Working Paper No. 73

THE MICRO-DYNAMICS OF WELFARE STATE RETRENCHMENT AND THE IMPLICATIONS FOR CITIZENSHIP IN AFRICA

by Lauren Morris McLean

A comparative series of national public attitude surveys on democracy, markets and civil society in Africa.

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AFROBAROMETER WORKING PAPERS

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The Micro-Dynamics of Welfare State Retrenchment and the Implications for Citizenship in Africa

Abstract

In Africa, neoliberal reform has represented a major retrenchment in the public provision of health and education services. In terms of politics, this free or highly subsidized public provision of health and education had always been tightly linked to the expansion of citizenship at the end of colonial rule. This paper seeks to investigate two research questions through an examination of the micro-effects of the macro-policies associated with the current era of globalization. First, how do Africans at the local level differentially experience welfare state retrenchment in health and education? Despite adopting broadly similar economic reform packages, my previous research in rural Ghana and Cote d'Ivoire suggests that significant variation exists in the micro-experience of these reforms at the individual level. Furthermore, the Afrobarometer data reveals that a substantial number of Africans might not have any experience of public social services at all. This paper thus examines the factors that might produce these different local experiences of reform. Second, this paper asks how do the differences in the micro-experience of social policy shape the ways that Africans conceptualize and practice citizenship.

INTRODUCTION

Over the past twenty years, the neoliberal era of globalization has meant pressure to retrench the welfare state in Africa. In the immediate post-independence period of the 1960s, many African governments had used their booming export revenues to finance the expansion of free health and education for their newly enfranchised citizens. Many of these newly-elected leaders of nascent and fragile democracies borrowed extensively to build roads, utilities, schools and clinics in the cities and countryside.

In the 1970s, despite falling commodity prices for African exports, African leaders continued to borrow from willing lenders. African debts further ballooned because of the combined effects of the oil shocks and rising interest rates. By the early 1980s, most African governments could barely service the interest on their debts, and their domestic economies were in crisis. Worried that these countries would soon default on their loans, the World Bank and International Monetary Fund, with the backing of bi-lateral and commercial lenders, pushed African governments to adopt neoliberal economic reforms, also known as Structural Adjustment Programs (SAPs).

While these reform packages included a multitude of policy changes in different arenas, a unifying theme was for African governments to reduce what was viewed as an overly interventionist role in the market economy, for example, by liberalizing prices, removing trade barriers, and privatizing previously state-owned enterprises. In the area of social welfare, African governments were pressed to make drastic cuts in their total fiscal expenditures. Many civil servants in the relevant government ministries of health, education and social welfare were laid off; the salaries of many teachers, nurses, doctors and other healthcare workers were capped and eroded by the rising cost of living; and, new systems of cost recovery required local people to pay fees for education and health services that previously had either been free, or highly subsidized by the state.

Even though "welfare states" in Africa were not nearly as massive and all-encompassing as their counterparts in the advanced industrialized world,[1] neoliberal reform nevertheless represented a major retrenchment in the public provision of health and education services. And importantly for politics, this free or highly subsidized public provision of health and education had always been tightly linked to the expansion of citizenship at the end of colonial rule.

Hence, this paper seeks to investigate two research questions. First, how do Africans at the local level differentially experience welfare state retrenchment in health and education? Despite adopting broadly similar economic reform packages, my previous research in rural Ghana and Cote d'Ivoire suggests that significant variation exists in the micro-experience of these reforms at the individual level.[2] Furthermore, the Afrobarometer data reveals that a substantial number of Africans might not have any experience of public social services at all. This paper thus examines the factors that might produce these different local experiences of reform.

Second, this paper asks how do the differences in the micro-experience of social policy shape the ways that Africans conceptualize and practice citizenship? If the expansion of citizenship after independence was predicated on the expansion of the infrastructure and availability of public education and health services, then how does the variation in the experience of state retrenchment in these areas shape how people think about their rights and obligations as citizens of the national political community? How do

[1] For example, most African welfare states do not provide unemployment insurance, income support for the aged, family allowances, or universal health care. A recent and notable exception in the area of health care is the government of Ghana's passage of the National Health Insurance Act of 2003.
[2] See Morris MacLean (n.d.).

different patterns of social exclusion perhaps map onto local-level patterns of political participation, or perhaps, political exclusion?

This paper's research questions are significant because they examine the micro-effects of the macro-policies associated with the current era of globalization. Globalization is not a new phenomenon anywhere, and certainly not in Africa, where polities and markets have been integrated across borders for hundreds of years. The frenzy of attention dedicated to globalization in the academic and popular press is not because it is new, but rather because the current era of globalization is qualitatively different than in the past – both more accelerated in pace and neoliberal in content. While many analysts write about globalization as if it is an authorless force of nature, my work emphasizes the state's role in constructing and re-organizing the rules of the new global market economy.[3] Because this is an inherently political process with important distributive consequences, it is crucial that we understand the micro-consequences of these policies for social welfare and politics. We can not simply analyze the aggregate figures on GDP per capita or growth rates and be satisfied. Rather, this paper digs deeper into the micro-dynamics of globalization and its political consequences.

THEORETICAL EXPLANATIONS FOR THE DIFFERENT MICRO-EXPERIENCES OF WELFARE STATE RETRENCHMENT

Until the 1990s, most of the welfare state literature in political science and sociology has focused on explaining the origins of different types, or as Esping-Anderson has termed them, the different "worlds" of welfare states.[4] This literature has concentrated almost exclusively on the development of the welfare state in OECD countries, in particular, the US, Japan, and Western Europe. Some scholars have more recently turned their attention to the question of whether welfare state retrenchment is actually occurring.[5] Whether using statistical or historical institutionalist approaches, this work tends to make comparisons across country cases and hence emphasize national-level institutions and variables.

Only very recently have a handful of scholars attempted to include late developing countries in their analyses of globalization and the welfare state.[6] But much like their counterparts studying the more "traditional" welfare states in Western Europe, these studies focus on whether globalization has caused a change in the macro-economic policy of late developing countries, often using aggregate welfare spending as a measure of that change. Again, almost no attention has been dedicated to studying the sub-national consequences of these retrenchment policies in late developing countries.[7]

While there may not be a subfield of scholars dedicated to studying the African welfare state specifically, there is a voluminous literature by Africanists analyzing the politics of economic reform more generally.[8] Still, much of this literature focuses on whether and why certain African governments have adopted economic reform, again remaining at the level of elite decision-making and how politics shape the formulation of macro-policy outcomes.

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[3] I extend the work of Karl Polanyi (1944) on the construction of the self-regulating national market in 19th century England to theorize the process and consequences of the construction of the global market economy.

[4] See, for example, Lynch (2006); Kazsa (2006); Iversen (2005); Hacker (2002); Skocpol (1992); and Esping-Anderson (1990).

[5] See, for example, Huber and Stephens (2001); Levy (1999); and, Pierson (1994).

[6] See Rudra (2002) and Kaufman and Segura-Ubiergo (2001).

[7] There is some work, mostly by economists, on whether globalization increases inequality (Alderson and Nielsen 2002; Higgins and Williamson 1999) or poverty (Ha 2007; Dollar and Kraay 2002) but this again compares country cases using aggregate national-level data on Gini coefficients, poverty headcounts, or child and infant mortality.

