The Return to Social Policy and the Persistent Neglect of Unpaid Care

Shahra Razavi

ABSTRACT

The failure of orthodox economic policies to generate growth and eradicate poverty has led to renewed interest in social policies. The return to 'the social' has seen contending conceptualizations of social policy, premised on different values, priorities and understandings of state responsibility, vying for influence. This article argues that the currently dominant agenda of social sector restructuring is likely to entrench gender inequalities in access to social services and income supports because of its failure to recognize the structures that underpin those inequalities, which are pervasive across labour markets and the unpaid care economy. Despite the 'pro-poor' and occasionally 'pro-women' rhetoric, the design of social policies remains largely blind to these gender structures. Addressing them would require a major rethinking of dominant approaches, placing redistribution more firmly at the heart of policy design, valuing and supporting unpaid care, and providing incentives for it to be shared more equally between women and men, and between families/households and society more broadly.

THE ASCENDANCE OF SOCIAL POLICY

Judging by the policy pronouncements of diverse development actors, if the 1980s were about abstracting 'the economic' from 'the social', then the 1990s and beyond signal a rediscovery of 'the social' (Mkandawire, 2004), and a welcome, if belated engagement with it (Molyneux, 2002).

By the late 1980s it was already evident that poverty and the social disruptions associated with stabilization and adjustment were not merely transitional phenomena. This realization was fuelled by popular protests against adjustment-related measures as well as the publication of empirical studies documenting its social costs (most notably Cornia et al.'s, 1987 publication, *Adjustment with a Human Face*). Subsequent global policy pronouncements became less assertive about the imperative of cutting social spending, more apologetic about the imposition of user fees on public services, and began to acknowledge that social policy could have a positive role to play in

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the development process.[1] The dilemma of how to respond to social needs while remaining within the constraints of macroeconomic stabilization was resolved by attempting to 'target' social expenditures to populations most in need.[2] Certain expenditures were thereby re-allocated, for example from secondary to primary education, and supplementary programmes, 'safety nets' and 'emergency funds' were developed for the poor (Vivian, 1995).

The 1990s were marked by financial crises which wreaked havoc with the real economies and livelihoods of people in countries as diverse as Mexico, South Korea and Russia. The 1997 Asian financial crisis was a defining moment which prompted the G7 to request the World Bank to formulate 'social principles' and 'good practice of social policy' as a guide to policy makers worldwide (Holzmann and Jorgensen, 2000: 2). Some of the subsequent work on social protection within the World Bank was reflected in its *World Development Report: Attacking Poverty* (World Bank, 2000), which identified 'social risk management' (SRM) as the most sustainable basis for coping with risk and reducing the vulnerability of the poor. In the SRM approach, which was subsequently adopted by other multilateral lending agencies, the state was expected to provide 'risk management instruments *where the private sector fails*', in addition to social safety nets for risk-coping for the most vulnerable (Holzmann and Jorgensen, 2000: 18, my emphasis). The continuities with the earlier generation of residual safety nets were unmistakable, re-confirming that social security should no longer reside solely with the state and shifting a greater share of the responsibility for its provision to the market and to families and individuals who now had to make their own provisions against risk.

The 'post-Washington Consensus' thus seemed to embrace some of the concerns that had been hitherto voiced by critics, such as poverty reduction, social protection and 'good governance', yet without abandoning the neo-liberal basics centred on economic liberalization, fiscal restraint, and a nimble state that facilitates the integration of people into the market.[3] Indeed, there seems to be widespread adherence today to the view that if neo-liberal globalization (that is, economic liberalization, both domestic and external) is to stay on course, then it must be 'tamed' through social policies, anti-poverty programmes, and political reforms.[4]

What scope is there within this eclectic (if not incoherent) framework for a serious engagement with unpaid care work that forms the bedrock of social protection and provisioning? Unpaid care work refers to such as housework,

1. The softening of tone was evident within the World Bank in the work being done on human capital (for instance Ribe et al., 1990).
2. For a critical analysis of targeting and defence of universalism see Mkandawire (2006).
3. While there may be greater recognition today that effective 'governance' is not about shrinking the state, the state envisaged in 'governance' reforms is still one which facilitates unfettered market competition, individual property rights and well-enforced contracts.
4. The World Bank's recent 'Arusha statement' illustrates this genre of thinking (Yeates, 2006: 259–60).

cooking, caring for children, old people, and those who are sick and frail, where the person doing the work — very often a woman — is not paid.[5] This is an important question to address because of the assumption often made that the deleterious effects of market-led growth can be redressed through 'social policies', where the latter are implicitly assumed to be gender-equitable. That assumption, this article argues, is highly questionable.

GENDERED STRUCTURE OF 'THE SOCIAL'

Care (whether paid or unpaid) is crucial to human welfare.[6] It affects the quantity and quality of the labour force, and the pattern and rate of economic development. Care, however, needs to be viewed in much larger terms, as a sociological as well as a social policy phenomenon, as it is part of the fabric of society and integral to social development (Daly, 2001). How society addresses the issue of care has significant implications for the achievement of gender equality, by either broadening the capabilities and choices of women and men, or confining women to traditional roles associated with femininity and motherhood.

