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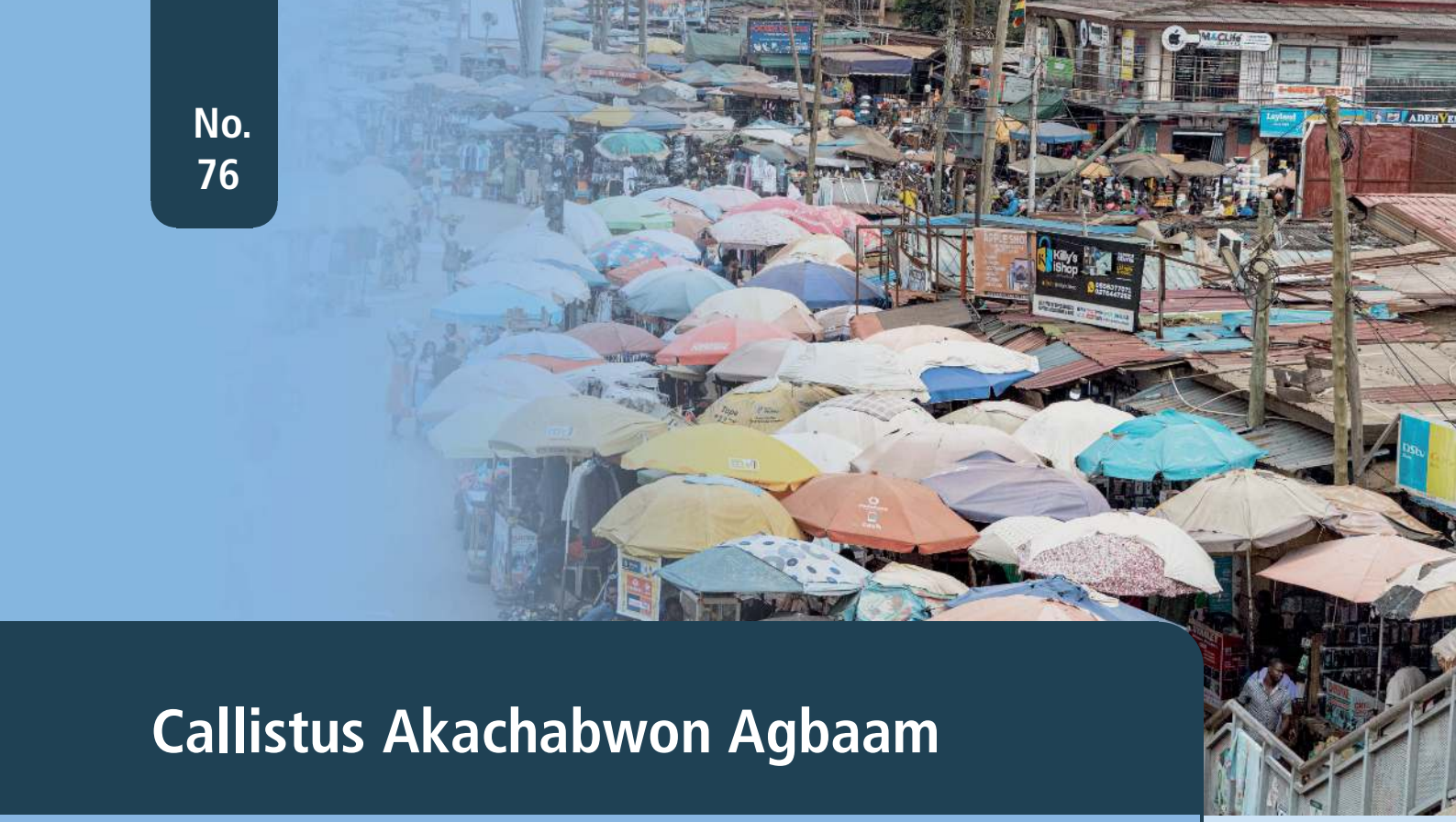

Callistus Akachabwon Agbaam

UA Ruhr Studies on Development and Global Governance

Determinants of Public Support for Social Protection in Ghana:

A Micro-level Analysis

UA RUHR GC Graduate Centre for Development Studies

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Herausgegeben für das UA Ruhr Graduate Centre
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Prof. Dr. Thushyanthan Baskaran, Prof. Dr. Matthias Busse,
Prof. Dr. Tobias Debiel, Prof. Dr. Christof Hartmann,
Prof. Dr. Markus Kaltenborn, Prof. Dr. Wilhelm Löwenstein

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Institut für Entwicklungsforschung und Entwicklungspolitik
Ruhr-Universität Bochum
Universitätsstr. 150
D-44801 Bochum

Telefon: +49(0)234/32-22418
Telefax: +49(0)234/32-14294
E-mail: IEEOffice@ruhr-uni-bochum.de
http://www.uar-graduate-centre.org

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Logos Verlag Berlin GmbH
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Abstract

In recent times, social protection reforms have gained significant momentum, particularly in low- and middle-income countries. However, a large chunk of the existing scholarship on these programmes tend to focus predominantly on their impact on various dimensions of poverty and human welfare in general. To date, not much has yet been done to understand the factors influencing or shaping citizens support or otherwise for these programmes especially in a development context. Focusing on Ghana, this study seeks to analyze the factors that determine public support or otherwise for different social protection mechanisms at the individual level. Specifically, using data from an attitudinal field survey, the study examines how factors such as economic self-interest, beliefs concerning the causes of poverty, institutional trust, and knowledge influence individual preferences or support for the Livelihood Empowerment Against Poverty (LEAP) social cash transfer programme and the National Health Insurance Scheme (NHIS) respectively. The results of the study show that with respect to the LEAP social cash transfer programme, economic self-interest, beliefs concerning the causes of poverty, institutional trust, and knowledge are relevant factors shaping public support. In contrast, for the NHIS, only beliefs concerning the causes of poverty, institutional trust, and knowledge tend to be relevant determinants. Therefore, taken together, the results of this study suggest that preferences for social protection are influenced by different factors, and that these factors tend to differ either based on the type of programme or the particular kind of risk being addressed. Based on these findings, the study concludes by recommending, among others, the institution of policy measures aimed at enhancing trust in public institutions especially those responsible

for the implementation of social protection programmes, and the provision of adequate information on social protection programmes to citizens since these tend to be very strong correlates of support or otherwise for the social protection programmes in Ghana.

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First and foremost, I wish to express my deepest gratitude to Prof. Dr. Katja Bender, my first supervisor, who has been a central figure in my academic journey for over a decade. This work would not have been possible without her unwavering guidance, thoughtful advice, and consistent support throughout every stage of my PhD. I am profoundly thankful for her mentorship.

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To all my friends and colleagues who stood by me, encouraged me, and supported me in one way or another over these past years, I say a very heartfelt thank you. May the good Lord richly bless you all.

Above all, to you MAAJ, thank you for standing by me with love, strength, and ceaseless prayers. Your presence has been a constant source of motivation and warmth. You are indeed my "hotsauce—no ketchup."

Reaching this milestone would not have been possible without the grace and mercies of God Almighty. To Him be all the glory.

The mission remains forward!

Declaration

I hereby declare that this submitted dissertation is entirely my own work and has been composed without having received unpermitted assistance, and that no sources have been used unless otherwise indicated, including entirely or partially included text excerpts as well as graphs, tables and the use of analysis software. Moreover, I declare that the submitted electronic version corresponds to the printed version of the dissertation and that it, in this or similar form, has not yet been submitted and assessed as a component of doctoral performance.

I further declare that throughout the process of producing this thesis no commercial brokerage or consultancy services have been used.

Callistus Akachabwon Agbaam
Bochum, Germany

Dedication

To you, Dada and Mama—for being my first teachers, my lifelong inspirations, and the roots from which this journey has grown.

Contents

List of Tables

List of Figures

List of Abbreviations

AMA	Accra Metropolitan Area
AME	Average Marginal Effects
AU	African Union
CAADP	Comprehensive Africa Agricultural Development Programme
CDD	Center for Democratic Development
CSO	Civil Society Organization
DMHIS	District Mutual Insurance Schemes
EA	Enumeration Area
ECG	Education Capitation Grant
ESS	European Social Survey
ERP	Economic Recovery Programme
FCUBE	Free Compulsory Universal Basic Education
FSHS	Free Senior High School
G-DRGs	Ghana Diagnostic Related Groupings
GHIPSS	Ghana Interbank Payment and Settlement System
GNECC	Ghana National Education Campaign Coalition
GPRS I	Ghana Poverty Reduction Strategy I
GPRS II	Growth and Poverty Reduction Strategy II
GSS	General Social Survey
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICT	Information and Communication Technology
ILO	International Labour Organization
IMF	International Monetary Fund
LEAP	Livelihood Empowerment Against Poverty
LIPW	Labour intensive Public Works

MEM	Marginal Effects at Mean
MER	Marginal Effects at Representative values
MDGs	Millennium Development Goals
MLE	Maximum Likelihood Estimator
NDC	National Democratic Party
NEPAD	New Partnership for Africa Development
NGOs	Non-Governmental Organisations
NHIA	National Health Insurance Authority
NHIF	National Health Insurance Fund
NHIL	National Health Insurance Levy
NHIS	National Health Insurance Scheme
NPP	New Patriotic Party
NSPS	National Social Protection Strategy
NYEP	National Youth Employment Programme
OECD	Organization for Economic Co-operation and Development
OLS	Ordinary Least Squares
PAMSCAD	Program of Action to Mitigate the Social Cost of Adjustment
PHC	Population and Housing Census
PNSP	Productive Safety Net Programme
PSU	Primary Sampling Units
SAPs	Structural Adjustment Programmes
SDGs	Sustainable Development Goals
SSNIT	Social Security and National Insurance Trust
TVET	Technical and Vocational Education and Training
UN	United Nations
UNRISD	United Nations Research Institute for Social Development
VIF	Variance Inflation Factor
WVS	World Values Survey

1 Introduction to the Study

1.1 Background and Context

Over the past two to three decades, the development of social protection systems has increasingly become a globalized phenomenon (ILO, 2017). Particularly, in the global south, many countries have embraced the logic behind social protection and are therefore engaged in either implementing new measures or expanding the scope of existing mechanisms (Garcia and Moore, 2012; Bender et al., 2013; World Bank, 2015). Clearly, this development has largely been attributed to the increasing realization that social protections systems although not magic bullets, can contribute immensely to reducing poverty and inequality, promote inclusive growth and economic development, promote universal health coverage, foster social cohesion, enhance human capital development and support individual human rights and freedoms[1] (Bastagli et al., 2019; Parker and Vogl, 2018; Kalternborn, 2017; Davis et al., 2016; Jutting and Prizzon, 2013; Alderman and Yemtsov, 2013; Fiszbein and Schady, 2009; Barrientos et al., 2005).

