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Type of the Paper: Research Paper.
Type of Review: Peer Reviewed.
Indexed in: worldwide web.
Google Scholar Citation: AIJMR

How to Cite this Paper:

Africa International Journal of Multidisciplinary Research (AIJMR)
A Refereed International Journal of OIRC JOURNALS.

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ARTICLE INFO
Received 1st September, 2018
Received in Revised Form 26th October, 2018
Accepted 1st November, 2018
Published online 11th November 2018

Key words: Social Protection, Gender, Rapid Review.

Abstract
This rapid assessment examines the literature on social protection to determine the gender considerations made in social protection research and the gendered areas of future research in the field. This review was conducted between May and August 2018. Electronic databases were searched to identify records that were published in English between the period of 2008 and 2018. Studies were eligible for inclusion if they were empirical and had both the search terms ‘social’ and ‘protection’ or their various combinations, appearing in the titles of the articles. Grey literature, reports and other non-academic writings were excluded as only empirical studies were eligible. Twelve studies were reviewed and synthesised. The results of this study show that social protection research makes gender considerations and most of the social protection interventions were protective, preventive or promotive measures. Future studies should therefore explore transformative social protection with respect to gender equality and partly because gendered social protection is poorly developed. This rapid review also affirms that despite criticisms, social protection continues to be valuable in addressing poverty and inequalities. However, against this backdrop it is worth noting that social protection is not a panacea and its gender considerations are necessary only to the extent that they do not exacerbate inequalities.

1.0 Introduction
Although many of the articles studied in this literature review hardly provide concrete definitions and conceptual underpinnings of social protection, it is important as a first step to establish the meaning of the subject of this rapid review in order to determine the scope of this exercise. As with the term development to which social protection is closely associated, there appears to be no consensus in literature on how to define the subject but the two attempts that are commonly fronted consider social protection to be an ‘action’ (Norton et al., 2001) and ‘initiative’ (Devereux and Sabates-Wheeler 2004). Central to the different definitions of social protection is an intention to respond to deprivation in poor, vulnerable and marginalized populations in which women with respect to gender are sometimes disproportionately represented.

The gendered vulnerabilities faced by girls for example dropping out of school, early marriages and child bearing have serious ramifications on their future although adolescent boys are also predisposed to unique challenges (Cluver et al., 2016). Women on the other hand are often limited by their primary care giving responsibilities, domestic work as well as cultural restrictions; and since they often tend to be concentrated in the informal sectors, they are predisposed to particular health risks (Namsomboon and Kusakabe 2011); insecure employment and are therefore less likely to save and contribute to pension schemes. Consequently, social security systems particularly in developing countries therefore often comprise a male dominated section of the workforce in formal state and private sector and some studies in evaluating enrolment in West Africa have made recommendations for fees to be eliminated and more elderly women to be enrolled into social health protection schemes (Parmar et al., 2014). This is particularly important because women’s vulnerabilities are further compounded by the fact that across the world, they live longer than men, are at risk of widowhood, greater poverty and insecurity.

There are a number of strategies that are used to address these gendered forms of vulnerability in social protection. The life cycle approach can lead to giants in equity and poverty reduction by targeting adolescents (Cluver et al., 2016); women in childbearing (Rosenberg et al., 2015); the elderly (Parmar et al., 2014) and other gender specific categories that are related to household economic risks, social exclusion, health risks (Richardson et
Gender strategies towards equity on the other hand usually involve gender-mainstreaming and gender specific actions. In social protection programs this may include decisions to transfer grants to selected gender often women to stimulate investments and ensure better distribution of resources within the household as is the case in Child Support Grant in South Africa that is evaluated by two articles in this review (Rosenberg et al., 2015; Cluver et al., 2016). While the merits and demerits have been debated, even informal social protection strategies gravitate towards this gender approach as evidenced by migrant women within their family transnational networks, show solidarity to ensure that money intended for supporting family or meeting specific needs is used for the intended purpose (LaFleur and Romero, 2018). This gendered social protection strategies confirm that socio-economic risks and vulnerabilities are inherently influenced by gender relations and reflected in the different coping mechanisms that are selected (Domingo et al., 2015). It is also worth noting that the range of social protection instruments have specific gender related risks and impact (Kabeer, 2008).