Structuralist and neo-classical currents within economics have tended to privilege market-oriented production of goods and services, while taking social reproduction for granted.[7] Feminist economists have challenged this exclusion and are engaged in a continuing methodological quest for ways of encompassing care within economic analysis and examining its interrelations with processes of capital accumulation (Elson, 2005; Himmelweit, 2000). As a result, the tensions and trade-offs between these two realms — market-based production, on the one hand, and care, on the other — in different political economies, have received extensive analysis.[8] In the early

5. Strictly speaking, housework such as preparing meals, cleaning clothes and shopping does not constitute direct care of persons, but they are necessary activities that provide the preconditions for personal care giving.
6. In the 1970s and 1980s 'reproduction' was a key concept in feminist scholarship to emphasize that women's unpaid work was decisive in reproducing the labour force and society, and in facilitating capitalist accumulation. While this concept is still used, the emphasis has shifted to 'care' which is now seen as the core of domestic activities (Anttonen, 2005). While women spend a large number of hours on a variety of household tasks (though the time devoted to such tasks has been falling in the more developed countries), it is caring for others that is the main factor that limits women's participation in activities outside the household, including paid work.
7. The exception would be the 'new household economics' pioneered by Gary Becker, which applied rational choice theory to the analysis of the family, thereby dissolving all differences between an idealized market sphere and the social sphere (Becker, 1981).
8. Nany Folbre refers to the two realms as the 'invisible hand' (the forces of supply and demand in competitive markets) and the 'invisible heart' (values such as love, obligation and reciprocity). The hand and the heart, she argues, are interdependent, but they are also in conflict; for the USA, she shows how both the quantity and quality of care are coming under increasing economic pressure (Folbre, 2001).

1990s, for example, structural adjustment policies (SAPs) were criticized for being premised on the problematic assumption that an unlimited supply of female labour could compensate households for shortfalls in public social provision (such as health and sanitation) while simultaneously contributing to the production of export commodities that were being encouraged under SAPs (Elson, 1991). By integrating gender into standard macroeconomic models, others have explored the gender-differentiated impacts of liberalization (through trade policies and capital flows) in the market economy and in the sphere of unpaid care (Fontana and Wood, 2000). These macroeconomic analyses in turn feed into the feminist critique of economic theory which underlines the latter's androcentric assumptions and neglect of unpaid work (Elson, 1991; Ferber and Nelson, 1993; Folbre, 1994).

Has the belated engagement with 'the social' provided a more comfortable terrain for policy makers to address the issue of unpaid care? Are social policies likely to value the unpaid care work that is undertaken primarily by women and to secure them with social entitlements in their own right as citizens? In the current 'post-neoliberal' era when social policy is being revisioned and redesigned along more 'productivist' lines, social policy actors have shown differing and uneven approaches to care.

Welfare Regimes and the Struggle to Include Care

One would think that *social* policy analysts would be more attuned than economists have been to the issue of care. Yet, to take a prominent example, care was marginal to the comparative social policy research associated with the 'power resources' school (Esping-Andersen, 1990). This influential approach, which was applied to modern welfare regimes in advanced capitalist countries, was premised on three key dimensions: state–market relations, social stratification, and social citizenship rights, including how these affect the 'decommodification' of labour.[9] But unpaid care did not have a place in the analysis that was offered, nor did families. The starting point of the analysis was the economically independent citizen-worker, and the focus was on aspects of state social provision that were most relevant for male wage earners and breadwinners. The social rights of citizens who were economically dependent on other family members were not considered (Lewis, 1992; Orloff, 1993).

In recent years the family has made a major come-back in the scholarly literature on welfare regimes (see especially Esping-Andersen, 1999), not only as a response to the feminist critique, but also because family structures and relations have diverged even more widely than in the past from cultural

9. Decommodification was defined as 'the degree to which individuals, or families, can uphold a socially acceptable standard of living independently of market participation' (Esping-Andersen, 1990: 37).

norms and expectations.[10] With the steady rise in female labour market participation in the OECD countries, the 'male breadwinner model' family has given way to an 'adult worker model family' where all adults work (Lewis, 2001), and there is a widespread sense that care-giving is being systematically discouraged (Standing, 2001).

Welfare states, it is argued, 'can no longer count on the availability of housewives and full-time mothers' (Esping-Andersen, 1999: 70). In the absence of alternative non-familial forms of care, experts warn, governments may find fertility rates falling to below replacement level. In other words, governments can no longer take women's unpaid caring work for granted — if appropriate policies are not in place then women will withhold care in indirect ways, through lower rates of fertility and lower rates of marriage. The key policy recommendations put to European Union bodies since 2000 have assumed the desirability of a 'de-familialization strategy' which seeks to shift care (for children, the elderly) out of the family and to provide it through public services and/or market-based provision. Facilitating women's labour market participation is also seen as an effective means of increasing both competitiveness and the tax base of welfare states (Esping-Andersen et al., 2001).

For many feminists the key issue is the terms and conditions under which the shift to the new model is taking place (Giullari and Lewis, 2005). In Europe, as elsewhere, women have found it very difficult to escape the more 'flexible' jobs, that is, work which is part-time or short-term and precarious (Orloff, 2002; Rubery et al., 1998), and despite the convergence in women's and men's labour force participation, earnings gaps persist even among full-time workers (Orloff, 2002: Table 1). The nature of the choices women and men face and the pursuit of gender equality are also critically dependent on the extent to which social policies actually address the issue of care work. Here again policy statements are not reflected in social realities.

Welfare regimes have often included programmes and policies designed to minimize the risks associated with dependency and burdens of care (Jenson, 1997). This was as true of the 'family wage' historically championed by workers' movements as it is of some current efforts (in Nordic countries) to facilitate fathers' ability to care for their children through parental leave schemes and 'daddy quotas'. The traditional male breadwinner model family made provision for care work, albeit at the price of women's economic dependence on men; but care-giving was implicitly recognized and rewarded through the 'family wage'. In addition, social policy founded on a male breadwinner ideology allowed certain care-related tasks to slip out of the compass of the family; for example health care assumed some of the responsibility for the care of the elderly, while education services also

10. In his recent work Esping-Andersen refers to 'the blindness of virtually all comparative political economy to the world of families' (1999: 11).

performed a care task with respect to children who were in school and through pre-school programmes (Anttonen, 2005).

Particularly pertinent for the present discussion is the package of policies that has supported the provision of care in the Nordic countries since the late 1960s because gender equality has been a stated aim and feminist advocacy has been a driver of policy change. These Nordic welfare regimes have a number of distinctive features. Whereas other countries with high rates of social expenditure tend to concentrate on income transfers, the Nordic countries allocate relatively large resources to public care services. Comparative research finds that these 'service-heavy' states (that typically fund and deliver welfare services such as health, education, daycare and elderly care) tend to be more 'woman-friendly' than transfer-heavy Christian democratic ones which tend to fund but not deliver public services (Huber and Stephens, 2000a).