Owing to this realization, social protection has been mainstreamed into the United Nations (UN) Sustainable Development Goals (SDGs) agenda. It is explicitly featured in five out of the seventeen goals, namely, SDG 1 on eliminating poverty, SDG 3 on good health and wellbeing, SDG 5 on gender equality, SDG 8 on decent work and economic growth, and SDG 10 on reducing inequalities, with further indirect linkages to almost all the

[1] With respect to the impact of social protection, it also imperative to highlight that not all social protection programmes usually achieve positive outcomes. In some cases, the results of these programmes are relatively modest, mixed or inconclusive. This obviously points to the need for more scholarly evidence. Thus, although its positive impacts are well acknowledged, social protection programmes may not be magic bullets entirely.

remaining goals. Particularly, SDG 1.3 enjoins all countries to develop and "implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and vulnerable" (United Nations 2015, p. 15).

However, despite the recent global progress in institutionalizing and implementing social protection systems, significant gaps in coverage still exist with about 53.1 per cent of the world's population not effectively covered under any social protection benefit excluding those related to healthcare and sickness as of the year 2020 (ILO 2021, p. 19). Huge disparities in coverage is also observable across regions. For example, whereas social protection coverage is universal or near-universal in many high and middle income economies across Europe, Central Asia and the Americas, coverage rates still remain extremely low in Asia and the pacific, the Arab States and Africa (Ibid).

Moreover, aside the overall coverage gaps, Bender et al. (2013, p. 2) argue that, the scope and character of the social protection systems widely implemented, as well as the strategies adopted therein, also tends to differ both across and within countries. Thus, whereas in some countries the development of social protection systems focus on just a single policy area (e.g. social assistance), in other countries such efforts are more comprehensive and cover multiple social protection policy areas (e.g. social assistance, social health insurance or labour market regulation/interventions, see figure 1.1 below), either all together or in a gradual manner (Bender et al. 2013, p. 2). More so, in terms of speed, while in some countries the implementation of social protection systems are increasingly progressive, in others the implementation process tends to be very slow, obstructed, or even in the worse cases reversed (Ibid).

Evidently, a number of factors have been cited for these disparities in the implementation of social protection systems across countries. Some of these factors include for example, the nature of political institutions, globalization, economic growth, demography, culture and geography, and path dependencies (Martín-Mayoral and Sastre, 2017; Gassmann et al., 2016; Huber et al., 2015; Duman, 2013; Robinson and Acemoglu, 2012; Leibrecht et al., 2011; Snyder and Yackovlev, 2000).

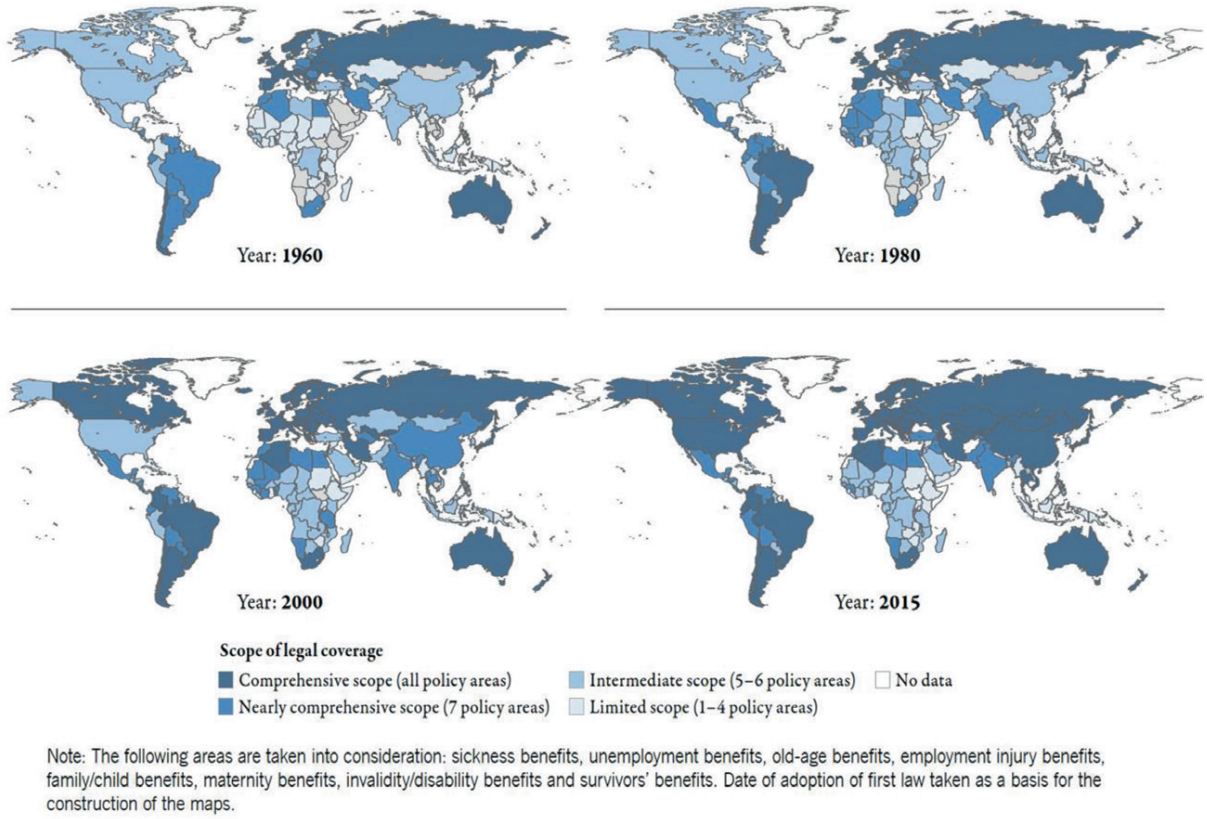

Figure 1.1. Number of Policy Areas covered in Social Protection Programmes anchored in National Legislation, 1960–2015.
Source: ILO, 2017a. World Social protection Report 2017–2019.

However, aside the above, in a democratic society the distribution of individual preferences is also believed to potentially influence, to some extent, the feasibility and political sustainability of various social protection mechanisms by shaping either public support or opposition to these policies (Brooks and Menza, 2006, Alesina and La Ferrara, 2005). Thus, given that governments or policy makers may be concerned about the electoral implications of social protection mechanisms (Pritchett, 2005), and the willingness of citizens to pay or endure various forms of taxation for the implementation of same, understanding the factors that determine public support for social protection in general and differences across specific policy areas remains highly relevant.

In view of the above, this study seeks to analyze the determinants of public support for social protection policies, with contextual evidence from

Ghana. The study focuses on Ghana for three main reasons. First, after an initial period of military coup d'etats, Ghana has maintained a very stable political environment and a competitive democracy under its fourth republic since 1992 (Boakye, 2018; Ayelazuno 2015, p. 64). Secondly, during this same period, the country has recorded relatively stable macro-economic successes compared to other countries in the region and is therefore currently categorized as a lower middle-income country by the International Monetary Fund (IMF) and World Bank (World Bank, 2015). Lastly, since independence, Ghana has implemented several welfare programmes. After a period of truncation due to structural adjustment and its recovery processes, Ghana has for the past two decades implemented reforms covering multiple pillars of social protection aimed at enhancing universal access to quality health services, providing income support for the extremely poor through cash transfer programmes, and as well institutionalizing contributory social security for all formal sector workers (Government of Ghana, 2015a). As such, it provides a very good example of a country with multiple policy areas that can easily be compared.

1.2 Research Problem

Despite the fact that social protection policies have increasingly become very common and popular in many low- and middle-income countries, not much has yet been done to understand factors at the micro or individual level that affect or influence the feasibility and political sustainability of these policies.

Rather, a large chuck of the existing literature is predominantly focused on analyzing the impact of social protection instruments on (i) poverty and various dimensions of human welfare (e.g., Bertrand et al., 2021; Roelen and Saha, 2021; Parlemo et al., 2019; Agbaam and Dinbabo, 2014; Devereux, 2012; Barrientos and Nino-Zarazua, 2011), (ii) financial protection and access of quality health care services (e.g., Ataguba and Goudge, 2012, Alatinga and Fielmua, 2012; Saskena et al., 2011), (iii) the affordability and financing of social protection programmes (e.g., Seekings 2017;

Hagen-Zanker and McCord, 2011; Barrientos, 2007), (iv) implementation challenges (e.g., Loewe and Vidican-Auktor 2021; Andrews et al., 2012), and (v) more recently, on political economy considerations (e.g., Bender et al., 2021; Abdulai, 2020; Hickey et al., 2020; Ulriksen and Plagerson, 2017; Grebe, 2017).