[8] See, for example, Van de Walle (2001), Callaghy and Ravenhill (1993) and Nelson (1990).

In this paper, I look at the next link of the causal chain: how macro-policies affect the political attitudes and behaviors of individuals at the local level. I extend theoretical insights from a growing policy feedback literature in the subfield of American political development to analyze how the micro-experience of social policies in Africa may shape African civic engagement and notions of citizenship.[9]

MY ARGUMENT

In answer to the first research question – why do Africans experience state social policies differently – my argument highlights two causal factors: poverty and the historical differences in the formation of the welfare state. First, I argue that poverty is a critical factor in shaping the micro-experience of social policies in Africa. Social policies do not simply alleviate poverty; poverty shapes whether and how Africans interact with the state provision of social services at all. Second, I argue that it is not only micro-level variables that shape these divergent outcomes. There are important country-level variations that beg to be explored, even when we control for the level of social service infrastructure available at the community level. Here, I emphasize past differences in the delivery of social services.

In the second half of the paper, I explore the political consequences of this differential micro-experience of state social service provision. I argue that the variations in the ways that Africans interact (or do not interact at all) with the state have a significant effect on how people conceptualize and exercise their citizenship.

RESEARCH DESIGN AND METHODOLOGY

Even ten years ago, this type of micro-level analysis would not have been possible on such a large-scale as very limited public opinion research was conducted in Africa. At that time, the survey research that was conducted was often done by lone researchers or research institutes in single-country studies. For example, in my own earlier work in 1998-99, I employed a quasi-experimental case design and spent 18 months collecting primary data in only four similar villages on either side of neighboring Ghana and Cote d'Ivoire. The Afrobarometer data thus offers an unprecedented opportunity for scholars such as myself to explore the micro-foundations of African politics with a greatly expanded, multi-national dataset.

This paper compares individual-level responses from over 18 countries in Africa.[10] The sample of African country cases includes wide variation in terms of: geography, economic performance, colonial legacy, the number of years since independence, the structure of national political institutions and the vibrancy of civil society. Despite the inclusion of several cases where democracy is under threat or failing, most of the country cases are more likely to have embarked on a path to political and economic liberalization. Furthermore, the countries all share some minimum level of state capacity. While some are weaker states than others, none of the country cases included would be considered an absolutely failed state. This data is pooled from nationally representative samples and includes a minimum of 1,161 respondents from each of the 18 countries making a total of 25,397 respondents.[11]

The data I will use was collected during Round 3 of the Afrobarometer project in 2005/2006.[12] While the majority of questions in the Afrobarometer survey have been repeated consistently during Round 1 (1999)

[9] See Soss and Schram (2007); Mettler (2005); Mettler and Soss (2004); Campbell (2003).
[10] The list of countries include: Benin, Botswana, Cape Verde, Ghana, Kenya, Lesotho, Madagascar, Malawi, Mali, Mozambique, Namibia, Nigeria, Senegal, South Africa, Tanzania, Uganda, Zambia, and Zimbabwe.
[11] The data is weighted to approximate the inclusion of 1,200 cases from each country.
[12] The data was collected between March 2005 and February 2006.

and Round 2(2002/2003), several questions of central concern for this paper were only available in Round 3. My hope is that these new questions will be repeated in future rounds so that I can extend this preliminary cross-sectional analysis to include a dynamic analysis of social service experience and political participation over time.

The Conceptualization and Measurement of the Dependent Variable: Surprising Variations in the Micro-Experience of Social Service Provision

In this paper, I emphasize the user's local-level *experience* of public social service provision. While most previous studies have focused on how much the state spends on social services, here I pay attention to how the same level of national spending might be experienced differently by different people at the local level. For example, what appears to be an increase in aggregate social spending in one country might reflect an investment in the maintenance of a particular facility or the purchase of costly medical equipment that will not be experienced as a positive improvement equally by all of the citizens of that country. Meanwhile, citizens may face increased user fees to gain access to a medical consultation. In this instance, an increase in the aggregate figures for social spending may obscure an overall decrease in accessibility that most citizens experience when they seek medical care.

In a similar vein, merely because a school or health clinic exists nearby, does not mean that the accessibility or quality of that facility is perceived to be very high by users. Thus, I will use the respondents' reports of their micro-experiences with schools and clinics rather than measuring the state's social welfare effort at the national level through aggregate social spending, or the level of infrastructure available to users at the community level. In a recent paper, Bratton similarly demonstrates that what he calls "user friendliness" should be analyzed separately from the physical proximity of social services.[13]

Originally, I conceptualized the micro-experience of social service provision as having two dimensions: 1) the perceived accessibility; and, 2) the perceived quality of public health and education services.[14] Access and quality are often highlighted by policy researchers as the most salient dimensions of a users' experience of social services in the domain of health care.[15] Round 3 of the Afrobarometer questionnaire had three questions that seemed ideally suited for these purposes. First, to get at individuals' perception of accessibility, I explored responses to a question that asked: "Based on your experience, how easy or difficult is it to obtain the following services? Or do you never try and get these services from government?" The question then proceeds to ask about five different types of government services, the fourth being "a place in primary school for a child" and the fifth being "medical treatment at a nearby clinic."[16]

[13] See Bratton (2007; 17). Throughout the analysis, physical proximity of social services will be included as a control variable.

[14] During my field research in Ghana and Cote d'Ivoire, respondents typically emphasized the necessity of publicly-available health care services over education. They rarely discussed care for the elderly in the context of a discussion on government policy, as it was normally conceived of as a private, not public, responsibility.

[15] Health policy researchers seemed to focus on understanding how access affected use of health care services than more recently turned to quality. Accessibility is not just conceptualized in terms of cost but Penchansky and Thomas' "Five A's of Access to Care": affordability; availability; accessibility; accommodation; and acceptability (Penchansky and Thomas 1981). For an overview, see also Millman ed. (1993). On measuring the quality of health care, see Donaldson (1999).

[16] The question begins by probing whether respondents are easily able to obtain identity documents, then household utility services such as electricity, and third, help from the police.

In subsequent questions, respondents are asked to recall more concretely whether over the past 12 months they had encountered seven specific problems with their local public schools.[17] The immediate next question then poses a parallel set of questions about the respondents' experience of problems with their local public clinic or hospital.[18] While three of the seven problems might be considered problems of access (i.e., prohibitive costs, lack of textbooks, and demands for bribes), the other four are clearly reflective of perceptions of quality (i.e., poor teaching or lack of attention, absenteeism, overcrowding and poor facilities).[19]

As I explored the descriptive statistics for this data, I was struck by the significant number of Africans who reported that they have "no experience with schools/clinics" or that they "never try" to obtain access to education and/or health services. (*See Table 1*.) It is important to note at this point that respondents who replied "no experience" are distinct from the comparatively small percentages of Africans who answered "don't know" (between 0.7-3%) or the handful who refused to answer.[20]

In the question that asks very specifically about their direct experience of seven potential problems in the past 12 months, 32% of respondents answered that they had no experience with schools and 17% had no experience with public clinics. To cross-check this data, I analyzed the responses to the more general question about the ease or difficulty of accessing government services. Over 13% of respondents replied that they never try to obtain primary school placement and nearly 6% reported that they never try to obtain medical treatment. Here, again, the number of Africans who simply never try to obtain government services at all is significant on the whole with a higher number reporting no experience or never trying to gain access to public schools than clinics.