In the area of social care services the Nordic democracies share a number of features: social care services are widely available and accessible to both children and adult persons who need help; the service system at large responds most specifically to the interests of women; the middle and upper classes are amongst the users of public social services (hence, the services are universalistic and not intended only for the poor and 'needy'); and finally the municipalities are responsible for service provision (Anttonen, 2005). Other important components of the package have included (in Sweden at least) individual taxation to encourage women's entry into the workforce; generous parental leave schemes and highly subsidized daycare and elderly care services, which reduce the burden of family care, seduce women into the labour market and men into care-giving; and expanded public care facilities not only to provide care for the young and old, but also to create jobs for women (Hobson, 2006).

The achievements notwithstanding, social outcomes have not always measured up to policy intentions. While the collectivity, especially the state, has complemented the informal provision of care by families (that is, women), this does not mean that care-giving has been de-feminized. Even though the male breadwinner model is weak in Sweden (given that women have one of the highest rates of labour force participation in OECD countries, close to 90 per cent), the female care-giver model is 'hegemonic' (Jenson, 1997: 183). Not only do women constitute the majority of employees of old age homes, nurseries, and schools (as paid carers), they also perform the lion's share of unpaid care work and take the bulk of mandated parental leave time to care for their children, even after the introduction of the 'daddy month' in 1995 and its subsequent extension.[11]

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11. One would have expected a steep rise in the use of parental leave by men after 'daddy quotas' were put in place, since families lose the paternal leave if the father does not take it. Throughout the 1990s, between 10 and 12 per cent of days were taken by fathers. In 2002 men's share rose to 15 per cent (Bergman and Hobson, 2002).

There is an ongoing debate about women's political agency in the construction of the 'woman-friendly' welfare state (Hernes, 1987). While much of the scholarly literature on the Swedish welfare state attributes policy interventions around gender to labour shortages (claiming that trade unions preferred women to immigrants to fill the expanding service economy), more recently scholars have rejected this functionalist account of gender equality and highlighted the range of actors (men and women) who were involved in the debates on gender equality that began in the 1960s (Hobson, 2006). Hence rather than being the main determinant of woman-friendly policies, the shortage of labour is now seen as a 'window of opportunity' that allowed women's rights advocates to make alliances with men in the Social Democratic Party and in the blue collar trade unions in order to push forward policies for gender equality (ibid.). Creating constituencies of women around care policies and forging alliances with powerful political parties and civil society organizations, such as labour unions, were thus the essential ingredients of policy innovation.

However, the Nordic experience remains distinctive. Within the context of the European Union, policies with respect to care are poorly conceived (they often assume that commodification of care can be a sufficient policy response) and poorly developed compared to policies addressing other social services, such as health and education (Giullari and Lewis, 2005). Given that it is neither possible nor desirable to fully de-familialize and commodify care, a case has to be made for its recognition 'as something that is worthwhile and necessary, which in turn necessarily involves finding ways of *valuing* it', supporting it, and 'sharing it not just between individuals and the collectivity, but also between women and men at the household level' (Giullari and Lewis, 2005: 12). In this context, the Nordic experience has much to offer, for even if policy innovations such as parental leave quotas for fathers have not been able to shift care responsibilities in any significant way, they do have enormous symbolic value and potential practical implications in the long term.

Developmental Social Policy: Is There a Place for Care?

The concept of 'developmental social policy', used interchangeably with the notion of 'productivist' welfare state, has appeared in diverse policy settings. It has gained increasing prominence over the past decade as a response to the neo-liberal critique of welfare and 'as a prescription to cure the ills of post-war welfare regimes and re-design them for new times' (Jenson and Saint-Martin, 2003: 84). Ideas about welfare have travelled across countries and regions and been shaped and adapted in the process.[12]

12. White and Goodman (1998) show how Western perceptions of welfare in East Asia ('positive Orientalism'), and in a parallel manner, Eastern perceptions of Western welfare systems ('negative Occidentalism') are being used to draw policy lessons for social policy reform in both contexts.

In East Asia the 'developmental' logic has been characterized by an ideology that subordinates welfare to economic development and industrialization, discourages dependence on the state,[13] promotes private sources of welfare (especially the family, firm and community), and diverts the financial resources accumulated through social insurance programmes to investments in industry and infrastructure (Goodman and White, 1998; Kwon, 1998). One of the downsides of the model has been the heavy reliance on the family for the provision of welfare and care, which has imposed a heavy unpaid caring load on women and has entrenched gender inequalities (Goodman and White, 1998). Another major shortcoming of the model has been its weak redistributive capacity, largely due to the regulator type of welfare financing (Kwon, 1998). Both features, as we shall see later, are undergoing some change under the new democratic dispensation.

Recently, the concept of 'developmental social welfare' has appeared in various South African government documents, including the White Paper on Social Welfare adopted in 1997 (Hassim, 2006: 114). This has come with an emphasis on public works programmes as the policy of choice (as opposed to the expansion of welfare benefits), and a confirmation of the importance of non-state actors (religious organizations, non-governmental organizations and communities) in welfare provisioning.

Critics see the concept of 'developmental welfare' as a thinly disguised cover for a normative choice that sets up a 'two-tier system of benefits, with people in work-related programmes treated as "deserving poor" and those on welfare (and particularly mothers drawing the child support grant), as either passive and dependent subjects or cunning exploiters of the system' (Hassim, 2006: 116). There are also concerns that concepts and practices such as 'community care' and 'home-based care' (which are being promoted in the context of HIV/AIDS) dilute 'the particular (and greater) responsibility of the state in meeting social security needs through the redistribution of public resources' (ibid.) and conceal the fact that it is women and not some abstract 'community' who ultimately carry the burden of care, often under very difficult circumstances (Budlender, 2004; Lund, 2006).