As a matter of fact, studies that explicitly seek to analyze individual preferences or the factors determining public support for social protection measures in low- and middle-income countries although recently expanding are still relatively scarce. A few exceptions include for example, Hirvonen and Hoddinott, 2021; Kalyango et al., 2021; Obse, et al., 2016; Pederson and Shekha, 2016; Beren, 2015a; Berens 2015b; Carnes and Mares, 2014; Abiiro et al., 2014; Schuring, 2014 and Duman, 2013. However, in the case of Kalyango et al. (2021), Obse, et al. (2016) and Abiiro et al. (2014), they focus exclusively on estimating preferences for only social/micro health insurance using discrete choice experiments in Uganda, Ethiopia and Malawi respectively. Also, Hirvonen and Hoddinott (2021), primarily examine preferences for different payment modalities (i.e., cash versus in-kind payments) in the context of the Productive Safety Net Programme (PNSP) in Ethiopia. Likewise, Schuring (2014), focuses on analyzing preferences for targeting versus universalism in the case of non-contributory social cash transfers in Zambia. Duman (2013), analyzes factors that determine redistributive preferences in developing countries focusing specifically on attitudes towards hard work. Moreover, Pederson and Shekha (2016), and Carnes and Mares (2014) also concentrate exclusively on addressing factors that determine preferences for public pension programmes in selected Latin American countries. Similarly, Berens (2015a) examines preferences for public versus private welfare provision in Latin America whilst Berens (2015b) focuses on analysing individual preferences in Latin America and the Caribbean using an overall measure of redistribution.

Inarguably, a dominant strand of the literature on individual preferences for social protection or redistribution in general is largely concentrated on high income countries where contributions[2] largely address either (i)

[2] Most of these studies also focus on explaining cross national differences in social spending by addressing factors such as type of welfare regime, level of economic

preferences for redistribution in the European welfare states (e.g., Alesina et al., 2021; Andreoli and Olivera, 2020; Kulin and Meuleman, 2015; Olivera, 2015; Hausermann et al., 2014; Blekesaune, 2013; Jaime-Castillo, 2013; Hochtl et al., 2012; Rehm, 2009), or (ii) redistributive preferences in North American countries such as the US and Canada (e.g., Owens and Pedulla, 2014; Zilinksy, 2014; Franko et al.,2013; Alesina and Giuliano, 2009; Chong et al., 2001; Appelbaum, 2001; Fong, 2001), or (iii) a comparative analysis of both (e.g., Alesina et al., 2018; Barnes, 2015; Jaime-Castillo and Saez-Lozano, 2014; Dallinger, 2010; Kenworthy and McCall, 2008; Kenworthy and Pontusson, 2005; Alesina and Angeletos, 2005; Blekesaune and Quadagno, 2003).

More so, among these contributions[3], only a very few studies distinguish between preferences for different social protection policy areas (e.g., Alesina et al., 2018; Hausermann et al., 2014; Pontusson and Rueda, 2010; Kenworthy and McCall, 2007; Blinder and Krueger, 2004; Blekesaune and Quadagno, 2003). A majority of these studies generally focus on a single social protection policy area or examine public support for redistribution as a whole[4]. However, given that various social protection pillars entail different degrees of redistribution and risk sharing, it is possible that preferences for these policies may differ based on programme characteristics, or the heterogeneity of risk being addressed (Jordan, 2013).

In addition, due to data limitations, relatively fewer contributions explicitly measure individual preferences for social protection using real or actual policy scenarios. Notable exceptions include for example, Hirvonen and Hoddinott (2021), Schuring (2014), and Boeri and Tabellini (2012). Generally, a majority of empirical studies measure individual preferences based on

---

inequality, culture and national identity, prevailing social norms, etc. See for example Moene and Wallerstein, 2003; Kulin and Meuleman, 2015.

[3] Specific reference to quantitative studies that analyse individual preferences for social protection or redistribution in both high income countries, and low- and middle-income countries.

[4] A large number of studies rely on the overall measure "support for Redistribution" which according to Jason (2013) fails to capture the diversity and complexity in various programme designs.

hypothetical questions[5] as contained in attitudinal surveys such as the World Values Survey (WVS), the General Social Survey (GSS) and the European Social Survey (ESS) amongst others. This approach to approximating and measuring individual preferences (i.e., based on hypothetical questions) could be very limiting since such questions tend to be general, too broad and may not inherently capture an individual's preference for social protection as often suggested.

Furthermore, studies that include factors very specific to developing countries, for example, the potential conflict of interest that arises between different groups of individuals in the formal and informal sectors, and the impact of governance challenges in formal institutions (e.g., corruption, weak accountability structures and poor enforcement mechanisms) are still extremely limited in number. Particularly, with regards to the former, so far and to the best of the researcher's knowledge, only Berens (2015a, 2015b), and Carnes and Mares (2014) explicitly address issues related to the conflict of interest between formal and informal sector workers with respect to redistributive policy preferences in a development context. However, as highlighted in the earlier paragraphs, all three studies focus solely on countries in Latin America and the Caribbean. Nonetheless, aside these, virtually no other studies exist in this regard. With respect to the latter, with the exception of Hauk et al., 2017 and Gassmann et al., (2016) virtually no other quantitative study examines the impact of institutional quality or governance challenges on redistributive policy preferences in a development context. Studies that incorporate such factors although still few in number (e.g., Peyton, 2020; McDonald, 2020; Rothstein et al., 2012; Hetherington, 2005) are predominantly focused on analysing policy preferences in high-income countries.

This study therefore attempts to address the research gaps outlined above and, in doing so, contribute to an enhanced understanding of the

[5] For example in the WVS, the following question is often used to approximate preference for social protection or redistribution; "Government should take more responsibility to ensure that that everyone is provided" versus "People should take more take more responsibility to provide for themselves".

factors that drive public support or otherwise for social protection policies in a development context.

1.3 Overall Objective and Research Questions

In view of the above, the overall objective of this study is to analyze the main factors that influence or determine public support for social protection in a low- and middle-income country context.

Specifically the study seeks to answer the following research questions:

- What factors determine public support for social protection?
- How and to what extend do these factors differ based on the type of social protection mechanism being considered (i.e., Cash transfers versus Social health Insurance?

1.4 Organization of Chapters

This main chapters of this thesis are structured as follows;

Chapter one generally introduces the study. It presents the background and context within which the study is being conducted. It also presents the research problem, the study's overall objectives, as well as the research questions guiding the study.

Chapter two presents an exposition into the concept of social protection by highlighting its definition, rationale, type of mechanisms used, the actors involved in implementation, and ends with a discussion of the major global policy and legal frameworks for the development of social protection.

Chapter three presents the theoretical framework for this study. Drawing on diverse strands of theoretical literature, the researcher attempts to develop a set of theoretical explanations on why individuals may support or oppose various social protection mechanisms. Specifically, the chapter provides theoretical arguments on the impact of self-interest, beliefs, institutional quality and knowledge on public support for social protection. It then ends with a set of hypothesis to be tested in the empirical part of the study.

Chapter four focuses exclusively on social protection in Ghana. It highlights the social protection landscape in Ghana from a historical perspective, and as well presents a comprehensive overview of some existing social protection programmes in Ghana. The chapter ends with a short discussion on the question as to whether or not the current social protection architecture in Ghana is rights-based.

Chapter five elaborates on the methodological framework for the study. It describes the study area, research design, sampling approach, data collection methods and the framework for data analysis. The chapter then concludes with a description of the empirical model and an operationalization of all the variables used in the study.

Chapter six which is the empirical chapter, presents and discusses the empirical results of the study. It begins with a brief description of the socio-demographic and labour market characteristics of respondents in the sample. Thereafter, the results of the empirical analysis regarding individual preferences for the two main social protection programmes under consideration namely, the Livelihood Empowerment Against Poverty (LEAP) cash transfer programme and the National Health Insurance Scheme (NHIS) are presented. The chapter ends with an overall discussion of the study's empirical findings with the aim of answering the research questions and hypothesis set forth earlier in the study.

Chapter seven provides a general conclusion to the study. It presents a summary of the study's main empirical findings and the overall conclusions. In addition, it reflects on the policy implications of these findings, in relation to the design and implementation of social protection programmes. The chapter ends by outlining the study's main limitations and some suggestions for future research.

2 Understanding Social Protection

2.0 Chapter Overview

This chapter presents a general discussion on the mechanics of social protection. It begins with a comprehensive definition of the scope and rationale for social protection. Thereafter, it discusses the different types of social protection instruments or mechanisms commonly used, as well as the various actors involved in implementing social protection globally. The chapter concludes by highlighting the major global policy and legal frameworks guiding the development of social protection.

2.1 Social Protection: Key Definitions and Rationale

The concept of social protection has been widely defined by various scholars in different ways. For example, Norton et al. (2001, p. 7) define social protection as "public actions taken in response to levels of vulnerability, risk and deprivation which are deemed socially unacceptable within a given polity or society." Barrientos et al. (2005, p. 9) posit that such measures provide an opportunity for "short-term assistance to individuals and households to cope with shocks while they are temporarily finding new economic opportunities that will rapidly allow them to improve their situation." For Ellis et al. (2009), social protection basically entails measures that are aimed at addressing the numerous causes of poverty and vulnerability in society. Also, Deveraux and Sabates-Wheeler (2004, p. 9) provide a more elaborate and comprehensive definition of the concept of social protection as consisting of "all public and private initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks, and enhance the social status and rights of the marginalised; with the overall

objective of reducing the economic and social vulnerability of poor, vulnerable and marginalised groups".