2.0 Literature Review
A total number of 189 records were identified from these electronic databases and 20 records from other sources. After the duplicates records were removed there remained 164 records for screening of which 102 records were excluded as they comprised of grey literature, theses, essays and other unpublished materials. The manuscripts assessed further for eligibility were 61 and of these 39 were excluded because they were non-empirical studies. The manuscripts eligible for the review were 22 of which 12 were included in this rapid review as preliminary findings.

Description of the Studies
Some of the studies were conducted in Africa (n=5) among which two were from South Africa while none were conducted in North or East Africa (Parmar et al., 2014; Rosenberg et al., 2015; Cluver et al., 2016; Mendola, 2017; Richardson et al. 2017). Other studies that were reviewed originated from Europe (Netoiu and Carstina, 2014; Loopstra et al., 2016; LaFleur and Romero, 2018) and (n=3) from Asia (Namsomboon and Kusakabe, 2011; Annear et al., 2013; Kosec and Mo, 2017). There were also studies that were conducted in more than one country for instance in Senegal and Ghana (Parmar et al., 2014) and in Belgium, Colombia and Peru (LaFleur and Romero, 2018). Few studies among those that were analysed were designed to have mixed methodologies (Namsomboon and Kusakabe, 2011; Annear et al., 2013, Richardson et al., 2017) and only one was purely qualitative (LaFleur and Romero, 2018). Most of the other studies (n=8), applied a quantitative methodology and were designed as quasi-experiments (Parmar et al., 2014; Rosenberg et al., 2015; Cluver et al., 2016; Loopstra et al., 2016; Kosec and Mo, 2017; Mendola, 2017; Richardson et al., 2017).

Gender Considerations in Social Protection Research
A gender perspective was introduced in some of studies (n=2) assessed in this rapid review by targeting women as the research participants. In one of these studies conducted in South Africa, the researchers sort to establish the relationship between social protection programs and fertility because the incentive and income effects of the two were unknown. The authors investigated the potential for the Child Support Grant (a form of cash transfer program) to incentivize second pregnancy rates (Rosenberg et al., 2015). A total of 4845 women responded to this study, reporting on whether or not they were recipients to the Child Support Grants as well as pregnant specific information for recently or currently pregnant women. The other study that targeted women as research participants was conducted in Bangkok to determine how the Kingdom’s universal healthcare responded to the needs of women home workers because the information of this new social protection program in Thailand, was lacking (Namsomboon and Kusakabe, 2011). A total of 415 women home workers drawn from 76 communities and across 16 out of the 29 districts of Bangkok, participated in the study that identified the reasons why women home workers do not use the universal healthcare scheme and how they access their healthcare. Although it was not the subject of the remaining studies (n=10) some researchers considered gender in their research designs. In a study concerning immigrants’ social protection with regards to their access to health, LaFleur and Romero (2018) selected participants through a snowballing technique in various immigrant entry points in Brussels and as part of their recruitment strategy they contacted female migrants first. This is because they argued that women tend to be the majority Peruvians and Colombians in Brussels and of greater significance to the study, are concerned over their access to social protection as well as that of their families. Some of the other remaining studies (n=5) applied gender as a core variable to disaggregate their analysis of whether the elderly are aware of and enrolling into social health protection schemes in

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West Africa (Parmar et al., 2014); whether the provision of social protection can impact 17 indicators of five key health related Sustainable Development Goals (SDGs) among adolescent in South Africa (Cluver et al., 2016); the role of social protection in restoring and raising citizen aspirations following shocks such as natural disasters (Kosec and Mo, 2017); examining the extent to which dispatching family labour abroad is a source of informal social protection for households left behind (Mendola, 2017); and evaluating of the impact of social protection on the wellbeing of the Ebola survivor (Richardson et al. 2017).