While the more general question above is useful in confirming similar overall trends in the data, the more specific set of questions is more reliable and will be used most extensively in the paper's analysis. My estimate is that the series of questions detailing whether concrete, everyday problems have been experienced in a specific time frame more effectively stimulated respondent recall than the broader question.[21] Thus, we can infer that the number of Africans who have no experience with public social services is probably closer to a quarter or a third of the population. This is a lot of people.

Before I can proceed in future papers with the more fine-grained analysis of the variation in access and quality for those who reported at least *some* experience with public schools and clinics, I need to understand first whether there is a statistically significant difference between these two populations –

[17] Question 73 is worded: "Have you encountered any of these problems with your local public schools during the past 12 months?" The enumerator reads out seven possible problems: "Services are too expensive. Lack of textbooks or other supplies. Poor teaching. Absent teachers. Overcrowded classrooms. Poor conditions of facilities. Demands for illegal payments."

[18] Question 74 is worded: "Have you encountered any of these problems with your local public clinic or hospital during the past 12 months?" The enumerators reads out seven possible problems that parallel the above question on schools: "Services are too expensive; unable to pay. Lack of medicine or other supplies. Lack of attention or respect from staff. Absent doctors. Long waiting time. Dirty facilities. Demands for illegal payments."

[19] Results of a principal components analysis suggest that the access-related items of the question load on one factor while the quality-related items load on a second factor.

[20] Throughout the analysis, the "don't know" and refused responses were examined separately and then excluded from the dataset as system missing. When the seven sub-questions are summed, the number of respondents who answered "don't know" on at least one of the seven questions increases the total percentage in the system missing category to 6-9% in Table 1. Unlike the "no experience" population, I did not find the population answering "don't know" or "refusing" to be either large in number or statistically different in character.

[21] One potential inconsistency in this data is that every respondent does not always answer "no experience" across all seven specific questions. This appears to occur very rarely however.

those with some experience (whether positive or negative) and those with practically none at all.[22] Hence, I add a third dimension to my original conceptualization of the micro-experience of social services: the extent of interaction with public social services. I create two binary variables that measure: 1) the extent of interaction with public schools alone; and, 2) the extent of interaction with public clinics alone.[23] Preliminary data analysis suggests the importance of analyzing interaction with schools and clinics separately as these populations overlap to a certain extent but not completely. To capture the fact that some people are interacting with neither schools nor clinics, some with only schools or clinics, and some with both schools and clinics, I create a third summary variable that measures the extent of interaction at three levels: 1= extremely low; 2= moderate; or 3= high. (*See Table 2.*)

Exploratory analysis using cross-tabulations and t-tests suggests that the Africans with no (or almost no experience) with public schools and/or clinics are more likely to live in urban areas, be less poor, and have significantly higher education levels. (*See Tables 3 and 4.*) Those with no experience of schools are more likely to be either very young (18-25 years old) or very old (61 years and higher), whereas those with no experience of clinics are more likely to be very young. This data on age might be interpreted as reflecting an underlying dimension of need; in other words, those who have less need for education and health services are less likely to have any experience. Gender and the level of local social service infrastructure are not consistently associated with whether Africans experience social services or not. Females might be slightly more likely to have experience with public clinics than men if they have a public clinic nearby but are equally likely to have experience with schools whether or not there is a school in the community or not.

These preliminary analyses suggest that Africans who have no experience with public schools and clinics may not be the most impoverished and marginalized constituents in the political system but actually be making a voluntary choice not to receive services from the state. Perhaps, more well-to-do, educated Africans living in urban areas are choosing to pay higher out-of-pocket rates for private schools and clinics. While this might not mean that the most destitute are absolutely excluded from any social services, it could indicate a bifurcation of social service options between the wealthy and the poor with important political consequences. The next section of the paper will test these findings in a more controlled fashion in a logistic regression model.

The Explanation for the Variation in Whether or Not you Have Experience with Public Schools and Clinics at All

Key Explanatory Factors

So, what is causing some Africans to have no experience at all with public schools and/or clinics? My hypothesis is that the individual experience of poverty is a powerful explanatory factor in shaping whether people have any interaction at all with public education and health services. Rather than the poor being totally excluded from public social services, they have no other options and are forced to depend on public schools and clinics. For this reason, the poor should be expected to have at least some experience with state social welfare. In contrast, the less poor (or comparatively more well-to-do) will have greater access to private alternatives for schooling their children and seeking medical attention.

[22] In future analyses, I will exclude this large segment of the population with no experience and focus solely on the variation within the population who reports at least some experience.

[23] The two variables are both measured as 0=extremely little or no experience with public schools/clinics and 1= some experience with public schools/clinics.

Poverty will be conceptualized and measured as the lived experience of poverty, broadly following the measurement strategy used by Bratton and other scholars in several Afrobarometer papers.[24] More direct indicators of income are grossly unreliable in most African contexts where the vast majority of respondents live in rural areas and/or are engaged in informal economic production where income is extremely difficult to estimate. Instead, I calculate a lived poverty index which sums the frequency with which a respondent has gone without food, medical care, cooking fuel and cash income.[25] To facilitate interpretation, I create four categories of lived poverty that range from rarely, if ever, going without any of these necessities, to going without almost all of them all of the time.

But an individual's experience of poverty is not the only explanatory factor that matters. My second hypothesis is that there will be significant variation across the 18 different countries in the dataset. My earlier work in Ghana and Cote d'Ivoire suggests that colonial legacies on the post-independence formation of the welfare state will shape whether or not Africans have experience with public schools or clinics. The logic here is that the history of welfare state formation shapes both individual normative expectations as to the appropriate role for the state as well as the extent to which non-state providers have been permitted space to operate and grow as alternatives.

Controls

In the below logistic regression model, I am able to include several additional variables as controls. First, I test several other micro-level demographic characteristics including whether differences in age, gender, education level, and rural residence account for Africans' lack of experience with publicly-provided social services. Second, I include the physical proximity of social services at the community-level. This is an important control on rural residence and country. Unfortunately, however, the way the data is collected does not distinguish between the availability of a public versus a private school or clinic.[26]

The Models

Because of the preliminary descriptive analysis suggesting differences between the populations who interact with schools versus clinics, I test these two binary variables individually in two separate logistic regression models. I also conduct a multi-nomial logistic regression for the summary dependent variable that combines people's experience in public schools and clinics into a three-level outcome.

A superior way of teasing out the country-level differences would be to build a multilevel model. A multilevel model would allow me to evaluate the impact of micro-level variables separately from the

[24] See Bratton (2006). See also Afrobarometer Briefing paper no. 4.
[25] I modify the index used in other Afrobarometer papers slightly. I exclude whether the respondent has gone without electricity or clean water because these measure seem more reflective of a broader infrastructural poverty rather than an individual's lived experience. I also exclude whether the respondent has gone without school fees. Principal components analysis indicates that this index explains 55% of the variance in the data and is reliable (Cronbach's alpha=.73).
[26] This question is filled in by the enumerator in conjunction with the field supervisor. It asks whether or not there are different services (from post offices to market stalls) available in the primary sampling unit. I include whether or not there is "a school" and "a health clinic". This data reflects a general level of social service infrastructure but does not specify whether it is publicly or privately provided. Another problem with the data is that the primary sampling units vary in size so the actual proximity of the school or clinic varies significantly.

macro-level variables without encountering serious conceptual and statistical errors.[27] While in a future extension of this and other related papers, I plan to employ multilevel modeling, at this point, I simply include a categorical variable for country.