Furthermore, aside the various scholarly definitions presented above, the concept of social protection has also been defined by different international institutions in ways that reflect their policy and ideological standpoints. For instance, the ILO conceptualizes social protection as a basic human right and therefore defines it as "the set of policies and programmes designed to reduce and prevent poverty and vulnerability throughout the life cycle" (ILO, 2017:1). Similarly, the World bank from a social risk management perspective also delineates the contours of social protection as entailing measures that "help individuals and societies manage risk and volatility and protect them from poverty and destitution—through instruments that improve resilience, equity, and opportunity" (World Bank, 2012:1). Likewise, for the Organization for Economic Co-operation and Development (OECD), the concept essentially denotes "policies and actions which enhance the capacity of poor and vulnerable people to escape from poverty and enable them to better manage risks and shocks" (OECD, 2009:12). According to United Nations Research Institute for Social Development (UNRISD), social protection is a core element of social policy and therefore includes measures that enable individuals to avert, cope and overcome situations that negatively affect their wellbeing (UNRISD 2018, p. 135). Lastly, the African Union (AU) also conceptualizes social protection as encompassing "a "package" of policies and programmes with the aim of reducing poverty and vulnerability of large segments of the population"[6] (African Union, 2008:30).

Evidently, a key feature in almost all the definitions outlined above is the emphasis on social protection as a means to addressing poverty and vulnerability among different groups of individuals within society. Hence, for those already poor, social protection is aimed at enabling them break

[6] According to the African Union, this is achieved through a combination of "policies/programmes that promote efficient labor markets, reduce people's exposure to risk, and contribute to enhancing their capacity to protect and cover themselves against lack of or loss of adequate income, and basic social services" (Africa Union, 2008:30).

out of poverty, whilst for those who are near-poor and non-poor, it essentially serves as a safety net by preventing them from falling into poverty. Furthermore, it is imperative to emphasize that social protection may not entail only "public actions" as opined by Norton et al. (2001). Rather, such measures may also encompass actions by non-state actors as highlighted by Deveraux and Sabates-Wheeler (2004). Also, contrary to the definition by Barrientos et al. (2005), social protection may as well transcend "short term assistance" to include other measures with both intermediate and long term goals.

In the context of this thesis, given that the overall objective is to analyze support for government-led programmes, the researcher narrowly defines social protection to include public measures which are aimed at addressing the risk of poverty and vulnerability among individuals in society.

Despite the fact that different definitions of the concept of social protection highlight different functions, some consensus seem to exist with respect to the fact that social protection functions for example as; (i) a protective mechanism, in the sense that it provides support to cushion individuals from deprivation, (ii) a preventive mechanism, given that it averts or obviates deprivation, (iii) a promotive mechanism, considering that it augments individual incomes and capabilities, and (iv) a transformative mechanism, given that it focuses on addressing structural issues pertaining to social equity such as human rights and empowerment (Deveraux and Sabates-Wheeler 2004, p. 10)[7].

[7] The functions listed may not be fully exhaustive given that social protection measures cover other multiple functions not explicitly captured by the conceptualization provided above (for example see Norton et al., 2001 and United Nations, 2000). Nonetheless, this conceptualization by Deveraux and Sabates-Wheeler (2004) provides a very good conceptual basis for understanding the role or functions of social protection in both developed and developing countries.

2.2 Types of Social Protection Instruments/Mechanisms

2.2.1 Social Assistance

Social assistance is commonly defined as consisting of interventions that provide both cash and in-kind support to the extremely poor and vulnerable in society to enable them maintain a minimum living standard (Barrientos 2013, p. 25). Given their overall focus and target, social assistance programmes are usually non-contributory in nature and are mostly financed by the state through taxation (Ibid). Examples of such programmes include both conditional and non-conditional cash transfers, cash plus programmes, social pensions, food and in-kind transfers, public work programmes, graduation programmes, fee waivers and subsidies (World Bank 2018, p. 5; Carter et al. 2019, p. 13). Barrientos (2013, p. 25) argues that whereas in most developed countries social assistance programmes focus on income maintenance by providing means-tested transfers to individuals in amounts that enable them cover the poverty gap, in developing countries such transfers are usually in fixed amounts and focused on households rather than individuals.

2.2.2 Social Insurance

Unlike social assistance, social insurance consist of "contributory schemes providing protection against a range of life-course and work-related contingencies" (Barrientos, 2013: 25). Such schemes are usually based on a risk pooling mechanism and typically require that individuals make regular contributions into a fund in other to be eligible to enjoy the benefits (Ibid). Social insurance programmes are usually based on mandatory or voluntary contributions by individuals. Whereas the mandatory pillar is mostly based on employment and payroll deductions, thereby targeting formal sectors workers, the voluntary contributions pillar which is mostly based on flat rate payments is often targeted at the relatively non-poor in the informal sector[8] (Wagstaff 2009, p. 504). Examples of social insurance programmes include

[8] Some social insurance programmes are also designed in such a manner that they exempt the extremely poor in society as well as indigent groups from paying in-

health insurance schemes, contributory old age, survivor and disability pensions, unemployment benefits, maternity or paternity benefits, sickness or injury benefits amongst others (Oxford Policy Management 2017, p. 7). Social insurance schemes are largely considered as preventive social protection mechanisms given that they primarily focus on minimizing the risk of falling into difficulty or financial hardship (Ibid).

2.2.3 Labour Market Regulations

Labour market regulations refer to interventions (contributory and non-contributory) which are designed to assist individuals secure employment or protecting their existing jobs (World Bank 2018, pp. 5–6). Generally, these interventions may be categorized into two, namely, 'passive' labour market interventions and 'active' labour market interventions (Barrientos 2013, p. 26). Whereas passive labour market interventions typically focus on ensuring that the rights of workers are protected and the minimum standards of employment are guaranteed (e.g., through legislations that underpin initiatives such as minimum wages, retirement and unemployment payments), active labour market interventions tend to focus on stimulating employment via "training and skills transfer, job search and intermediation, remedial education and employment subsidies" (Ibid). More so, in view of the fact that passive labour market interventions largely focus on individuals working in the formal sector, they often tend to overlap with social insurance measures such as unemployment insurance, or even maternity and sickness benefits (Carter et al. 2019, p. 16).

2.3 Implementing Social Protection: Actors and Roles

2.3.1 The Family/Kinship and Community Networks

The traditional family and kinship network as well as local community networks remain very important actors in the provision of informal social

surance premiums. A typical example is the National Health Insurance Scheme in Ghana.

protection to individuals and households belonging therein (ILO 2001, p. 94). Generally, informal social protection refers to traditional mechanisms or systems of social support and transfers provided by actors such as the family, kinship network, self-help groups and local community structures (Deveraux and Sabates-Wheeler 2004, p. 14). Such systems tend to be based on the principles of social solidarity, trust and reciprocity given that individuals provide support to other members with the expectation that same will be accorded them whenever they are also in need (Mupedziswa and Ntseane 2013, p. 85; Teshome 2013, p. 98; du Toit and Neves 2009, pp. 21–24).

Informal social protection systems provide various forms of support including remittances, loans, food, clothing, home-based care, medical care, housing and shelter, agricultural assistance, burial services among others (Doh et al. 2014, p. 31; Dafuleya 2015, p. 156; Töstensen 2004, p. 9). For example, the extended family and kinship network are widely acknowledged as a very major source of care for various groups of individuals such as young children, the aged, persons with disabilities and those who are sick (ILO 2001, p. 94). Also, local solidarity networks and community self-help groups such as trusted friendships, village savings and loans groups, market associations, credit groups, faith-based groups and burial societies also tend to provide financial assistance and support to members who are in need based on commonly held arrangements centered on mutuality (Oware 2020, p. 618; Dafuleya 2015, p. 159).

Although, in some context non-formal social protections mechanisms tend to offer low levels of support and are gradually being eroded due to the effects of globalization (Verpoorten and Vershraegen, 2010, p. 20), in places like Africa and Asia where coverage of formal social protection systems are limited, these mechanisms continue to constitute a very essential source of support in coping against the harsh effects of poverty, vulnerability and social exclusion (Devereux and Getu, 2013).

2.3.2 The State

In most countries, the state tends to be the major driver of social protection for its citizens. The cardinal role of the state in implementing social

protection is largely underpinned by the notion of a 'social contract'[9] between the state and its citizenry whereby citizens submit to the authority of the state in return for its protection including a guarantee of basic rights such as the right to social security (Alik-Lagrange et al 2021, p. 152). Generally, social protection provided by the state may either be taxed-financed, based on individual contributions or funded through a combination of both. The coverage of these programmes may as well be universal or restricted to particular groups, depending on the capacity of the state or the specific goals for which such programmes are implemented (Barrientos 2007; Cruz-Martinez, 2016, pp. 1–3). Moreover, aside direct implementation of social protection programmes, the state may also regulate the provision of social protection by non-state actors such as private companies, community-based organizations and international agencies through the promulgation and enforcement of various policy and legislative frameworks for the delivery of social protection services within its territories (Gilbert 2005, pp. 8–9). Mcloughlin (2015, p. 341) believes that the provision of social protection by the state is a critical manifestation of the state-society contractual relationship. As such, it plays a very important role in enhancing state legitimacy (Ibid).