A key concern that underpins the 'productivist' logic in its different regional manifestations is the long-standing anxiety about the disincentives created by welfare 'handouts' and the culture of 'dependence' — an idea that gained particular prominence in the 1980s in the UK and elsewhere and percolated to other policy communities. Paid work, on the other hand, is seen as contributing to development while providing a route out of poverty. While it would be foolish to deny the importance of economic dynamism and job creation, there are concerns that a 'work first' strategy in the

13. In comparative terms, East Asian governments are relatively low spenders on welfare, even though the state's financing role tends to be underestimated: the state is to varying degrees a regulator enforcing welfare programmes without necessarily financing them (White and Goodman, 1998).

context of competitiveness and 'flexibility' is not necessarily going to lead to what the ILO calls 'decent work', especially for women whose presence is overwhelmingly in the more precarious forms of work with little or no social protection. Conversely, unpaid forms of care work seem to have no place or legitimacy in a framework that is wedded to 'active' welfare.

Social Investment (in Children) and the Invisible Carer

This notion of 'developmental' welfare resonates with the post-neoliberal 'social investment state' endorsed and promoted by both European (as noted above) and OECD social policy actors.[14] This approach is centred on 'productive' (or 'active') social welfare, which means investments in 'human capital' and 'life-long learning' (especially in the capabilities and opportunities of children) and in employability programmes (Jenson and Saint-Martin, 2002; Myles and Quadagno, 2000). Its proponents often contrast the 'social investment' approach with the 'passive' approach to welfare of the post-war welfare state which is seen in largely negative terms as being oriented to consumption and accused of nurturing 'dependency' (Jenson and Saint-Martin, 2003).

These are powerful ideas that are being translated into the redesign of welfare systems, though in diverse ways and shaped by regional and country specificities. Nevertheless there are two key elements that appear across contexts: one is the theme of 'investing in children', and the other is the need to ensure the active participation of all adults in the labour force (ibid). The implications of these two elements for gender equality have not been given much attention in the mainstream scholarly literature, yet gender inequalities and the issue of unpaid care are, as we shall see, central to both.

SOCIAL SECTOR RESTRUCTURING AND THE WELFARE AND SECURITY OF UNPAID CARERS

The restructuring of the social sectors in the post-1980s period has been driven by a number of objectives in line with the logic of fiscal restraint, multi-tierism and pluralization of service providers. This has led to the increasing liberalization of private sector provision, pressures for cost recovery within the public sector (leading in turn to the imposition of various fees and charges for public services), decentralization of service provision to local governments, and a general shift to a pluralistic system with a 'mix' of public, private and voluntary providers (Mackintosh and Tibandebage, 2006).

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14. The term 'social investment state' was coined by the eminent British sociologist, Anthony Giddens (1998), who is sometimes credited for having systematized 'Third Way' thinking.

A perverse logic seems to be at work: more care work is being shifted onto the family or household (which means women, in a context where care work remains feminized), but those who are expected to provide the care deficit — the unpaid carers — have difficulties in accessing social services and support for themselves and their dependents because these are now increasingly provided either on a commercial basis or on the basis of years in paid work (labour contributions). Below we will consider some of the reforms in health, pensions and family benefits that have followed this logic, while drawing attention to alternative arrangements that are more inclusive. The emphasis on 'alternatives' underlines the point that depending on the political alliances and social forces at play, there may be spaces for policy experimentation even under the current neoliberal hegemony.

Health Sector Reform and Unpaid Care Work

Nowhere is the perverse logic outlined above more apparent than in the context of changes taking place in the health systems of many low-income countries, especially in sub-Saharan Africa where the HIV/AIDS epidemic places a heavy demand on unpaid care. In these contexts the 'health sector reform' requirements of 'liberalized clinical provision and public sector commercialization have generated and legitimated high levels of out-of-pocket health spending by the poor as well as the better off' (Mackintosh and Koivusalo, 2005: 4). The 'health sector reform' model, as promoted in sub-Saharan Africa in particular, is facilitating 'a shift to greater "commodification" of health care — that is, its provision as a set of discrete services for market payment or government "purchase" on behalf of citizens — plus reduction of government activity and more systematic priority-setting in government spending based on cost-effectiveness of interventions' (Mackintosh and Tibandebage, 2006: 239).

These authors further argue that the key change — to more extensive and explicit reliance on private payment — is likely to have disproportionately disadvantaged poor women, who typically undertake a larger share of unpaid care and who often need to finance their own health expenses (and those of their children). The evidence showing how women have suffered disproportionately from fee-based care provision in countries such as Nigeria, Zimbabwe and Tanzania, and evidence of falling hospital admissions of pregnant women and increased maternal deaths capture some of the dire outcomes (Kutzin, 1995; Standing, 2002). At the same time, the inaccessibility of institutional health care often means that the household has to take on a greater share of the responsibility for caring for sick people, with women generally acting as the main informal providers of care. For example, when inpatient stays are reduced as a cost-cutting mechanism, and when sick people avoid hospital care because it is unaffordable, increases in self-treatment over treatment by service providers tend to impose greater time and labour costs on women (Leslie, 1992).

One of the responses to the shortcomings and exclusions of user fees has been the promotion of mutual health insurance schemes as well as social insurance schemes. Unlike social insurance schemes, which are employment based, mutual health insurance (MHI) schemes are voluntary schemes which seek to promote the inclusion of the poor and vulnerable by pooling their risks and providing exemptions for those unable to pay. MHI is therefore one form of insurance that does not demand huge upfront payment (as in private insurance which is beyond the reach of low-income populations) or labour force attachment (as in most social insurance models). Those providing unpaid work would, in theory at least, have a place in these schemes.