The Results: The Role of Poverty

The results of the analysis confirm my first hypothesis that poverty is indeed a powerful factor in explaining whether an individual has had any experience at all with public schools or clinics. (*See Tables 5a and 6a.*) Ironically, as an individual's poverty worsens, they are more likely to have experience with public schools and public clinics. For example, a person who experienced extreme poverty would be 40% more likely to have experience with public schools and 88% more likely to have experience with public clinics than someone who was relatively well-to-do.

Before interpreting the above result for poverty, it is worth noting that several of the control variables also have significant effects on a respondent's probability of having any experience with public schools and clinics. First, age is consistently significant and positive, meaning that older Africans are more likely to have experience with public schools and clinics. As mentioned earlier, this result may reflect an underlying dimension of need. Thus, Africans in the youngest age category would be less likely to have school-age children or poor health. The effect of this variable might be difficult to interpret, however, because the effects are most likely curvilinear and/or uneven across age groups for schooling versus medical care.[28]

What is somewhat puzzling is that rural residence is significant but negative, meaning that a rural resident would be less likely to have experience of public schools and clinics. This result flatly contradicts the basic descriptive statistics for the two populations as well as the earlier analysis of cross-tabulations and t-tests, which suggests that rural residents are more likely to have at least some public service experience than urban. This negative result might indicate that there is an important interaction with another variable included in the model.

Interestingly, the availability of any kind of school or clinic (public or private) in the area is modestly but consistently significant and negative. Hence, the data suggests that where there is a school or clinic available, respondents are *less* likely to have experience with <u>public</u> schools or clinics. Since country is included and should be capturing some of the overall social welfare effort of each government, I interpret this negative result to be picking up the proximity of non-public, private alternatives.

Female respondents might be slightly less likely to have any experience with public schools and clinics, but gender is not consistently significant. Thus, being female does not seem to shape a respondent's odds of having any experience with schools but does seem to reduce their chance of having any experience with public clinics.

[27] My discussions with Robert Rohrschneider who employs multi-level modeling to analyze Eurobarometer data have been most valuable. On the need for multi-level modeling, see Luke (2004). For more detailed discussions of the techniques involved see Gelman and Hill (2007) and Snijders and Bosker (1999).

[28] For example, respondents might not interact with schools when they were childless; interact at the highest intensity when they had school-age children; and, then interact less again when their children were grown. Thus the relationship would not be perfectly linear, where each increase in age increases the odds of experience. An individual's experience might also be quite uneven across the different categories. For example, respondents in the eldest age category might interact quite a bit with clinics but not at all with schools.

Finally, an individual's education level is neither consistently significant nor even in the same direction for both schools and clinics. Africans that have higher levels of education are more likely to have experience with public schools. But there is no significant effect on their slightly diminished probability of interacting with public clinics.

The Results: The Role of Country Differences

The categorical variable for country differences is very difficult to interpret. (*See Tables 5b. and 6b.*) The most important take-away point, however, is that considerable variation exists across the 18 countries in the dataset, and that these country differences are almost always significant. This result is a first step toward confirming my hypothesis that country differences would be important, even when key micro-level variables are included in the model.

A more detailed examination of the results suggests that there are probably several different underlying factors driving these country differences. For better or for worse, the referent category for each of the country results is Zimbabwe. Thus, from Table 5b, we see that respondents living in Mozambique, Botswana, Mali or Senegal all have an increased probability of having at least some experience with public schools. What do these countries that differ so strikingly in terms of their GDP per capita and colonial legacy share in common? I would tentatively argue that for different sets of reasons they might all have fewer, private alternatives to publicly-provided social services. The lack of attractive private alternatives might be variously due to the protracted civil war in Mozambique, the long-term stability and investment in social welfare infrastructure in Botswana, and the francophone legacy of a more etatist, provident welfare state in Mali and Senegal.

Similarly, an analysis of the countries that decrease the odds of a respondent having any experience with public schools (in comparison to a respondent living in Zimbabwe) is not straightforward. Clearly, there is a lot of variation in terms of GDP per capita, colonial legacy, and other national political institutions. But again, perhaps what these different countries share in common is that, for varied sets of reasons, private social service providers have had the space and opportunity to grow and rival public schools and clinics. Again, in future extensions of this paper, I will include several of these potential explanatory variables (i.e, GDP per capita, aggregate social welfare spending, and colonial legacy) in a multilevel model to sort out what aspect of country seems to be most influential in explaining the variation in public service experience.

Overall Interpretation of the Results

This paper thus shows that Africans' experience with social services is more complicated than a black and white portrayal of the absolutely excluded poor and the totally included wealthy. The poor are actually more likely to have at least some experience with *state* social services than the more well-to-do. This interpretation at first glance might seem quite positive, but another way of looking at this is that the poor are forced to rely on publicly-provided social services that may have greater non-monetary barriers to access (i.e., waiting times or shortage of supplies) and lower quality than the more expensive private schools and clinics. The more well-to-do appear to be by-passing or opting out of the state system in favor of preferred, private alternatives much more frequently than the poor. Welfare state retrenchment in Africa has therefore not meant the absolute exclusion of the poor but rather has stimulated the growth of a two-tiered social service system where those who can pay, frequently choose to opt out of what the state has to offer.

This is an important finding in that it is somewhat counterintuitive and stands in contrast with much of the earlier literature on the impacts of structural adjustment in Africa. Until now, most of the concern about the impacts of neoliberal economic reform has centered on whether state retrenchment, and in particular, cost recovery, has prevented the poor from gaining any access to public social services. The fear was that the very poor had been totally excluded from public social services. This set of critiques stimulated a call for reforms to soften or "humanize" adjustment programs. A second wave of adjustment then focused on making social services more affordable to the poor, for example, creating fee exemptions for "paupers" and in many cases eliminating school fees, particularly at the primary school level. While my earlier research suggests that many of these newer policies are not publicized or implemented effectively at the local level, they also appear to be somewhat misguided in their oversimplification of the root problem.[29]

The negative impact of welfare state retrenchment is not experienced evenly, and it is not simply in terms of higher costs prohibiting all access for the poor. The real stumbling block appears to be the erosion of quality in publicly-provided social services and how that interacts with popular perceptions of costs and benefits. A majority of Africans (54%) responded to another question that they would actually prefer to pay school fees in order to raise the quality of education.[30] The public opinion in response to this question about the tradeoff between cost and quality was relatively split (37% disagreed), however, and intense on either side.[31]

What is most revealing is to compare the responses for those with different levels of experience with public schools and/or clinics. Africans preferred to pay fees in order to raise the quality of education *whether or not* they had any experience with public schools.[32] This result might reflect the fact that in many countries, the second round of structural adjustment reforms reduced or eliminated school fees so quality is becoming the more obvious problem. My prior field research experience also suggests that when faced with higher cost and lower quality schools, poor families often choose to send a reduced number of their children to the public school and for a shorter number of total years. For health care, they still seek medical treatment at the public clinic but it is often tremendously delayed after all other options have been tried and already exhausted.[33] In contrast, the more well-to-do have a greater range of choices, even in some rural areas.[34] Thus, the parameters of social exclusion are not simply in terms of access to *any* education or health care but also importantly defined by the differential quality of the education and health care that is received.