2.3.3 The Market/Private Sector

Aside the state, another relevant actor in the implementation of social protection is the market/private sector. Generally, in situations where the demand for social protection exceeds those ordinarily provided by the state or perhaps in cases where the state has very limited capacity to deliver social protection programmes, non-state actors such as the market may usually be considered as alternatives providers (Awortwi and Walter-Diop, 2018). Particularly, with respect to the provision of insurance, the market or private sector has increasingly become a very significant provider of protective covers for various life cycle risk and contingencies such as old age, death, disability, and illness (ILO 2001, p. 95). However, given that the calculation

[9] Rights-based approaches to social protection are grounded on notions of the contractual relationship between states and citizens (e.g. see Rawls, 2001; Piron, 2004).

of premiums under private insurance is usually based on individual risk profiles, they tend to be relatively expensive and may not be readily affordable by the poor who are often unable to pay very high premiums for such services[10] (Ahuja 2004, p. 3176). Nonetheless, it is also prudent to highlight that in most countries, the role of the private sector in the provision of social protection is seen as complimentary to the state rather than as a stand-alone measure. Thus, the possibility of both the state and the market to operate simultaneously in the provision of social benefits presents huge opportunities for the extension of social protection coverage. As emphasized by Gilbert (2005), the new wave of public-private partnerships in the delivery of social protection remains a very viable option in the quest towards achieving universal social protection for all.

2.3.4 Civil Society Organisations/NGOs

In addition to the aforementioned, Civil Society Organisations (CSOs) as well as Non-Governmental Organisations (NGOs) also play a critical role in the implementation of social protection. Generally, CSOs and NGOs differ considerably with regards to their nature, composition and focus (Vaes et al. 2016, p. 10). Given the multiplicity of functions that these institutions perform, their specific role with regards to the design and implementation of social protection systems tends to vary based on the context (either local and national) within which they operate (ILO 2001, p. 95). However, irrespective of the context, some consensus seem to exist (e.g., Kim, 2015; Hevia, 2014; Lund and Alfers, 2012; Jianxiu, 2006) with respect to the fact that CSOs and NGOs particularly (i) advocate for the provision of basic social services to various groups of individuals including the poor and vulnerable in society, (ii) play a watch dog role through monitoring and evaluation of social protection programmes with the aim of enhancing service quality and accountability in programme delivery, and (iii) act as service providers especially in situations where the capacity of the state is weak and the market is inefficient in welfare provision.

[10] Unless through the provision of generous subsidies to the poor.

2.3.5 International Organisations

Finally, international organizations although in a strict sense are not global social protection actors per se, may still be deemed as relevant actors especially in some low- and middle-income countries when present. Regularly referred to as 'development partners', these organizations mainly support the adoption of social protection measures through the provision of financial and technical advisory support to national governments (Devereux and Kapingidza, 2020; Beegle et al., 2018; Hickey and Seekings, 2017). Accordingly, Devereux (2020, p. 13) posits that especially in the context of sub-Sahara Africa, international organisations tend to primarily act as "policy pollinators" and adopt strategies such as: "(1) evidence-building; (2) financing; (3) capacity strengthening; (4) policy formulation; and (5) domestication of international law" in seeking to promote the uptake of social protection.

2.4 Major Global Policy/Legal Frameworks for the Development of Social Protection

For many decades, various global policy frameworks and legislative instruments have been developed to support the extension of social security or more broadly, social protection to different individuals and social groups across both developed and developing countries. A selection of these policy and legal frameworks are discussed below.

First of all, from an international law perspective, the Universal Declaration of Human Rights is a key legal instrument underpinning the global provision of social protection by respective states. Promulgated in 1945, the declaration positions social security as a basic and fundamental human right. Article 22 of the declaration states in part that "Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation". Similarly, Article 23.3 also empathizes that "Everyone who works has the right to just and favourable remuneration ensuring for himself and his family an existence worthy of human dignity, and supplemented, if necessary, by other means of social protection". Article 25.1 of the declaration also clearly highlights

a number of benefits mandated under various life cycle exigencies. It specifically states that :

> Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. *(Universal Declaration of Human Rights, 1945)*

Altogether, these provisions and many others enshrined in the Universal Declaration of Human Rights, clearly provide an impetus for the development and institutionalization of social protection especially as a basic human right for all individuals and across all nations.

Furthermore, aside the Universal Declaration of Human Rights, another global legal instrument of much interest is the International Covenant on Economic, Social and Cultural Rights (ICESCR) which was adopted and opened for ratification in 1966, and subsequently entered into force in 1976. A number of provisions under this covenant provide for the realization of various social rights including the right to decent employment (Articles 7), child care and maternity benefits (Article 10) and the right to social security inclusive of social insurance (Article 9). Kaltenborn et al. (2017, p. 13) argue that although Article 9 of the covenant tends to be brief and not expansive, the contents of the obligations under this provision are clearly highlighted in General Comment No. 19 presented by the UN Committee on Economic, Social and Cultural Rights[11]. General Comment No. 19 accordingly interprets the provisions of Article 9 to broadly encompass:

> Contributory or insurance-based schemes, such as social insurance, non-contributory schemes, such as universal or targeted

[11] The UN Committee on Economic, Social and Cultural Rights is the body mandated to monitor and report on the Covenant.

> social assistance schemes as well as other forms of social security, including privately run schemes, self-help measures and community-based or mutual schemes. *(paragraph 4.5 of General Comment No.19 cited in Kaltenborn et al. 2017, p. 13)*

The comment further enjoins nation states

> To adopt the necessary measures, including the implementation of a social security scheme, directed towards the full realization of the right to social security. *(paragraph 47 of General Comment No.19 cited in Kaltenborn et al, 2017: 13)*

Also, another very important global legal framework for social protection is the Social Security (Minimum Standards) Convention No. 102, adopted in 1952. Interestingly, this convention has been described as the most important ILO instrument in the area of social security,[12] considering that it is the only international treaty that comprehensively addresses all relevant social risk and as well establishes minimum levels of benefits to be provided in each case.[13] The list of social risk covered include for example, those in relation to medical care, sickness and occupational injury, unemployment, old age, family and maternity amongst others (ILO, 1952). However, ratifying countries are only required to implement measures covering three risk areas and guarantee benefits to only a certain proportion of the individuals in the country (Ibid).

Furthermore, a rather recent framework which is also of huge significance for the promotion of social protection is the ILO Social Protection Floors Recommendation, 2012 (No. 202). According to the ILO (2012, p. 1) this normative framework for the expansion of social security coverage

[12] For a complete compendium of ILO Social Security Conventions and Recommendations please see: https://www.ilo.org/secsoc/areas-of-work/legal-advice/WCMS_205339/lang--en/index.htm

[13] See https://www.ilo.org/secsoc/areas-of-work/legal-advice/WCMS_205340/lang--en/index.htm

"provides a unique set of internationally-accepted standards that serve as a reference for national social security systems".

The recommendation which seeks to complement existing ILO treaties, is also deemed as completing the organization's social security strategies (Ibid). Oritiz et al. (2016, pp. 1–2) posit that the Social Protection Floors Recommendation (No. 202) is by far the only international accord that provides a true reflection of the global consensus on the need for universal social protection systems. The Recommendation whilst clearly affirming social security as a basic human right provides guidance to national governments in setting up national social protection floors[14] and implementing same using strategies that progressively ensure that as many as possible individuals are able to access and enjoy higher levels of social security in line with the existing standards of the ILO (ILO, 2012). It also enjoins countries to monitor progress on these national floors, and ensure that the design and implementation of these floors are grounded on social dialogue and the participation of all relevant stakeholders in the country (Ibid).

Additionally, the World Bank Social Protection and Labour (SPL) Strategy 2012–2022 also constitutes a key policy framework for the global social protection agenda. The document which is an outcome of wide consultations with relevant social protection stakeholders (including government representatives, CSOs, private sector actors and other international agencies) basically builds on the banks previous strategy[15], achievements, and practical lessons from the field. It provides a coherent framework for the extension of technical and financial support to many low- and middle-income

[14] These are defined as "as set of social security guarantees that ensure, at a minimum, that all people have access to social protection at adequate benefit levels – or income security" and include amongst others, "cash transfers for children, maternity benefits, disability pensions, support for those without jobs, old age pensions as well as access to essential health care (Oritiz, et al., 2016:4). For full details on the Recommendation No. 202 please see: https://www.ilo.org/dyn/normlex/en/f?p = NORMLEXPUB:12100:0::NO:12100:P12100_INSTRUMENT_ID:3065524:NO

[15] The World Bank's first Social Protection and Labour Strategy 2000–2008, proposed a conceptual framework for social protection grounded on social risk management. For a review of the said strategy please see Holzmann (2003).

countries with respect to the implementation of social protection. Thematically centered on resilience, opportunity and equity, the strategy "lays out an agenda to help low- and middle-income countries build, improve and harmonize their SPL programs, to increase their capacity to respond to crises and shocks, support poverty reduction and inclusive growth, and build on the best global knowledge of what works" (World Bank 2012, p. 2). It also calls for greater collaborations and coordination among different stakeholders in the implementation of social protection given that the absence of these commonly result in programme fragmentation and consequently the exclusion of poor and vulnerable groups (Ibid). Also, the strategy underlies the World Bank's continuous commitment to many initiatives such as the Global Partnership for Universal Social Protection, a joint collaboration between the World Bank, the ILO and other bilateral and multilateral agencies seeking to monitor progress and contribute towards the attainment of the sustainable development goal's target on social protection.