However, most community-based MHI schemes face the problem of low participation rates and lack of financial sustainability. In Tanzania, for example, many rural Community Health Fund (CHF) schemes have not been able to extend their participation rates beyond 10 per cent of eligible households (Tibandebage, 2004). Inability to pay constitutes one of the main reasons for non-enrolment. Moreover, it is not clear how such schemes can provide exemptions for the poor *and* ensure financial sustainability in the absence of significant subsidies from the state — given the difficulties of having cross-subsidies from the better-off in small-scale voluntary schemes in poor communities.

Enrolment in social insurance programmes is very often employment based, and a fundamental problem in the traditional design of these programmes is the close link of the provision of health care to formal employment (Huber, 2002). Coverage has thus tended to be limited, even in middle-income countries of Latin America, due to the large size of the informal economy, and the high rate of evasion of contributions by those in both informal and formal workplaces (ibid.).[15] For these reasons, even though social insurance schemes facilitate resource mobilization via contributions, they may not be the most effective vehicle for extending coverage to the majority of the population, particularly women who have tenuous connections to the labour market. This can be seen as a major lacuna in the health sector reforms being undertaken in China at present (Wang, 2006).

Health sector reform in China is taking place alongside a fundamental restructuring of the labour force marked by massive unemployment in the state industrial sector and large-scale migration of the rural workforce into industrial cities where export-oriented factories are located (Lee, 2005). Under the pre-reform health system women enjoyed very high employment rates, and hence direct entitlements as workers to some form of health insurance via their enterprise. Additionally, as spouses of workers, they had the right to have 50 per cent of their medical expenses reimbursed. However,

15. The Mexican social insurance programmes — composed of the Mexican Social Security Institute (IMSS) for private-sector workers and the Social Security Institute for State Workers (ISSSTE) for public employees — cover no more than 55 per cent of the population who are in formal employment (Laurell, 2003).

women have constituted a disproportionate share of those laid-off from the state enterprises and a disproportionate share of the long-term unemployed.[16]

The Urban Employee Basic Health Insurance Scheme, which is the principal component of China's health insurance scheme for the urban population, covers those who are in the formal workforce (both public and private employees) and who have permanent residence permits (*hukou*).[17] This translates into the exclusion of informal workers, migrant labourers and those who are not part of the workforce (unpaid workers). These exclusions are exacerbated by the scheme's highly individualistic design, which does not provide coverage for 'dependants' (which means the exclusion of unpaid workers attached to those covered by the insurance scheme as well as their children). Furthermore, a social insurance model with gender-neutral design and individualized accounts is likely to produce very unequal outcomes for men and women in terms of access to benefits (relative to need) when it is filtered through structural inequalities, especially inequalities in wages/income, years of employment, retirement age and life expectancy (Wang, 2006). If coverage in social insurance programmes remains employment-based and individualized with little subsidy from the state, then women's labour market disadvantages are likely to feed into their weaker claims on health care, and unpaid workers will be categorically excluded. If, on the other hand, the government steps in with financial subsidies to compensate those with lower contributions and those outside the workforce, then the potential for a more egalitarian welfare system will be enhanced.

This is the path taken by the South Korean National Health Insurance (NHI), which has expanded its coverage since the late 1970s, and which can claim to be universalistic since the latest wave of reforms undertaken in 2000 (Kwon and Tchoe, 2005). Universalization was achieved in 2000 by integrating two health insurance funds (or risk-pooling groups) into NHI, that are now managed by the NHI Corporation: one fund is for wage and salary earners who pay contributions on their taxable incomes, and the other is for 'residence-based' members (the self-employed, farmers, temporary workers who are not classified as wage and salary earners, female-headed households). The contributions of residence-based members are calculated on the basis of different criteria, such as the assets they own, sex, age, and number of family members. The third source of funding comes from government subsidies. The core premise of the integration reform has been that 'integration will widen the risk pool of health insurance, and enhance

16. In 1993 women made up 37 per cent of all state workers, but accounted for 60 per cent of those laid-off and unemployed; by 1999 they constituted 44.6 per cent of those laid-off and unemployed (Lee, 2005). Although the gender gap thus had narrowed, women were still over-represented in the latter category.
17. The Chinese government has been encouraging the development of commercial health insurance, which is seen as playing a complementary role in a multi-layered health insurance system (Sun, 2005).

equity by redistributing financial responsibility' (Kwon and Tchoe, 2005: 242).

Kwon and Tchoe's (2005) assessment of the redistributive impact of NHI integration (across different income groups) shows that among the wage and salary earners integration has had a positive impact on redistribution, with the lower income groups paying much less than before, while the highest income groups are now paying more. Their data are not disaggregated by gender; however, if we assume that women cluster among the lower income categories (a realistic assumption), then the impact of integration can be judged positively from a gender perspective. The assessment also found positive evidence of redistribution among the residence-based members, where women in precarious work conditions and in full-time care roles are likely to be found. Yet the evidence from household expenditure surveys reviewed by the authors also shows that out-of-pocket payment for health has in fact increased relative to income for the lowest income groups in 2000 compared to 1996, which dampens the overall redistributive impact of NHI.

Pension Reform and Unpaid Care Work

In general, women have not been well covered in pension programmes, whether public or private, given their exclusion from the more formal segments of the labour market. But the privatization and individualization of pension provision has exacerbated the existing gender-based exclusions and inequalities.

The reform of public pension programmes has gone ahead in a large number of middle-income countries over the past decade or so, especially in Latin America and Eastern and Central Europe. While the old pension systems were in most cases encountering serious problems (low contributions by both employers and employees, and by the self-employed), the problems were exacerbated when economic crisis struck, bringing in its wake rising unemployment and labour market informalization. Pension reform therefore became part of the structural adjustment programmes undertaken by governments and overseen by the international financial institutions (IFIs).