This two-tiered system not only undermines the financial base of the public education and health care system but also becomes a powerful indicator of the rising economic inequality in the current system. The visibility of rising inequality to the average person is demonstrated by the public opinion responses. Over 66% of Africans described the gap between the rich and the poor as either worse or much worse than a

[29] See Morris MacLean (2002; n.d.). For example, in Ghana, the majority of village residents interviewed were completely unaware of the possibility of any fee exemptions. District health officials also confirmed that central government budget allocations for "paupers" had not been spent. Furthermore, while headmasters no longer collected official school fees at the primary school level, they continued to require families to pay many other fees, including for sports, equipment, or obligatory membership in a parent-teacher association.

[30] Question 10 was worded: "Which of the following statements is closest to your view? Choose Statement A or B. A: It is better to have free schooling for our children, even if the quality of education is low. B. It is better to raise educational standards, even if we have to pay school fees."

[31] The highest frequency of responses was from people that said they *strongly* agreed or disagreed.

[32] There was no statistical difference between the two populations with no versus some experience of public schools ($p=.767$).

[33] There is no parallel question probing the tradeoff between cost and quality in health care on the Afrobarometer survey.

[34] In both of the relatively small villages in Ghana (populations of between 1-2,000), small private schools had recently been founded and were growing in enrollments.

few years ago, whereas only 30% described it as the same or better. Again, the different reforms that have been more recently implemented in education versus health seem to have shaped individual's views on the changes in inequality. Africans with some experience of schools were more likely than those without to portray inequality as improving.[35] And, there was no statistically significant difference in the responses from those with some or no experience with public clinics; they were equally likely to describe inequality as worsening. The next section explores the political implications of this two-tiered system of public and private social welfare provision.

The Political Consequences of the Variation in Micro-Experience of Welfare State Retrenchment

If the poor are essentially forced to use poorer quality public education and health services than the wealthy, what are the political consequences? How does people's different level of experience with public schools and clinics shape their evaluations of economic reform? And, do these two different populations of public and private service users conceptualize and exercise citizenship in distinct ways?

My hypothesis is that these different micro-experiences of the welfare state have important consequences for politics. Before proceeding, I want to be clear that I do not portend that the popular experience of public social services is the only variable that matters. What I am arguing is that the local-level experience of the state in the provision of social services has an important, and, yet heretofore, understudied role in shaping African politics. In this paper, I will thus share preliminary results to demonstrate that these two distinct populations of service users are reflecting, thinking and acting differently as political actors. In subsequent analyses, I will be able to look more systematically at the relative importance of this variable vis-à-vis other rival explanatory factors. Even this preliminary analysis makes a valuable contribution, however, in its attempt to bridge two Africanist literatures: one that focuses on the politics of economic reform and public policymaking, with another that focuses on democracy, political participation and citizenship. Ironically, West Europeanist and Americanist scholars often make these linkages explicitly within the welfare state literature that focuses on the advanced industrialized countries, but there is little dialogue to date in the study of Africa.

Popular Evaluations of Economic Reform

First, I investigate the most proximate political outcome of social service users' experiences with the state. I look at how their experience (or lack thereof) shapes their evaluations of the economic reform programs themselves. Do Africans who have no experience with public schools and clinics characterize the economic policies more negatively or positively? In the early part of the Afrobarometer survey, respondents are given two opposing statements, asked to choose the one that is closest to their view, and then state how strongly they agree with it.[36] The question that is particularly well-crafted for revealing attitudes about the distribution of the costs of economic reform juxtaposes the following two statements: 1) "The government's economic policies have helped most people; only a few have suffered;"and, 2) "The government's economic policies have hurt most people and only benefited a few."[37] The overwhelming majority of Africans interviewed responded negatively (64%) that economic policies had hurt most people with 37% holding this opinion very strongly.

[35] Of those respondents with some experience with schools, 32% described inequality as improving. Pearson chi-square=6.36*.

[36] Enumerators were instructed to probe for the strength of the opinion but not to read aloud the "agree with neither" or "don't know" options.

[37] Approximately 3% responded "agree with neither" which I recoded as a neutral opinion, neither positive nor negative, and excluded from the analysis. About 3% responded "don't know" or refused which were excluded from the analysis as system missing.

There is also strong evidence that those who have no experience of public schools or clinics are more likely to express negative views, believing that economic policy has hurt most people. (*See Tables 7a and 7b.*) What is interesting about this opinion is that the more well-to-do "no experience" population may be actually choosing not to receive lower quality services from the state, but that they still associate current economic policies with high costs. Even though the question wording seems to elicit a more abstract assessment of costs for "most people," it is arguable that many respondents think and reply in terms of the costs that they themselves have experienced.

Having looked at whether people perceive government economic policies as costly, I next examine the differences in their opinion about whether the government should abandon its current economic policies. This question in the survey asks respondents to indicate which of the following two statements is closest to their view: 1) "The costs of reforming the economy are too high; the government should therefore abandon its current economic policies;" or, 2) "In order for the economy to get better in the future, it is necessary for us to accept some hardships now." Interestingly, this question stimulates a more positive set of responses overall than the previous question on costs. The majority of Africans (56%) agree that it is necessary to accept hardships in order to achieve future economic improvements. The way the two statements are juxtaposed implies that they would support the continuation of current economic policies to achieve those long-term goals. Over a third of Africans (35%) surveyed, however, believe that the costs are simply too high and that current economic policies should actually be abandoned. Interestingly, this question also stimulates a slightly higher number of "don't know" or "agree with neither" responses than the earlier question on costs. Thus, there appears to be a greater consensus among Africans that the economic policies cause suffering than what should be done in the future as a consequence.

Again, when I compare the responses of those with no experience of public services and those with some, I find puzzling differences in opinion on whether economic policies should be abandoned. Here, the level of experience with public schools does not seem to matter much. Those with or without experience with schools are split in roughly similar ways, with 62% stating that it was necessary to accept hardships now in order for the economy to get better in the future. In contrast, a significantly greater number of Africans with no experience with public clinics state that current economic policies should be continued in comparison to those who receive health services from the state. My interpretation is that those with no experience of public schools or clinics may be more negative about the costs but be more willing to accept hardship in the short-term precisely because they have located other private alternative service providers. The differences seen between the experience of public schools and clinics are due to the greater softening of cost recovery in schools and also the perception that health care is more costly with life-or-death consequences when access is hindered or quality is sacrificed.