Last but not the least, the SDGs framework, a successor to the Millennium Development Goals (MDGs), probably presents a more encompassing and globally recognized policy framework for social protection. As earlier stated, SDG 1.3 specifically requires that countries implement appropriate social protection mechanisms and strive to extend coverage to previously excluded populations as well as improve benefits levels. Moreover, the framework also supports the implementation of various policy measures aimed at tackling other priority areas related to social protection such as enhancing food security (SDG2), quality healthcare (SDG3), education (SDG4), gender equality (SDG5), decent employment (SDG8), and reduced inequalities (SDG10) amongst others. Undeniably, the SDGs framework lends global credence to various efforts aimed at promoting social protection especially in developing countries.

2.5 Chapter Conclusion

To sum up, given that social protection remains a widely discussed concept, this chapter through a review of the literature has attempted to provide

a comprehensive understanding of its underlying mechanisms. It has highlighted the main actors involved in the design and implementation of social protection, and discussed major global policy and legal frameworks that support the development and institutionalization of social protection in both developed and developing countries. In the next chapter, the researcher presents the theoretical framework for the study.

3 Explaining Redistributive Policy Preferences: Towards a Theoretical Framewok

3.0 Chapter Overview

This chapter provides the theoretical and conceptual underpinnings for the entire study. Based on various strands of theoretical and conceptual literature, it presents a unified and an encompassing framework for explaining why individuals may choose to either support or oppose redistributive policies, and by extension social protection. It begins by highlighting the standard self-interest model of Meltzer and Richard (1981) and proceeds to show the circumstances under which a rational actor may deviate from the predictions of the model to embracing other-regarding behavior. Next, the scope of theoretical discussion is expanded to include how other relevant factors such as the perceived level of institutional quality and knowledge of policies can also impact public support for social protection. The chapter then concludes with a set of derived hypothesis to be tested in the empirical part of the study.

3.1 Defining Preferences

Strictly speaking, there is no single definition for the term "preferences" (Druckman and Lupis 2000, pp. 1–2). Rather, various scholars have defined the term differently. For example, Scherer (2005, p. 703) defines preferences more broadly as consisting of "relatively stable evaluative judgements in the sense of liking or disliking a stimulus, or preferring it or not over other objects or stimuli." For Hausman (2012, p. 1), preferences are essentially

comparative evaluations. These comparative evaluations can either be partial, total or overall (Ibid, pp. 1–3). Preferences are said to be (i) partial when an individual considers some specific criterion in ranking between alternatives, (ii) total when an individual takes into account every relevant consideration in ranking and (iii) overall when an individual take into account most of what they consider relevant rather than a specific criterion or everything that matters to them in evaluating alternatives (Ibid). According to Hausman, although in a broad sense preferences typically refer to overall comparative evaluations, in the realm of economics, they tend to be viewed as total comparative evaluations (Hausman 2012, p. 4).

Furthermore, similar to the definition by Hausman (2012), Hansson and Grüne-Yanoff (2021) also define preferences as "subjective comparative evaluations, in the form of "Agent A prefers X to Y"." By this definition, the authors posit that preferences concern matters of value rather than objective facts given that they are attributable to individuals or a collective and entail subjective judgements on liking one object over and above another (Ibid). Altogether, they argue that a characterization of preferences as "subjective comparative evaluations" differentiates the term from other evaluative concepts which tend to focus only on evaluating a single object and excludes a subjective element (Ibid).

In the context of this study, given that the researcher seeks to analyze individual preferences in the form of support or opposition for different social protection mechanisms, the study adopts the broader definition of preferences by Scherer (2005) since it inherently captures both the monadic and comparative aspects discussed above. As it will be shown, there are several factors that shape or influence individual preferences for redistributive policy measures such as social protection. A number of these factors are discussed below.

3.2 Factors Determining Preferences for Redistribution

3.2.1 Self-interest Related Motives

3.2.1.1 *The Standard Median Voter Model: The Effect of Income Inequality*

A dominant strand of economic literature on redistributive preferences proceed from the rational choice argumentation that individuals are *homines economici*: rational individuals act or behave intrinsically in a utility-maximizing manner driven purely by self-interest. A key and influential model in the ensuing literature on redistribution has been the standard median voter model of income redistribution proposed by Meltzer and Richard (1981).

Drawing on the earlier works of Romer (1995) and Richards (1977), Meltzer and Richard (1981) set forth a simple parsimonious uni-dimensional model of income redistribution that captures the essential link between income inequality and the demand for redistribution. In this model, Meltzer and Richard argue that in a standard economic environment — where (i) the only activities of government are redistribution via lump-sum transfers and linear taxation, (ii) the real budget is balanced, and (iii) voters are assumed to be fully informed about the state of the economy,- the level of redistribution demanded is inherently determined by the utility-maximizing preferences of a decisive voter, whom under a democratic framework (majority voting rule) is said to be the voter with the median income (Meltzer and Richard, 1981).

Furthermore, they contend that given higher levels of income inequality (evidenced by a right-skewed income distribution), the income of the median voter is lower than the mean income. Thus, the median voter would expect to gain from income redistribution since through progressive taxation, the burden imposed by government redistribution is relatively less than the transfers received. Consequently, the model predicts that the median voter and all other individuals with incomes below that of the median voter will support government redistribution, since they tend to become net beneficiaries of the process whilst those with incomes above the median voter

will oppose redistribution because they become net contributors and hence carry a disproportionate share of the tax burden associated with government redistribution (Ibid). Furthermore, given that the median voter has preferences which are inversely ordered by income, the larger the gap between mean and median income, the higher the demand for redistribution (Ibid).

In short, the median voter model of Meltzer and Richard (1981) supports the conclusion that a positive relationship exist between income inequality and demand for redistribution. Furthermore, the model also posits that in a democratic polity, this positive demand for redistribution is expected to translate into some real generous welfare package for the poor. Since welfare policies generate some redistributive effects, net beneficiaries of such policies will more likely support them whereas net contributors are more likely to oppose.

Despite the saliency of the median voter model, several scholars have questioned its inherent assumptions[16]. Also, the vast literature explaining redistributive preferences provides inconclusive evidence on the empirical utility of the standard median voter model,[17] which clearly implies that from a self-interest perspective there may be other factors driving preferences outside income. Notable factors here include the role of risk aversion and the prospects of social mobility. According to Moene and Wallerstein (2001, 2003), uncertainty about future incomes may cause individuals to rather view redistributive programmes as insurance against future risk which might be difficult to insure privately (risk pooling measures). Thus, given the fact that demand for insurance is ordinarily assumed to rise with income, the authors predict a negative relationship between income inequality and support

[16] For example Burstein (1998), governments maybe less responsive to the demands of voters contrary to the expectations of the model. Moreover, Pontusson and Rueda (2010) and Larcinese (2007) also posit that electoral turnout may as well change the position of the median voter and as a result affect the level of redistribution demanded. Other limitations of the model are discussed in the extant literature (e.g see Iversen and Goplerud, 2018 and Padovano, 2012 amongst others).

[17] For example Lierse 2019; Olivera 2015; Kerr, 2014; Kenworthy and Pontusson, 2005.

for redistribution, contrary to the predictions of the standard median voter model (Ibid). Also, Bénabou and Ok (2001) argue that when low income individuals perceive possibility or chances of upward mobility to be high, they may be less likely to support redistribution contrary to the theoretical postulations of the standard median voter model[18].

Nevertheless, albeit its shortcomings, the median voter model remains a workhorse model in contemporary political economy literature since that its hypotheses commonly provides a base for explaining redistributive policy preferences (Portmann and Stadelmann 2013, p. 1). Thus, in the ensuing, the logic of the standard median voter model[19] is extended to explain individual preferences for both non-contributory or tax-financed social protection (social assistance) and contributory social protection (social insurance) by analyzing the conflict of interest that arises between individuals of different income levels (i.e., low-income versus high-income groups) in a development context.

Generally, in many developing countries, the pattern of income distribution tends to be highly unequal (Simpson 2018, p. 10). As a result, two extreme income groups emerge both of whom are central to this analysis. At the head of the distribution is the majority of individuals usually with incomes below the mean (low-income group) whereas at the smaller tail end of the distribution we find the minority group of individuals with incomes usually above the mean (middle to high-income group). Since the structure of income distribution gives rise to a higher mean relative to the median, it can be expected that the individual with the median income level (median voter) will be located relatively closer to or amongst individuals in the low-income group.

Thus, with regards to non-contributory or tax-financed social protection (i.e., social assistance programmes), following the logic of self-interest it can be expected that low-income individuals especially the poor will more

[18] Despite the relevance of these alternative explanations, due to data limitations the researcher does not directly test them in this thesis.

[19] Throughout this chapter, the standard median voter model and the Meltzer and Richard model (1981) are used interchangeably.

likely to support such programmes since they stand a better chance of benefitting from any extensions in coverage of social protection systems. This support is further reinforced by the fact that the net benefits to be derived far outweighs the net cost to be incurred via a progressive tax regime. Support is expected to be much greater, the lower an individual's level of income is relative to the mean, since the gains from redistribution are inversely ordered with income. On the contrary, acting based on self-interest, high income individuals are expected to more likely oppose non-contributory or tax-financed social assistance programmes, as they are less likely to benefit directly from such programmes, while bearing a disproportionate share of the cost of these programmes, particularly under a progressive tax regime. In sum, it can therefore be hypothesized that:

Hypothesis 1a: compared to low-income groups, high-income groups are more likely to oppose taxed-financed social assistance programmes.