However, while there was a general consensus that pension systems needed urgent reform, there was no corresponding consensus on a desirable model for replacing them (Huber and Stephens, 2000b). Moreover while there was a range of possible remedies to the problems of pension systems, the IFIs and their domestic allies promoted a particular model of reform, which had been tried in Chile in 1980/1 but was not tried elsewhere in the region because of the Latin American dislike of Chile's authoritarian regime (Mesa-Lago, 2004). The superiority of the 'Chilean model' was justified on several grounds, including its financial viability (by establishing closer links between contributions and benefits, and improving work and saving incentives), its positive impact on capital markets, and its lower administrative costs. Interestingly,

Huber and Stephens (2000b) find that while the model was pushed forward in a number of countries (including Mexico, El Salvador and Bolivia), pressures from the World Bank proved less effective in countries with a more pluralist political system (such as Costa Rica and Brazil) where it was strongly resisted by opposition political parties and trade unions. Meanwhile in Central and Eastern Europe, by the late 1990s Hungary and Poland introduced mandatory systems of commercially managed individual savings accounts (which replaced a portion of the public pay-as-you-go schemes and put part of the workers' contributions into private investors' hands), while the Czech Republic debated this reform, but in view of the transition costs ended up rejecting it (Fultz and Steinhilber, 2003).

In the debates surrounding the adoption of reforms, concerns with gender equality were largely mute. Yet the move towards privatization and individualization of benefits has negative gender implications (Arenas de Mesa and Montecinos, 1999; Huber and Stephens, 2000b; ILO, 2001; Fultz and Steinhilber, 2003; Mesa-Lago, 2004). In a nutshell, the fact that pension benefit levels in privatized and individualized systems correspond closely to each individual's record of earnings effectively eliminates redistribution toward low-income groups. The fact that women typically earn lower wages, and have a shorter and more interrupted tenure than men (taking more regular breaks for various care-related reasons), means that they receive considerably lower benefits. Since women's higher life expectancy is taken into account in most private systems, women's benefits are further comparatively depressed. Other factors that disadvantage women include the fixed commission on wages (for administrative costs), which affect workers with low incomes more adversely (among whom women are over-represented), and the difficulties for women of qualifying for a minimum pension because it is more difficult for them to fulfil the number of required monthly contributions (Mesa-Lago, 2004).

In public systems with defined benefits, there are generally similar gender discrepancies. Here, though, women's disadvantages are usually mitigated by generous minimum pensions, by a weighted benefit formula that favours the lower paid, by the fact that life expectancy does not affect benefit levels, and by credits that are sometimes given for years spent caring for children. The last feature was particularly strong in the ex-socialist countries, where 'caring credits' were financed by cross-subsidy within the pension system; these have been severely reduced in some countries (such as Poland and Hungary).

Pension reforms are implemented gradually over many years, and the time lag is very long in the case of radical reforms which replace one type of system (public pay-as-you-go) with another (private fully funded). This makes it very difficult to assess the outcomes of the reforms precisely; assessments therefore have to be based on educated guesses about long-run effects using existing data and macroeconomic simulation (Fultz and Steinhilber, 2003). The results of a simulation exercise for Poland show widening gender gaps

in pension benefits (measured as a percentage of average wage in the Polish economy) as a result of the 1998 pension reform which established a two-pillar pension system wherein benefit levels (under both pillars) depend on the sum of contributions paid during working years, and life expectancy at retirement (Woycicka et al., 2003).

Non-contributory 'social pensions' can work in more advantageous ways as far as women are concerned. A case in point is the South African Old Age Pension (OAP) system. It is a non-contributory scheme financed from general revenue rather than individual contributions. Women at age sixty and men at age sixty-five become eligible to receive a monthly pension from the state, provided that they qualify in terms of an income-based means test. Recent evaluations of the South African OAP suggest that it is well-targeted in racial terms (it reaches 80 per cent of the African population, most of whom are poor, and an insignificant number of the white population); it reaches rural areas; it reaches women very effectively because they live longer, draw the pension earlier, and are poorer (three times as many women as men receive a pension); it contributes to the security of the households in which elderly people live and is valued for its reliability (Lund, 2006).

Unpaid workers (like workers with incomes that fluctuate and are below the cut-off rate) effectively have a guarantee of partial economic security in their elderly years, affording them an earned place in the household. The OAP is now recognized for making a distinctive contribution to poverty alleviation — both for pensioners themselves, and for people in the households in which they live (the majority of poorer older people in South Africa live in three-generation households).

Family Benefits and Unpaid Care Work

States support families and children in a multitude of ways, including maternity/parental leaves and childcare benefits, cash transfers or tax exemptions to name a few. These can be provided as universal flat-rate benefits, or be means-tested and targeted to families that fall below a certain level of income. While family allowances vary widely, a common characteristic is that they 'defray only a small percentage of the cost of children, and fail to protect women adequately from the increased risk of poverty that motherhood imposes' (Folbre, 1994: 122–3). Moreover, while concern for the well-being of families and children is often the stated aim of these provisions, what states do and the conditions on which benefits are made available carry other implicit objectives and consequences, supporting particular models of the family and of gender relations. One of the conundrums facing the design of family/child benefits is how to support families yet without enforcing a uniform model of the family which naturalizes motherhood as women's lifetime vocation (often in contradiction to their daily reality of having to balance care with some form of paid work) while excluding men from the domain of care. The

attention to children and their needs is of course nothing new, but the recent policy interest in 'human capital' and the shift to the 'social investment state' seem to have given child-centred programmes renewed impetus and force.[18] This section briefly considers two different models for rolling out benefits to children, and the ways in which they have sought to redress gender-based disadvantages.

By far the more publicized of the two interventions is the Education, Health, and Nutrition Programme of Mexico, *Oportunidades* (*Progresa* before 1997) which has received considerable praise in recent years (IPC, 2005; World Bank, 2003). It is a conditional cash transfer programme that, in return for cash stipends given to female heads of poor families, requires that children attend school, family members go for regular health check-ups, and that mothers attend hygiene and nutrition information sessions (Adato et al., 2000). While it is a targeted programme that identifies beneficiaries based on a means test, its actual reach is more extensive than the narrow targeting associated with 'safety net' type programmes. By 2005, it covered close to 5 million families with 21 million beneficiaries — a quarter of the country's population (IPC, 2005). The average monthly transfer stands at around US$ 35 per family (World Bank, 2003).