The Implications for the Exercise of Citizenship

Now, I turn to examining the implications of the micro-experience of social policy on the exercise of citizenship at the local level. In another analysis of Afrobarometer data, Logan and Bratton conclude that while Africans are active voters, they are not yet claiming democracy as active citizens.[38] While they test certain micro-level social characteristics and political attitudes as well as macro-level country contexts and institutional legacies, I would like to analyze the micro-experience of those macro-policies and contexts. Hence, I am interested to see whether receiving public social services and interacting with the state on an everyday basis shapes the ways Africans participate in politics and conceive of citizenship. This set of hypotheses draws directly from the policy feedback literature that has focused almost exclusively on how American welfare state policies have shaped civic engagement in the U.S.

[38] Logan and Bratton (2006) attempt to explain the demand for vertical accountability in African political systems.

So, how will I conceptualize and measure the exercise of citizenship? In a different paper focusing on the effect of poverty on African citizenship, Bratton conceptualizes democratic citizenship in terms of certain political norms, attitudes and behaviors.[39] In this paper, I focus exclusively on the latter component – political behaviors. I am interested in how the everyday experience of social policy may shape the nature of everyday practices of political behavior, something I term the "exercise of citizenship." I examine first the frequency of political participation – both electoral and non-electoral forms of participation. Then, I analyze the locus and mechanisms of exercising citizenship. In other words, I look to see whether there are important differences between these two groups in terms of whether they contact political leaders at the central versus the local level, and whether they use formal or informal political channels.

Frequency of Electoral Participation

Africans are indeed comparatively active voters. Approximately 80% of all respondents were registered to vote in the last election.[40] There are important differences, however, among those who had experience with public schools and clinics, and those who did not. Those who had experience with public schools and clinics were significantly more likely to register to vote than those who had no experience at all.[41] A logistic regression analysis confirms that having any experience with public schools or clinics remains significant in increasing the odds of registering to vote even when other local-level demographic controls are included. (*See Tables 9a and 9b*.) Rural residence, age, education level and gender all influence an individual's probability of registering but they do not eliminate the role of social policy experience. Interestingly, neither poverty nor the level of social service infrastructure in the area is a significant factor in shaping voter registration. Poverty's lack of influence may be because the hurdle for this type of political participation is so low. Finally, country is also included as a control in the model but, as in the earlier section of the paper, the results are difficult to interpret. Country-level differences are significant in 13 of the country cases thus signaling the need for further exploration with a more sophisticated type of analysis.[42]

Africans also reported a high level of voter turnout overall with 74% of all respondents voting in the last election.[43] Paralleling the earlier results on voter registration, those who had some experience with public schools and clinics were significantly more likely to vote than those who had no experience at all.[44] A logistic regression analysis is used to test whether having any experience with public schools or clinics is significant in increasing an individual's odds of voting even when key local-level demographic variables are included as controls. (*See Table 10a and 10b.*) The results suggest that experience with public schools

[39] See Bratton (2006).
[40] The reasons for not registering include: did not want to register; could not find a place to register; were prevented from registering; did not register for some other reason. This diverse set of reasons was combined as one value, 0= "did not register." Those who reported that they were too young to register (7.3%) were excluded from the analysis as system missing along with those who refused or answered "don't know."
[41] 88% of those with experience with public schools registered to vote in comparison to only 82% of those with no experience (Pearson chi-square=154.4***). Similarly, 87% of those with experience with public clinics registered to vote in comparison to 85% of those with no experience (Pearson chi-square=10.3***).
[42] For example, being a resident of Botswana, Senegal, and Zambia decreases the odds of an individual registering to vote.
[43] Only 5% said that they did not vote. The reasons included: decided not to vote; could not find the polling station; were prevented from voting; did not have time to vote; and, did not vote for some other reason. This variety of reasons was included as one value 0= "did not vote". The respondents who were not registered (20%) and those who replied "don't know" or refused were excluded from the analysis.
[44] 94% of those with experience with public schools voted in comparison to 91% of those with no experience (Pearson chi-square=32.17***). Similarly, 93% of those with experience with public clinics voted in comparison to 92% of those without any experience (Pearson chi-square=6.59**).

does significantly increase an individual's odds of voting but that experience with public clinics does not. In the analysis of voting, the only demographic factor that is consistently significant is age and being female, which both increase the chances of voting. Rural residence, education level and poverty all tend to decrease the odds of voting but are not significant. Whether or not there is a school or clinic in the area is also insignificant. Again, there are interesting but puzzling country differences here that warrant further analysis in an extension of this work.

Frequency of Non-Electoral Participation

It is clear from the literature on democracy in Africa as well as civic engagement around the world that electoral participation is neither the only, nor necessarily most important, measure of political participation. Elections occur rather seldom and participation in those elections may be influenced by a number of exogenous factors. The Afrobarometer data thus includes many questions that elicit information about non-electoral forms of participation that will be examined in detail here.

First, I look at whether or not Africans have contacted any political leaders over the past year about an important problem or to give their views on an issue. Overall, 59% of respondents replied that, over the past year, they had contacted at least one political leader whereas 40% of respondents said that they had never contacted anyone. Respondents had a wide variety of possible political leaders read out as options to them including: a local government councilor; a member of parliament; an official of a government ministry; a political party official; a religious leader; a traditional ruler; and, some other influential person.

Whether or not an individual had experience with public schools or clinics continues to be statistically significant in increasing political participation, but now is much more striking in the magnitude of effects than with electoral participation. Thus, 63% of those with any experience of public schools contacted at least one political leader whereas only 53% of those without any experience did so.[45] These gaps widen even further with experience with public clinics. Thus, 62% of those with experience with public clinics are reported contacting at least one political leader and only 50% of those without experience did the same.[46] A logistic regression analysis confirms that having experience of public schools and clinics significantly increases the probability of an individual contacting any political leader even with important demographic variables included as controls. (*See Tables 11a and 11b.*) Being a resident of a rural area appears to consistently decrease the odds of contacting any political leader, even though several of the leaders mentioned might live in the same rural community. Also interesting is that poverty appears to increase the odds of political contacting, as does being female. These are perhaps less intuitive than the finding that an increased education level increases a respondent's likelihood of contacting any political leader. For the first time, there are no significant country differences visible in the results. Overall, the important take-away point here is that despite the inclusion of several other significant micro-level variables, the role of an individual's experience with public social services remains significant and powerful.

A second aspect of non-electoral participation is whether or not respondents join together collectively either at community meetings, as informal advocacy groups, or in larger demonstrations. For all three measures of this group participation dimension, I find that experience with public schools and clinics plays a persistent and significant role in increasing the exercise of citizenship. (*See Table 12.*) For example, 71% of those with experience in public schools reported attending a community meeting at least

[45] Pearson chi-square=191.51***.
[46] Pearson chi-square=173.59***.

once in comparison to only 59% of those without experience.[47] Similarly, 69% of those with experience with public clinics reported attending a community meeting in comparison to only 57% of those with no experience. The logistic regression analyses confirm that experience with public schools and clinics increases the probability of attending community meetings by 34-49%.

Similar results are found for the second measure of group participation: whether respondents join with others to raise an issue. In response to this question, 55% of those with experience in public schools said that they join others to raise an issue whereas only 45% of those with no experience reported doing so.[48] Similarly, 53% of respondents with experience with public clinics described joining with others to raise an issue but only 44% of those without experience did.[49] The logistic regression analyses confirm that experience with public schools and clinics positively increases the probability of joining with others to raise an issue between 36-45% even with the addition of key demographic controls.