**Gendered Areas of Future Studies in Social Protection**

In their investigation of whether social protection programs issuing cash transfers to caregivers influenced fertility, Rosenberg et al., (2015), found that second pregnancy rates were significantly longer among recipients of the grant than non-recipients, and it was suggested that the associated economic independence could result in decreased transactional sex, improved agency for the women or through job prospects and education, increased opportunity costs of pregnancy and motherhood. However a qualitative study is necessary to establish the reasons underlying these findings as well as the lack of association between loss of the child support grant and pregnancy incidence. Although the study essentially established that cash transfers do not incentivize pregnancy, the authors recommended further investigation into the CSG program to find out whether the grants incentivize the first pregnancy instead, and more broadly, the unplanned outcomes of social protection programs. On the other hand, Namsomboon and Kusakabe’s (2011) study of women home workers established that less than half the respondents accessed Thailand’s Universal Healthcare Scheme. It was found that contract workers caring for children had difficulty balancing work deadlines; household responsibilities as well as care demands and that financial constraints, also limited the women’s access to government provided health services. These two authors made several programmatic recommendations, and in relation to gendered social protection research they suggested that future studies should assess the impact of strengthening gender norms which in the Thai setting delineates care work as women’s work.

Cluver et al., (2016) found that social protection was associated with significant adolescent risk reduction in twelve out of the seventeen gender disaggregated SDG indicators, while in six out of the seventeen indicators, combined forms of social protection (cash and care through psychosocial support to adolescents) showed enhanced risk reduction effects. With respect to the significance of gender, it was found that the effect of care varied by poverty levels for boys’ hunger (SDG target 2.1) and girls’ drop out from school (SDG target 4.1). This study also established that there were no statistically significant associations between different forms of social protection and indicators of boy’s sexual exploitation (SDG target 5.2), girls’ mental health (SDG target 3.4) or violence perpetration (SDG target 16.1). However, because this study analysed very large data sets the authors acknowledged the possibility that the interactions recorded could be attributed to chance, therefore warranting confirmatory studies for these results. Further research across other low and middle income countries is also necessary in understanding whether this South African experience is indicative of other regional contexts.

In contrast, Parmar et al., (2014) focused on a different age group in a study conducted in West Africa to analyse whether the elderly were aware of and enrolling into social health protection schemes in Senegal (Plan Sesame) and Ghana (NHIS). They found that the elderly were vulnerable to all dimensions of social exclusion in Senegal and were less likely to enrol into Plan Sesame, while in Ghana, it was the elderly who were politically excluded that were less likely to enrol in NHIS. Unexpectedly, the elderly who were socially excluded were more likely to enrol into NHIS a result that generates qualitative research questions as to the plausible reasons. In the same vein, it was also unexpected that men and households headed by men increased the odds of enrolling in the Plan Sesame Scheme although these gender variables were not similarly determinants of enrolment in the NHIS Scheme. The authors recommended that among other factors, the two social protection schemes should enrol more women.

Richardson et al., (2017), on the other hand, evaluated the impact of social protection on the wellbeing of Ebola Virus Disease (EVD) Survivors in Sierra Leone. Through a bivariate GEE analysis, the study found that gender was not associated with the wellbeing of EVD survivors. Instead, there was evidence that moderate to extensive forms of social protection were significantly associated with higher wellbeing scores compared to minimal social protection. Given the recent EVD outbreaks and the lack of understanding of the biosocial complexity of the epidemic, further studies should examine the socioeconomic challenges experienced by the EVD survivors and recommend optimal interventions in response to EVD. With respect to this particular study, it was proposed that research should establish the ramifications of the different ways in which
description was Ebola. Further, it is deemed important to establish whether the transient attention on EVD survivors attenuates the demands for reparations, by obscuring the fact that many can claim to have survived the disease, because this has potential policy implications on social protection programs.

Mendola (2017) also collected gender disaggregated data to interrogate the relation between migration, remittances and community group participation. According to this study, migration that was associated with remittances increased participation in groups within the community in Mozambique. Moreover, since recipients were more likely to join social insurance groups these results were interpreted to mean that migration is a source for preventive measure of social protection. It was also found that the higher the number of women in a household the lower the likelihood of joining the social insurance group. The author suggested that the supply of female labour in a home performed an insurance function at the household level, reducing the need for risk-pooling arrangements from the community, although this should be ascertained through a qualitative study.

3.0 Methods
This rapid review intended to explore the breadth of research in social protection with a general view to establish the theories underlying the discourse of social protection literature and to determine the field’s current research agenda. With respect to the gender perspective, this rapid assessment aimed to respond to the following questions:

a) In what ways, if any, is research in social protection gendered?

b) What are some of the gendered areas of future study in social protection research?