As a human development intervention, the programme has had a number of important achievements: school attendance rates have increased and drop-out rates have declined (especially for girls), with positive knock-on effects on child labour; improvements in child nutrition (height and weight increases) have also been registered. The programme has shown sensitivity to gender issues, by making the cash transfers directly to the mother of the family (motivated by the literature which finds that resources controlled by women are more likely to be allocated to child health and nutrition than resources allocated to men) as well as providing larger education stipends for girls than boys. *Oportunidades* is widely praised for its openness to external evaluations and reviews, as well as its efforts to shun the political patronage that is so endemic to social programmes (Molyneux, 2006).

There are nevertheless elements in the design and implementation of the programme that have received critical appraisal in recent years. IFPRI's qualitative research (based on focus group discussions and semi-structured interviews) finds extensive discontent among communities in relation to the beneficiary selection process and the exclusion of non-beneficiaries (Adato, 2000).[19] The beneficiaries, the non-beneficiaries, the doctors and the *promotoras* (voluntary workers) describe non-beneficiaries's resentment over their exclusion from the programme as well as their lack of understanding of the basis for the differentiation (questioning its accuracy and fairness), leading

18. Interestingly, even as countries in the EU cut back on their levels of social expenditure, child and family benefits have increased as a proportion of spending on social protection (cited in Jenson and Saint-Martin, 2003: 95).
19. The programme uses a combination of geographic and household targeting.

to social tensions, occasional direct conflict and social divisions that affect participation in community activities (Adato, 2000: vii).[20] In other words this programme, like many other targeted interventions, breeds social divisions and tensions in communities where the distinctions made by the programme between 'poor' and 'extreme poor' are not apparent to the people who live there and who see themselves as 'all poor' and all in need of assistance (ibid.).

The criticisms made by researchers with regard to the gender aspects of the programme have been more contested. On the one hand, there is some evidence from evaluation reports to support the programme's claims of enhancing women's self-esteem and financial security as a result of the cash stipends; there are also other positive aspects to the programme voiced by women beneficiaries in terms of giving women more opportunities to leave the house, and providing new spaces in which to communicate with other women, producing some impacts on 'personal empowerment' (Adato et al., 2000). On the other hand, others have drawn attention to some of the more contentious aspects of the programme. One issue that is considered problematic is the requirement that mothers contribute a set amount of hours of community work, such as cleaning schools and health centres — which non-beneficiaries are not expected to do — in addition to the commitments they have to make to taking their children for regular health checks and attending workshops on health and hygiene (Molyneux, 2006: 435). Although the time devoted to such tasks has been reduced in recent years (in response to feedback from evaluations), it remains an aspect of the programme that is still under consideration (ibid.).[21]

More significantly, attention has been drawn to the ways in which women in such programmes seem to be 'primarily positioned as a means to secure programme objectives; they are a *conduit of policy*, in the sense that resources channelled through them are expected to translate into greater improvements in the well-being of children and the family as a whole' (ibid.: 439). Women

20. Similar concerns were raised in a 1998 evaluation of the programme by researchers from the Centro de Investigaciones y Estudios Superiores en Antropologia Social (CIESAS), referred to by Michelle Adato (2000). The CIESAS researchers asserted that rural and indigenous communities had egalitarian systems of redistribution related to mechanisms of social control, which the programme was altering, causing social fragmentation and conflict.

21. There is some confusion regarding the unpaid work requirements of *Progresa/Oportunidades* which were apparently not featured in the design of the programme but implemented in some states and even in some communities (and not others), beyond the control of the programme's central authorities. There is also some overlap between the *faenas* (traditional collective work performed in indigenous communities) and the expectations of the programme administrators (Molyneux, personal communication, 16 October 2006). The IFPRI report (Adato, 2000), for example, notes that non-beneficiaries are increasingly reluctant to contribute to such community work, because they are not included as beneficiaries in the programme. This seems to suggest that the design of the programme did not include a requirement for certain hours of community work in return for the stipend, but that in practice this has become an element closely associated with the programme.

may be happy to contribute their time to their children's future (though not to have their mothering roles regulated in the way the programme does), but they still need programmes that can further their own economic security, through training and links to employment. There is little in the design of the programme that can further women's economic security, and 'scant, if any, childcare provision for those women who want or need it because they work, train or study' (ibid.). Despite stated aims of 'empowering women', the success of the programme has depended on 'fortifying and normalizing the responsibilities of motherhood as a way to secure programme goals' (ibid.: 440).

Donor and government enthusiasm for the kind of conditional cash-transfer programmes of which *Oportunidades* is a shining example is curious in many ways. The 'conditional' element in these programmes, imported from the US welfare model, seems to assuage deep-seated fears that without regulation of their behaviour the poor would squander their cash stipends (on beer and gambling, or on clothes and lipstick). But evaluations of non-conditional cash transfers suggest that such fears may be misplaced. Hanlon (2004), for example, shows that in the case of Mozambique it was possible to reach poorly educated rural residents with stipends, that the money was used sensibly (in the absence of any conditionality), and the administrative costs were as low as 5 per cent.

A more pertinent example of a non-conditional child-centred programme is the South African 'child support grant' (CSG), which replaced the racially based 'state maintenance grant' (SMG) in the aftermath of the democratic transition (Goldblatt, 2005; Hassim, 2006). To the extent that the South African CSG is non-conditional, it provides useful evidence for questioning the extent to which it is the conditionality, rather than other characteristics of such grants, that result in beneficial outcomes for children (Budlender and Woolard, 2006).