However, with regards to contributory programmes (social insurance), the dynamics of support may differ. Given that these programmes typically require that individuals make contribution before receiving benefits, it is reasonable to expected that low-income individuals especially the poor (who are unable to afford such contributions) will generally be indifferent, since they do not incur any direct financial cost arising from these programmes or enjoy any benefits due to exclusion. On the other hand, high-income earners will relatively be more likely to support contributory programmes since they are able to contribute and enjoy the benefits of such programmes, and also, given that contributory programmes are more likely to exclude free riders.[20] Thus, it is hypothesized that:

[20] Strictly speaking, this line of argument is based on the firm assumption that contributory programmes exclude the poor since they may not be able to afford the cost of premiums/contributions. However, in situations where these programme by design tend to include low income individuals and contributions into the same pool is progressively based on an individual's income rather than for example individual risk, it is possible for the preferences of high income individuals to change towards less support since under such circumstances, high income individuals although also benefitting from the programme tend to heavily cross subsidize the poor.

Hypothesis 1b: high-income individuals are more likely to support contributory social protection programmes (social insurance) since they exclude free riders.

3.2.1.2 *The Effect of Labour Market Characteristics*

Moving further, very related to income, the structure of the labour market may also present another huge source of distributional conflict with regards to the extension of social protection. Generally, labour markets in many developing countries are often stratified into formal and informal sectors: definitions of which remain highly disputed in the literature (Berens, 2015a; Maloney, 2004). Nonetheless, in presenting the conceptual arguments, the researcher first and foremost attempts to present various definitions of the formal and informal sector, and thereafter discusses how the structure of the labour market specifically the distribution of individual income (poor and non-poor) in both formal and informal sector affects redistributive preferences from a self-interest perspective.

Definitions of Formal and Informal Sectors

Unlike the formal sector which is commonly defined to cover all economic activities that are officially registered, regulated and recognized by the state (Vij et al. 2017, p. 3; Weeks 1975 cited in Pratap and Quintin 2006, p. 3), definitions of what exactly constitutes the informal sector[21] remains highly contested in the development literature (Turner 2020, p. 41; Gasparini and Tornarolli 2009, p. 15).

Often used interchangeably or synonymously with terms such as 'informal economy' 'shadow economy' or 'informality' in general, characterization of the informal sector has been a subject of extensive scholarly debates for many decades now (Aguilar and Guerrero 2020, p. 280; Ulyssea 2020,

[21] According to Chen (2012, p. 2) the term "informal sector" was coined by anthropologist Keith Hart during his study of low income economic activities among unskilled migrants in Accra, the capital city of Ghana in 1971. However, the term gained widespread acceptance following its usage in an ILO employment mission report on Kenya in 1972.

p. 526; Pratap and Quintin 2006, p. 3). Recognizing its inherent elusiveness and the difficulty in providing a strict universal definition of informality, various scholars and different schools of thought have defined the informal sector[22] in many different ways. For instance, Ulyssea (2020, p. 526) defines the informal sector as consisting of firms and workers "operating at the margins of the relevant laws and regulations" of the state. The author argues that firms in the informal sector are often unregistered with the relevant tax authorities and workers typically possess no formal labour contracts (Ibid). Similarly, Turner (2020: p. 41) also broadly defines the informal sector or informal economy to cover the many small-scaled economic activities that are outside the official record and recognition of the state, and in consequence guarantees no formal rights and social protection for its workers. For Castells and Portes (1989, p. 12), the informal sector largely encompasses "all income-earning activities that are not regulated by the state in social environments where similar activities are regulated." Relatedly, the ILO (2017b, p. 11) also defines the informal economy to include "all economic activities by workers and economic units that are – in law or in practice – not covered or insufficiently covered by formal arrangements" excluding those that are illegal.

Evidently, the multiple definitions presented above, attempts to highlight the many different ways by which the informal sector can be characterized. Unlike earlier definitions of the informal sector which largely focused more on describing the characteristics of the production units and enterprises, for example the size of the firm/enterprise and economic status of employer (often referred to as the productive definition)[23], relatively recent definitions tend to emphasize a more 'legalistic view' or approach to understanding informality by describing the informal sector or informal economy in terms of the legal status of economic activities and the provision of

[22] Throughout this chapter, the researcher uses the term 'informal sector' and 'informal economy' interchangeable.

[23] For definitions or conceptualizations of the informal sector that reflect a "productive view" see for example ILO (2013); Perry et al. (2017); Galli and Kucera (2004).

social protection or employment-related benefits such as social security to workers. Nevertheless, given the fact that both the productive and legalistic views of the informal sector are not mutually exclusive, it is common to find definitions that combine these approaches (Hazans 2011, p. 11).

However, regardless of the definition or motive for informality[24], it remains clear from all of the above that, the informal sector is extremely heterogenous and encompasses a wide range of economic activities usually falling outside the precincts of the formal economy. Therefore, unlike formal sector employment which often tends to be registered, regulated and protected based on a clear legal and institutional framework, informal sector employment is usually to a large extent unregistered, unregulated and unprotected under any legal or regulatory framework by the state (ILO 2013, p. 4). Manoey (2004, p. 1160) argues that although the informal sector includes both wage employees and the self-employed, a large number of individuals therein usually tend to be self-employed.

Labour Market Characteristics and Support for Redistributive Policies

A dominant approach to conceptualizing the effect of labour market characteristics on redistributive policy preferences in developing countries centers on the observation that the formal sector is often limited in size, whereas a disproportionately large number of the working population belong to the informal sector.[25] Due to the fact that informal employment is not registered

[24] ILO (2013) and Perry et al. (2007) highlight various motives for informality. These include amongst others the inability of individuals to find jobs in the formal sector (e.g. due to the lack of relevant skills and training, the unavailability of employment opportunities or a mismatch between individual skills and existing opportunities), and voluntary exit from the formal to informal sector either due to the regulatory rigidities in the formal sector, the desire to evade income taxation or desire for greater flexibility. Moreover see Chen (2012) for a detailed discussion of the factors driving for informality based on the various schools of thought, (i.e. Dualist, Structuralist, Legalists and Voluntarist).

[25] See Berens (2015a, 2015b), and Carnes and Mares (2014).

by the state, workers within the sector generally do not make direct contributions to the public purse through income taxation.[26] Rather, the burden of taxation usually rests among formal sector workers who are liable for direct payroll taxes. Consequently, a large or growing informal sector has clear implications for the public budget: it reduces direct contributors to the public budget while enabling free riding on public welfare goods by non-contributors (Berens 2015a, p. 655). As such, from a self-interest perspective, formal sector workers are expected to oppose redistributive policies since they tend to be net contributors whereas informal sector workers are generally more likely to support these programmes since they belong to the group that is more likely to benefit from social protection.

However, although plausible, the above approach seems be overly simplistic, considering the fact that it fundamentally ignores the heterogeneity of individuals both in the formal and informal sector, by treating all individuals in each group as same. Therefore, while acknowledging the inherent logic in the above approach, in this thesis, the researcher moves a step further to make the argument that the heterogeneity of individuals especially in the informal sector could be highly relevant in understanding individual redistributive policy preferences. As such, in addition to whether or not an individual belongs to the formal or informal sector, their respect positions on the income distribution ladder (poor or non-poor) also matters for explaining support or otherwise for both tax-financed social assistance programmes and contributory social insurance programmes.[27]

Generally, with respect to non-contributory social protection programmes financed through general taxes (social assistance), building on the theoretical logic of the standard median voter model, it can be expected that the poor (both in the informal and formal sectors) based on some

[26] However, informal sector workers may pay other forms of indirect taxes such as VAT, sales tax, etc. Thus in countries where payroll/income tax remains the more salient tax option, the greater burden of taxation still falls on the formal sector relative to the informal sector.

[27] Based on the income structure in both the formal and informal sector, it is possible to categorize individuals into the following (i) formal sector poor (ii) formal sector non-poor, (iii) informal sector poor and (iv) informal sector non-poor.

cost-benefit consideration will more likely support these programmes, given that they represent a group of potential beneficiaries, hence their net gains would exceed their net losses. However, for the informal sector non-poor, given that they typically do not benefit from these programmes, they are more likely to oppose tax-financed social assistance programmes, especially when the tax structure includes indirect taxes for which they may be subject. Similarly, for the formal sector non-poor, considering that they bear a double burden of taxation (paying both direct and indirect taxes), they represent a group of net contributors rather than net beneficiaries, as they do not benefit from these programmes. Thus, in line with the self-interest logic, they are more likely to strongly oppose social assistance programme compared to both the formal and informal sector poor. In view of these constellations, it can therefore be hypothesized that:

Hypothesis 2a: compared to the poor (formal and informal), the formal sector non-poor and informal sector non-poor are more likely to oppose tax-financed social assistance programmes.

Furthermore, with regards to contributory programmes (social insurance), individual support or otherwise may depend on the specific type of social insurance programme in question. As already explained in the previous section, social insurance programmes may include those that are based on mandatory contributions in the formal sector, and voluntary contribution programmes purposively targeted at the non-poor in the informal sector. As each of these programmes presents different cost and benefits to the poor and non-poor in the formal and informal sectors respectively, support for each of these programmes may tend to differ.

First of all, with respect to pure social insurance programmes, they typically entail mandatory income-related contributions based on membership or employment in the formal sector. As such, it can be expected that in line with self-interest, both groups in the formal sector (poor and non-poor) will be more likely to support these programmes given that they benefit from them, whereas the poor and non-poor in the informal sector maybe indifferent since they tend to be excluded from such formal employment-related programmes.

Furthermore, with regards to voluntary contributory programmes, given that that they often entail low flat rate contributions, and are explicitly targeted at the non-poor in the informal sector, in line with personal gain, the informal sector non-poor are more likely to show support since they tend to be benefit from these programmes. Moreover, if these programmes (voluntary contribution programmes) exist as stand-alone risk pools and are financed solely based on informal worker contributions, it can be expected that both the poor and non-poor in the formal sector will tend to be indifferent given that they do not participate in such programmes. However, in situations where social insurance programmes are designed in such a way that they combine both the mandatory contributions from the formal sector and voluntary contributions by informal sector non-poor (i.e. same risk pool for both type of programmes), the constellation of support may tend to change.