This rapid review was conducted between May and August 2018 and its processes were in accordance with the steps of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (Moher et al., 2009). Electronic databases including EBSCO, SCOPUS, AJOL, DOAJ and Google Scholar were searched using two key words and combinations thereof for ‘social’ and ‘protection’ to identify the eligible studies for the review. Studies were included if the full text was published in English and during the period between 2008 and 2018. Studies were eligible for inclusion if both the search terms ‘social’ and ‘protection’ or their combinations appeared in the titles of the articles. Only empirical academic journals were included in the final review and the papers included in the rapid review were independently validated as meeting this criterion. Data was extracted from each study based on authors, publication year, research problem, context, methods and results of the study. A standard form was utilised in this process and the data extracted was also verified independently.

4.0 Discussion
Social Protection is Here to Stay!
Social protection is not without critics. This is apparent in debates that occur in countries, where its formal practice has been entrenched over time. Although it is has largely been perceived to be valuable in Europe, it is associated with a derogative connotation in the United States made clear with references to ‘welfare dependency’ and ‘bums on welfare’ (Guy, 2007). Other criticisms of social protection are derived from structural functionalist views that poverty and inequalities may have positive functions in society (Gans, 1971) and arguments are likely to be in favour of policies that reduce government expenditure on social protection programs, often with detrimental effects e.g. increased food insecurity in Europe as captured in this review (Loopstra et al., 2016). It is therefore worth giving special consideration to the study conducted in South Africa by Rosenberg et al., (2015) who brings this debate to the fore in a setting where formal social protection is currently taking shape. In response to critics of the Child Support Grant who suggest that the cash transfers encouraged families to expand with the intention to receive more money, the findings of the study proved that the grants did not incentivize second pregnancy rates. We propose that this study needs to be expanded beyond examining whether the grant incentivizes first pregnancy rates as recommended by the authors, and instead to broader concerns of whether social protection is a fuel for the culture of poverty within the African context. While that is pending, it is important to emphasize that social protection is here to stay, owing to its value. This review highlights the impact of social protection in reducing significant adolescent health risks (Cluver et al., 2016) and improving the wellbeing scores of EVD survivors (Richardson et al., 2017). As long as migrants continue to seek and provide support within families (Lafleur and Romeo, 2018), communities (Mendola, 2017) and governments remain responsible for the wellbeing and aspirations of their citizens (Kosec and Mo, 2017) social protection will be an essential vehicle for realising significant outcomes. More importantly, social protection has now been entrenched in global social policy through the Agenda 2030 SDGs. With particular reference to the eradication of poverty, goal 1.3 prescribes the implementation of nationally appropriate social protection systems and measures.
for all, including floors and by 2030 achieve substantial coverage of the poor and vulnerable.

**Gender Considerations are Necessary**

Gender in this rapid assessment as well as the articles reviewed appears to be synonymous with and focussed on women, probably because this population is more predisposed to socio-economic risks and deprivation which makes it a target group for social protection. This predisposition is evident from the gender disaggregated results of the different studies. Cluver *et al.*, (2016) for instance records that girls living in severe deprivation were more likely to drop out of school but that psychosocial support substantially reduces this risk perhaps through providing sanitary towels, and other forms of parenting support. In another study, Parmar *et al.*, (2014) reports that men and household headed by men increased the odds of the elderly enrolling for social health protection in Senegal, indicating disadvantage that women, who are disproportionately represented among the elderly, face in accessing health even in their later years. However it is worth noting that these gender variables were not significant in the parallel study conducted in Ghana and that other studies have previously shown that female headed households tend to have higher levels of enrolment into social health protection schemes and utilisation of healthcare (Jehu-Appiah et al., 2011; Chankova et al., 2008).

