible aspects such as cleanliness or staff behaviour but also by less visible systemic practices – record-keeping, timely communication, infrastructure reliability, and workflow coordination. These qualitative perceptions vary significantly across demographic groups, emphasising the need for culturally competent and demographically sensitive care strategies. This insight has far-reaching implications for how Kerala's healthcare policy must evolve to address the diverse expectations of its population. By mapping patient experience across tangibility, reliability, responsiveness, assurance, empathy, accessibility, communication, and safety, the study reveals that service quality is not a linear construct but an interplay of structural and interpersonal dynamics. While Kerala's model remains an exemplar in many respects, the evidence points toward an urgent need to bridge the operational gaps that compromise the holistic care experience. Policy responses must move beyond infrastructure development and target the micro-level processes that shape patient trust and engagement. The study also

highlights the fragmentation between policy design and last-mile delivery. Despite the presence of national health programs and institutional norms, the variation in PHC performance suggests inconsistent implementation. This highlights the need for robust monitoring systems, real-time feedback loops, and stronger accountability mechanisms embedded within primary care governance structures.

Regarding strategic implications, the findings advocate for a layered reform agenda integrating technology (e.g., electronic health records, telemedicine), enhancing human touchpoints (e.g., empathy training, patient navigators), and embedding equity-focused design into infrastructure and service flows. Furthermore, incorporating patient feedback into continuous quality improvement frameworks would ensure that the services evolve dynamically with community needs.

Ultimately, the study provides diagnostic clarity and prescriptive direction for transforming grassroots healthcare. It invites policymakers, administrators, and health professionals to view service quality not as an ancillary concern but as a central determinant of health outcomes and system trust. Future research should build on these insights using longitudinal and qualitative approaches to examine how specific interventions reshape patient experience over time. In doing so, Kerala's PHCs can serve as scalable models for equitable, empathetic, and resilient primary healthcare systems across India**.**

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