Parallel results are found for the third measure of group political activity: whether respondents demonstrate and/or protest. Since only 13% of Africans reported demonstrating or protesting, one might suspect that this type of group participation is of another order, and that different dynamics might be at play. Instead, I find that the role of public social service experience remains statistically significant and powerful here as well.[50] Again, the addition of other significant demographic and macro-level controls such as poverty, rural residence, age, education level, gender, local infrastructure and country do not affect the continued significance of the experience of public schools and clinics.

A final important aspect of political participation is whether or not people even discuss politics. Overall, 69% of Africans report that they discuss politics either occasionally or frequently whereas 30% say that they never discuss them at all. Paralleling earlier results, those who have any experience with public schools or clinics are more likely to report discussing politics.[51] The logistic regression analysis again confirms the persistence of this experience of public social services variable as significant in increasing the odds of all of these various forms of non-electoral political participation. (*See Table 12.*)

The Central versus Local Locus of the Exercise of Citizenship

An analysis of the locus of political contacting reveals that Africans tend to contact political leaders at the local level rather than at the central level. Whereas over 52% of all respondents said that they had contacted local leaders at least once, only 22% replied that they had contacted someone connected with the central government.[52]

[47] Pearson chi-square=265.25***.
[48] Pearson chi-square=188.12***.
[49] Pearson chi-square=100.58***.
[50] 15% of respondents with experience of public schools reported demonstrating or protesting in comparison to 11% of those without any public school experience (Pearson chi-square=42.80***). This gap narrows a bit when it comes to the role of public clinic experience but remains significant (Pearson chi-square=8.76**). 14% of respondents with experience of public schools reported demonstrating or protesting in comparison to 12% of those without any such experience.
[51] 71% of those with experience of public schools report discussing politics in comparison to only 66% of those with no experience (Pearson chi-square=54.26***). In a similar trend, 70% of those with experience of public clinics report discussing politics in comparison to 67% of those with no experience (Pearson chi-square=10.27***).
[52] In this paper, I include members of parliament, ministry officials and political party officials as associated with the central government. Religious leaders, traditional rulers and local government councilors are considered local contacts. I exclude "some other influential person" as the centrality/locality of this contact is too ambiguous.

But how does the experience of public social service affect the central versus local locus of citizenship? After calculating a ratio of central to local political contacting, I compare the behaviors of those who have experienced public schools and clinics to those who have not. I find that any experience with public schools makes a slight difference in increasing the centrality of contacting. Thus, slightly greater numbers of respondents who have experience with public schools are in the category with the highest ratio of central government contacting, and the difference is of borderline significance.[53] On the other hand, there appears to be no statistical difference in the central versus local contacting of those with some versus no experience of public clinics.

The Formal versus Informal Channels Used in Exercising Citizenship

In addition to the locus of African citizenship being more local than central, the channels used for contacting political leaders tend to be more informal than formal. While only 31% of all respondents noted that they had made any political contacts that normally involve formal channels of access, 50% reported contacting political leaders that usually involve more informal channels.[54] The clearest demonstration of the importance of informal political channels is the 19% of respondents who reply that they contact "some other influential person."

Whereas the centrality of the exercise of citizenship was more weakly and inconsistently influenced by the experience of social policy, it appears that the level of informality is more powerfully and consistently influenced. A higher percentage of respondents who have some experience with public schools and or clinics use a high ratio of formal political channels.[55] Conversely, those without any experience of schools or clinics tend to use informal political channels.

To sum up this section, having experience with public education and health services appears to have important political consequences. These two populations are not only distinct in terms of social welfare, i.e., whether they receive schooling and medical care through the state. But, they also participate and exercise their citizenship in unique ways. Those with at least some experience of public schools and clinics tend to participate more frequently in a range of political activities – from voting to demonstrating to just discussing politics. They also tend to exercise their citizenship through more centralized and formal political channels. In contrast, those without experience appear to be less engaged and when they do participate, their actions are more local and informal.

CONCLUSION

In the first part of this paper, I demonstrate that there are two, dissimilar populations that are differentially engaged (or not) with publicly-provided social services in Africa. I find that poverty matters but perhaps in surprising ways. With increasing levels of poverty, Africans are more likely to receive their health and

[53] Pearson chi-square=5.809 at a borderline significance level of p=.055.

[54] In this paper, I include contacting religious leaders, traditional rulers and some other influential person as informal channels. Contacting local government councilors, members of parliament, ministry officials, and political party officials are more often associated with formal channels. This is clearly a difficult distinction to make as an individual might contact a village chief through a very public and formalized set of rules whereas they might have occasion to contact a ministry official through back-door channels.

[55] 7% of respondents who have experience with schools are in the category of the highest ratio of formal to informal contacting whereas 6% of respondents with no experience are in this category. Conversely, 30% of those respondents with no experience of schools use informal channels whereas only 25% of those with experience do (Pearson chi-square=53.721***). The proportions of respondents using highly formal versus highly informal political channels is almost identical for the experience or not of public clinics (Pearson chi-square=32.395***).

education services through the state. In contrast, those who are less poor are more likely to report having no experience with public schools and clinics.

The second part of the paper explores whether or not these two distinct populations of public service users and non-users evaluate economic reform and exercise citizenship in different ways. I find that those who have more experience with public schools and clinics are more likely register, vote and participate in a wide range of non-electoral political activities. They not only are more frequent participants but they orient their political actions toward central government leaders and are more likely to use formal political channels than those without any experience of public schools and clinics.

This paper highlights the importance of digging into the micro-experience of public policies. It is vital to look at how policies affect politics, and not just the other way around. We cannot understand the political process of globalization and the retrenchment of the welfare state anywhere if we do not examine how these policies are experienced differentially on the ground. This policy feedback approach demands that country-level effects be included but also disentangled more effectively than is done in this preliminary analysis. Multilevel modeling offers an opportunity to do this and will be employed for the next round of analysis. But it is not simply a superior statistical technique that will solve the puzzles at hand. There is clearly a role for detailed knowledge of the country cases at many stages of the analysis including what questions to ask; how to conceptualize and recode variables; how to construct the model; and, how to interpret the results. The process of analyzing and writing this paper thus reaffirmed my belief in the value of nested research designs and mixed method approaches.

Finally, the paper's analysis raises a critical issue for policymakers in Africa and other parts of the developing world. Donors and governments around the world need to invest in improving not just the accessibility, but the *quality* of social services. The paper suggests that the more well-to-do might be choosing not to receive their health and education services from the state. This appears to be creating a two-tiered system where the poor rely on public schools and clinics and those with more resources at their disposal elect to use private service providers. This obviously has important consequences for the public social welfare system if those who are more able to pay for services are opting out.

But this is not simply an economic development or social welfare issue. It is a political one. The retrenchment of the welfare state in Africa has political consequences at the micro-level. A substantial number of Africans appear to be not only disengaging in terms of their social citizenship but also in the ways they practice politics. Perhaps as they struggle to make ends meet and provide for themselves outside of the state-provided social welfare system, they become less involved with the state on an everyday basis and less active in demanding accountability. Thus, the problem is not just about the long-run sustainability of the public schools and clinics in Africa; it is even more importantly about the dynamic nature of citizenship in Africa and the long-term prospects for strengthening democracy from the grassroots up to the national level.