While the SMG was developed by the apartheid government and was mainly of benefit to White, Coloured and Indian families, with Africans largely falling outside its reach, the grant included both a parent and a child allowance. In the early years of the new democracy the grant was increasingly rolled out to African families. Concerned with the future affordability of the grant, the government appointed a committee (Lund Committee on Child and Family Support) to provide recommendations for restructuring the system. One of the unfortunate outcomes of this restructuring was the removal of the parent grant (mainly received by mothers). This is seen by feminist critics as a 'major blow to the struggle for the recognition of women's unpaid caring work in society' (Goldblatt, 2005: 241).[22]

22. Hassim (2006) considers the racial and gender politics surrounding the extension of the grant to the majority African population, which implied cutbacks in the size of the grant going to the Indian and Coloured families who were its main beneficiaries prior to the reform.

The CSG nevertheless has several commendable features which circumvent some of the problems already mentioned with respect to *Oportunidades*, although a thorough assessment of the grant would require more detailed evaluations than are currently available. For example, in recognition of the great diversity of family and household forms in the South African context, and the need to move away from the 'male worker/female carer' model, the Committee redesigning the grant chose to adopt a 'follow the child' approach, whereby the grant would be paid to the primary care-giver on behalf of the child (Lund Committee, 1996 cited in Hassim, 2006). This has been judged an important symbolic and discursive shift away from the familial male worker model of the household (Hassim, 2006). More controversially, perhaps, for those advocating 'conditionality' and 'co-responsibility', receipt of the grant is not conditional on the child attending school, or on the mother/carer having to attend 'nutrition and hygiene' sessions or having to perform unpaid community work.

While the Lund Committee was not able to resist the pressure for means-testing (the Committee favoured a universal grant but had to concede), and while there are concerns about the small size of the grant (the budget had to be extended to a much larger population, but within a fiscally constrained climate) as well as problems in its delivery (children who are not being reached because they lack the relevant identity papers), recent evidence suggests a substantial increase in the number of beneficiaries receiving the grant. This makes the CSG one of the fastest growing grants in South Africa. In March 2003, approximately 2.6 million children (in the 0–7 year age group) were receiving the grant; exactly a year later the number had gone up to 4.3 million (in the 0–8 year age group), in part due to the extension of the age bracket by one year, as well as an increase in the number of children under seven receiving the grant (Leatt, 2004). In May 2006 the size of the grant stood at 190 Rand (US$ 25.50) per child per month, and children up to the age of fourteen years were eligible; 6.98 million children were recorded as beneficiaries (Budlender and Woolard, 2006). For children aged six and younger at the national level, the grant was going to 71 per cent of poor children and to slightly more than half of all children in this age group; for those aged seven and eight the grant reached 61 per cent of poor children and slightly less than half of all children in the relevant age group (Leatt, 2004).

Recent evidence suggests that receipt of the grant has a statistically significant, although small, impact on school enrolment rates; it also confirms that school enrolment of children who are not direct CSG beneficiaries is more likely when another child in the household is a direct CSG recipient (Budlender and Woolard, 2006). The authors of the same study also note that CSG receipt may tend to decrease the likelihood of older children in the household working, but they advise the latter finding be treated with caution given the small numbers of children that are reported to be working. Importantly, these impacts exist despite the absence of any explicit

conditionalities.[23] These are noteworthy tangible outcomes, and together with the important shifts that were introduced in the design of the grant, suggest that the CSG could serve as a useful example for the design of child benefits elsewhere.

CONCLUDING REMARKS

While feminists have often shown an interest in the redistributive mechanisms of social policy, such mechanisms have weakened in recent years as equality and redistribution as core values underpinning public policy have been displaced by a market-oriented logic that introduces individualized methods of risk and benefit calculation into social insurance programmes, and weakens public service provision. This is a logic that condemns core values of solidarity and redistribution and penalizes those whose contributions are unpaid or on the periphery of the formal/visible economy. It condemns poor women in particular to elusive programmes that, apart from being patchy, can also invoke and depend on essentialist views of their identities, interests and responsibilities. In a context where child poverty has become a major concern and 'investing in children' a policy priority, how women are positioned in programmes targeted at children (as 'conduit' or agents in their own rights) and what happens to their rights (as citizens and not merely as mothers) are important questions to address.

Care-related policies could include provisions relating to social security benefits such as tax allowances, cash benefits, credits for benefit purposes; provisions relating to employment-related measures such as paid and unpaid leave, severance pay, flexitime, and so on; public spending on programmes for pre-school children and the elderly which help reduce the burden of family care; provision of universal benefits (child allowances for example) and 'social' pensions; logistical support and remuneration for home-based carers; provision of institutional care; investments in infrastructure and technological support. A difficult question is how to use these different policies, or other policies, to redistribute unpaid care work that takes place largely within the private domain (so that boys and men do more of it, and girls and women do less). The sharing of unpaid care work between women and men in many developing countries would require different strategies from those used in advanced welfare states, since the bulk of paid work is unregulated in many of these countries and family forms are far more diverse. Given that political constituencies behind many of these reforms are not sufficiently

23. In fact the experience of the early years of the grant when conditionalities were in place (such as the requirement that the care-giver had to participate in development programmes) suggested that these conditionalities would restrict access in unintended ways and exclude the truly needy. This was one of the reasons why the Lund Committee decided not to include any additional conditionalities on top of the means test (Budlender and Woolard, 2006: 37).

organized and vocal, bringing these issues onto the policy agenda remains a challenge.

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Shahra Razavi is Research Co-ordinator at the United Nations Research Institute for Social Development (UNRISD), Palais des Nations, 1211 Geneva 10, Switzerland. Her recent books include *Gender and Social Policy in a Global Context: Uncovering the Gendered Structure of 'the Social'*, edited with Shireen Hassim (Palgrave, 2006); *Agrarian Change, Gender and Land Rights,* special issue of *Journal of Agrarian Change* (Blackwell, 2003); *Gender Justice, Development and Rights*, edited with Maxine Molyneux (Oxford University Press, 2002); and *Gendered Poverty and Well-being*, special issue of *Development and Change* (Blackwell, 1999).