Although further studies may be necessary to confirm some of the results, the systemic gender constraints within society that are certainly reflected across literature that was reviewed and which can be organised by Kabeer’s typology of gender specific constraints (Cluver et al., 2016); gender intensified constraints (Parmar et al., 2014; Mendola, 2017). With respect to gender imposed constraints, Namsomboon and Kusakabe (2011), argue that it is necessary to link Thai’s universal health coverage scheme to community groups to increase women home workers’ access to health. Research in social protection does necessarily make considerations for women, but risks neglecting gender specific, gender intensified and gender imposed constraints that are unique to men. Does universal health coverage from the study of Namsomboon and Kusakabe (2011), for instance, respond to the needs of men home workers in their access healthcare services in Thailand? Why is care provision associated with reduced hunger (Cluver et al., 2016) but for boys at lower levels of poverty in South Africa? Gender considerations are not just necessary in research, but also in social protection programs and studies therefore recommended for increased awareness about men’s role as care-givers in the family to change the rigid gender norms which are stressful to women and increase their workload and an increase in the elderly women enrolled in the Plan Sesame and NHIS schemes in Senegal and Ghana respectively (Namsomboon and Kusakabe, 2011; Parmar, 2014). In summary, social protection needs to be gender sensitive in both research and programs but to the extent that it does not further exacerbate gender inequalities.

**Gendered Social Protection is Poorly Developed**

A gender approach to social protection research is poorly developed and thus there were few studies (n=2) in which gender was a significant consideration in the overall research study (Namsomboon and Kusakabe, 2011; Rosenberg *et al.*, 2015). This may be attributed to the fact that most social protection research tend to be program evaluations that primarily focus on the poor and those predisposed through categories age (Parmar et al., 2014; Cluver et al., 2016); health (Richardson *et al.*, 2017); food insecurity and economic crisis (Loopstra et al., 2016) rather than gender. At the same time, the range of social protection interventions commonly applied are protective measures such as the Citizen’s Damage Compensation (Watan Card) in Pakistan (Kosec and Mo, 2017) and forms of consumption smoothing e.g. in Europe following the economic crisis (Loopstra et al., 2016). In addition to the protective measures, studies also analysed programs with preventive measures such as the pension schemes in west Africa (Parmar *et al.*, 2014) and promotive measures in programs like the Child Support Grant (Rosenberg *et al.*, 2015 and Cluver et al., 2016) but none included an evaluation of transformative measures that primarily addressing concerns of social equity and exclusion (Deveureux and Sabates, 2004). As a result, and with respect to gender, it is possible to perceive social protection as gender-blind. Jones and Holmes (2011) in particular argue that this results in the tendency for gender dynamics to be integrated into institutions, actor interests and ideas only in a partial or subordinate way. In light of the same, it is possible for gender equitable outcomes to be achieved in social protection programs with no significant change in gender relations. Nonetheless, following previous arguments, social protection needs to be gender sensitive and the gender disaggregated studies (Parmar *et al.*, 2014; Cluver et al., 2016; Kosec and Mo, 2017; Mendola, 2017; Richardson et al., 2017) are instrumental in creating a better understanding of the impact of changing risks and vulnerabilities, implications of social protection responses on men and women, and ultimately helping to identify ways to strengthen social protection programmes. In addition to the
potential areas of future research, this rapid review recommends studies that can broaden the evidence base on gender and social protection by evaluating programs that relate not just to cash transfers (Cluver et al., 2016), Child Care support (Rosenberg et al., 2015); Social Pensions (Parmar et al., 2014) but including legislation, employment generating programs, secondary school programs, school feeding programs and the variety of instruments that have gender specific risks and impacts (Kabeer, 2008). Finally, this review takes cognisance that social protection is not a panacea and studies that critique the field and provide alternative views should also significantly shape the critical direction of research in the field.

4. Conclusion

Despite structural functionalist criticisms, the findings in this rapid review show that social protection is valuable in research, practice as well as global policy having been incorporated into key documents such as Agenda 2030 that outlines the Sustainable Development Goals and is therefore here to stay. Gendered considerations in social protection are necessary in programs to the extent that they do not exacerbate inequalities and in research yield findings that can inform practice. Generally, though research reflects the gendered forms of vulnerabilities within society which in this assessment could be linked to either of Kabeer’s (2008) three constraints namely gender-specific, gender-intensified and gender-imposed, while also indicative of the male specific constraints in relation to the health of adolescent (Cluver et al., 2016). This review concludes that gendered social protection is poorly developed because there were few studies in which gender was the primary subject of examination and none of the programs evaluated applied transformative measures. Therefore although gender equitable outcomes could be assessed and even achieved from the programs that were evaluated in this rapid review, it was unlikely that any significant change in gender relations could be realised. In light of this partial or subordinate integration of gender, social protection can be described as gender blind.

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