Table 1. Existence of Significant Number of Respondents who Report No Experience with Schools or Public Clinics

	Percentage with No Experience	**Percentage With Some Experience**	**System Missing Data**
Experience with Schools	31%	60%	9%
Experience with Clinics	17%	77%	6%

Table 2. Sum of Extent of Experience with Schools and/or Clinics

Extremely low experience with *neither* schools nor clinics	**Moderate experience most likely with *either* schools or clinics**	**High experience with *both* schools and clinics**	**System Missing Data**
12%	22%	54%	13%

Table 3. Description of Population with No Experience in Comparison to Those Who Report At Least Some Experience of Public Schools

		Characteristics	Pearson's R
Those who report no experience with public schools	More likely to be	Urban	.078***
		Very young (18-25) or very old (61 and +)	.093***
		More well-to-do	.063***
		Highly educated	-.040***
	Equally likely to be	Female	Not significant
		Have a school nearby	Not significant

Table 4. Description of Population with No Experience in Comparison to Those Who Report At Least Some Experience with Public Clinics

		Characteristics	Pearson's R
Those who report no experience with public clinics	More likely to be	Urban	.087***
		Very young (18-25)	.042***
		More well-to-do	.107***
		Highly educated	-.090***
		Male	.023***
	Less likely to	Have a clinic nearby	-.018**

Table 5a. Factors that Explain Whether Individual Has Any Experience with Public Schools

Variable	B	Exp (B)
Poverty	.103	1.109***
Country	See 5b.	See 5b.
Age	.179	1.195***
Education level	.174	1.190***
Rural	-.313	.731***
Female	-.024	.977
School in the area	-.085	.919*

Table 5b. Variation in Effects of Country on Whether Individual Has Any Experience with Public Schools

Countries that Increase Odds of Having Any Experience	**B**	**Exp (B)**
Mozambique	.936	2.549***
Botswana	.634	1.884***
Mali	.289	1.336**
Senegal	.254	1.289*
Countries that Decrease Odds of Having Any Experience		
Madagascar	-.976	.377***
Cape Verde	-.950	.387***
Zambia	-.913	.401***
Nigeria	-.701	.496***
Kenya	-.597	.550***
South Africa	-.427	.653***
Ghana	-.597	.550**
Lesotho	-.261	.771**
Tanzania	-.198	.820*
Countries Where No Significant Effect on Any Experience		
Benin	.095	1.100
Namibia	.080	1.083
Uganda	-.070	.933
Malawi	-.109	.897
Zimbabwe	Referent	referent

Table 6a. Factors that Explain Whether Individual Has Any Experience with Public Clinics

Variable	B	Exp (B)
Poverty	.204	1.226***
Country	See 6b.	See 6b.
Age	.056	1.058***
Rural	-.187	.830***
Female	-.145	.865***
Clinic in the area	-.099	.906*
Education level	-.013	.987

Table 6b. Variation in Effects of Country on Whether An Individuals Has Any Experience with Public Clinics

Countries that Increase Odds of Having Any Experience	**B**	**Exp (B)**	**GDP per capita**	**Colonial Legacy**
Botswana	.390	1.477 (sig.=.059)		
Countries that Decrease Odds of Having Any Experience				
Nigeria	-2.220	.109***		
Zambia	-2.129	.119***		
Cape Verde	-2.111	.121***		
Ghana	-1.838	.159***		
South Africa	-1.760	.172***		
Madagascar	-1.639	.194***		
Kenya	-1.138	.320***		
Lesotho	-1.129	.323***		
Malawi	-.946	.388***		
Namibia	-.996	.369***		
Uganda	-.848	.428***		
Benin	-.633	.531***		
Mozambique	-.427	.652*		
Countries Where No Significant Effect on Any Experience				
Senegal	.229	1.258		
Tanzania	-.056	.945		
Mali	-.254	.776		
Zimbabwe	Referent	referent		

Table 7a. Costs of Economic Reform for Those With or Without Experience with Public Schools

	Those with no experience of public schools	Those with some experience with public schools	Chi-square
Economic Policy has hurt most and benefited few.	70%	67%	23.4***

Table 7b. Costs of Economic Reform for Those With or Without Experience with Public Clinics

	Those with no experience of public clinics	Those with some experience with public clinics	Chi-square
Economic Policy has hurt most and benefited few.	70%	68%	11.6***

Table 8a. Opinions on Whether to Continue Economic Reform for Those with or Without Experience with Public Schools

	Those with no experience of public schools	Those with some experience with public schools	Chi-square
Necessary to accept some hardships now in order for economy to get better in future.	62%	62%	.000

Table 8b. Opinions on Whether to Continue Economic Reform for those With or Without Experience with Public Clinics

	Those with no experience of public clinics	Those with some experience with public clinics	Chi-square
Necessary to accept some hardships now in order for economy to get better in future.	64%	61%	10.8**

Table 9a. Factors that Explain Whether Individuals Register to Vote

Variable	B	Exp (B)
Experience with public schools	.416	1.515***
Age	.529	1.697***
Rural	-.315	.730***
Education level	.306	1.358***
Female	.232	1.261***
Country	[significant in 13 cases]	
School in the area	.028	1.029
Poverty	-.017	.983

Table 9b. Factors that Explain Whether Individuals Register to Vote

Variable	B	Exp (B)
Experience with public clinics	.133	1.142*
Age	.559	1.749***
Rural	-.328	.720***
Education level	.333	1.395***
Female	.217	1.242***
Country	[significant in 13 cases]	
Clinic in the area	-.005	.995
Poverty	-.020	.980

Table 10a. Factors that Explain Whether Individuals Voted

Variable	B	Exp (B)
Experience with public schools	.245	1.277***
Age	.242	1.274***
Rural	-.112	.894
Education level	-.013	.987
Female	.182	1.200**
Country	[significant in 9 cases]	
School in the area	.062	1.064
Poverty	-.023	.977

Table 10b. Factors that Explain Whether Individuals Voted

Variable	B	Exp (B)
Experience with public clinics	.107	1.113
Age	.243	1.275***
Rural	-.115	.891
Education level	.036	1.036
Female	.133	1.142*
Country	[significant in 9 cases]	
Clinic in the area	-.032	.969
Poverty	.008	1.008

Table 11a. Factors that Explain Whether Individuals Contacted Any Political Leader Over the Past Year

Variable	B	Exp (B)
Experience with public schools	.409	1.505***
Age	.148	1.160***
Rural	-.268	.765***
Education level	.382	1.465***
Female	.432	1.541***
Poverty	.079	1.082***
School in the area	.167	1.182***
Country	[not significant]	

Table 11b. Factors that Explain Whether Individuals Contacted Any Political Leader Over the Past Year

Variable	B	Exp (B)
Experience with public clinics	.482	1.622***
Age	.161	1.174***
Rural	-.300	.741***
Education level	.410	1.506***
Female	.453	1.573***
Poverty	.077	1.081***
Clinic in the area	-.016	.984
Country	[not significant]	

Table 12. Experience with Public Schools and Clinics Associated with Increased Non-Electoral Political Participation in Groups

Someone with experience with public schools and/or clinics	More likely to	Attend community meetings Join others to raise an issue Demonstrate or protest Discuss politics

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