As already explained, social insurance programmes that entail mandatory contributions by formal sector workers have premiums that are commonly tied to an individual's income-level, whereas with voluntary contribution programmes for the informal sector non-poor, premiums are often based on low flat rate payments. Thus, when social insurance programmes are designed to combine both risk pools, the formal sector non-poor clearly tends to cross subsidize the benefits for the informal sector non-poor. As such, it can be expected that the formal sector non-poor will less likely support such programmes given that tend to become net contributors in the long run. On the contrary, the informal sector non-poor will more likely show greater support for these programmes considering the fact that they stand the chance to enjoy the same benefits as those in the formal sector despite low premiums or contributions.

Likewise, with regards to the poor both in the formal and informal sector, given that they are commonly exempted from premium payments under these type of arrangements[28], they are more likely to also express

[28] Given that these arrangements are usually geared toward enhancing universal coverage, the very poor or indigents are usually exempted from paying premi-

support for such programmes. Therefore, with respect to social insurance programmes that entail the latter arrangement, it can be hypothesized that:

Hypothesis 2b: Compared to all other groups, the formal sector non-poor are more likely to oppose social insurance programmes that include low flat rate contributions by the informal sector non-poor.

3.2.2 Other-regarding Preferences: The Effect of Beliefs

Generally, individual preferences for social protection may not be adequately captured by referring solely to self-interest relative motives. As evidenced by the results from several empirical studies, individuals preferences sometimes reflect concern for the welfare of other agents (other-regarding)[29]. In the economics literature, preferences are said to be other-regarding if they entail the tendency to care about the welfare of others in society in addition to an individual's own material interest (Tausch et al. 2013, p. 299; Fehr and Schmidt, 2006, p. 617).

To integrate the notion of other-regarding preferences into the current theoretical framework, the study explores the circumstances under which an individual may deviate from the self-interested behavior and instead act in a self-sacrificing manner by supporting social protection measures that benefit the poor. Following many others[30], the researcher argues that individuals are endowed with certain beliefs and values systems which they acquire either from experience, education or socialization, and that these beliefs and values systems[31] largely influence an individual's attitudes and behavior towards others.

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ums. Thus, they may tend to view these programmes as social assistance and thereby support.

[29] For example, Lierse (2019), Duman (2013), Fehr and Schmidt (2006); Alesina and La Ferrara (2005) Charnes and Rabin (2002), Fong (2001).

[30] For example, Alesina and Angeletos (2005), Fong (2001), Appelbaum (2001) and Gilens (1999).

[31] The researcher acknowledges there are different schools of thought regarding the positioning of individual beliefs and values systems. Whereas some scholars classify beliefs and values systems as part of institutions (specifically internal institutions), others explicitly consider them as other-regarding preferences. For the

By beliefs, the researcher specifically refers to certain ideas, thoughts or convictions that an individual deems or considers to be true. Values on the other hand, refer to some "internalized rules that guide or motivate behavior" (Bender 2021, p. 510). Values enable individuals to make decisions regarding "what is good or bad, justified or illegitimate, worth doing or avoiding" based on the standards and principles that one is committed to (Schwartz 2012, p. 4). Therefore, the attitudes that an individual expresses towards others tend to be reflective of the kind of beliefs and values that he or she upholds or endorses[32] (Arikan and Ben-Nun Bloom 2012, p. 213; Schwartz 2012, p. 16; Davidov et al. 2008, p. 241).

Although, individuals may have different kinds of beliefs, in this study, emphasis is placed on beliefs that are relevant for redistribution. These beliefs which are more generally reflective of an individual attitudes towards the poor can be classified based on responsibility for the determination of outcomes: *in casu*, beliefs about self-responsibility versus societal responsibility for the determination of wealth and poverty (Alesina and Angeletos 2005, p. 962; Fong 2001, p. 227). Whereas beliefs about self-responsibility attribute the causes of poverty and wealth to factors that are within individual control, beliefs about societal responsibility attribute the causes of poverty and wealth to factors that are external or exogenous to the individual and for which an individual has no personal control over (Fong, 2001, p. 227).

In line with the above, the researcher argues that depending on an individual's belief regarding the causes of poverty and wealth, they may either support or oppose social protection programmes. Specifically, individuals who believe in self-responsibility and therefore attribute poverty to lack of personal effort are less likely to act in solidarity with the poor by supporting social protection programmes, as they perceive the poor to be responsible

purposes of this of this study, the researcher adopts the latter position and therefore considers individual beliefs and values. systems as part of other-regarding preferences. Thus, they are discussed separately from institutions.

[32] Also, individual attitudes may also be influenced by prevailing social norms. Social norms are defined as ' the informal rules that govern behavior in groups and societies" (Bicchieri et al., 2018).

for their own predicament. To the contrary, individuals who believe in societal responsibility for the determination of outcomes may likely assume collective responsibility for the plight of the poor. As a result, they are more likely to act in solidarity with the poor by supporting social protection programmes since they perceived poverty to be caused by factors outside of personal control.

Although, the present conceptual framework distinguishes between preferences for different social protection mechanisms namely, tax-financed social assistance programmes and contributory or social insurance programmes respectively, it is generally expected that the effect of beliefs will remain the same across both policy areas. Thus, the researcher hypothesizes that;

Hypothesis 3a: individuals who believe that poverty is caused by external factors are more likely to support tax-financed social assistance programmes than those who attribute the causes of poverty to self-responsibility.

Similarly,

Hypothesis 3b: individuals who attribute the causes of poverty to external factors are more likely to support contributory or social insurance programmes than those who attribute poverty to self-responsibility.

3.2.3 The Impact of External Institutions on Preferences for Redistribution

3.2.3.1 *The Nature of Institutions*

Institutions have been defined in many different ways. For example, Aoki (2007, p. 7) defines institutions as "...self-sustaining, salient patterns of social interactions, as represented by meaningful rules that every agent knows and incorporated as agents' shared beliefs about the ways how the game is to be played." Hodgson (2006, p. 2) refers to institutions as systems of dominant social rules that guide social interactions. For North (1990, p. 3) institutions

are "the rules of the game in a society, or more formally, are the humanly devised constraints that shape human interaction." As such, they tend to provide a structure for everyday life by reducing uncertainty and minimizing the risk of collective action problems which are inherent in human interactions (North, 1990, p. 3). Aside the specification of acceptable or prohibited conduct, institutions also entail various enforcement mechanisms which ensure that breaches or non-adherence to specific rule components are adequately sanctioned (Voigt and Engerer, 2001, p. 132).

Based on their origin and type of enforcement, Kasper and Streit (1999) distinguish between internal and external institutions.[33] According to the authors, whereas internal institutions refer to rules that evolve within a group in the light of experience and are privately enforced (e.g., conventions, internalized rules, customs and good manners, etc.), external institutions are rules imposed on society from above by virtue of political action, and consequently enforced by public authority through the use of force. Some examples of external institutions include constitutions, statues, by-laws, government decrees and administrative regulations (Ibid, pp. 100–110). Given the focus of this sub chapter, the researcher presents conceptual arguments on how the quality of external institutions in particular may shape individual preferences for social protection.

3.2.3.2 *Institutional Quality and Support for Redistribution*

As previously highlighted, individuals are endowed with preferences which are either based on self-interest or other-regarding concerns. However, suffice it to say that, these preferences do not exist in a vacuum. They are embedded within an institutional context part of which are external institutions. Generally, external institutions, *in casu*, constitutions, decrees, statutory laws and regulations as highlighted in the preceding section generally provide the 'rules of the game' and as such define the constraints and opportunities for individual conduct. In this study, the researcher argues that aside their existence, the quality of external institutions matter for individual

[33] North (1990) also distinguishes between formal and informal institutions.

preferences. By institutional quality, the researcher simply refers to the level of effectiveness of external institutions or in other words, the extent to which the state as 'originator' is able to ensure compliance to formal rules and in the event of breaches enforce the stipulated sanctions. Hence, external institutions are said to be effective when they are non-discriminatory and apply to all individuals in equal measure, are transparent, reliable, and ably complimented by enforceable sanctions to deter non-adherence to rule components. Conversely, they are perceived as weak and less effective, when they tend to be discriminatory, less transparent, inconsistent and entail weak mechanisms of enforcing sanctions.

In the current theoretical framework, it is argued that whereas high levels of institutional quality may tend to engender high levels of trust and confidence in the state and its inherent bureaucracy, particularly in terms of its ability to foster the rule of law and impartially sanction negative behaviors such as corruption, low levels of institutional quality tend to reduce trust and confidence in the state, especially as negative behaviors such as corruption, abuse of power and the misuse of government resources are more likely to become common under such circumstances. As a result, the study proceeds on the premise that institutional quality as reflected in the prevailing levels of trust in government, should predispose individuals to either show more or less support for social protection.[34]

In line with the above, this study argues that when individuals perceive the quality of external institutions to be high, they become more inclined to supporting social protection. This is because such individuals tend to trust in the ability of the state and its inherent bureaucracy to effectively implement social protection programmes and impartially sanction individuals who engage in negative behavior. However, when citizens perceive the quality of external institutions to be weak, the level of trust in the public authorities diminishes, and consequently they become less inclined to supporting social protection, since they are unable to trust in the ability of

[34] Similar lines of argument concerning the effect of trust in government on welfare policies and taxation have been provided in Peyton (2020); McDonald (2020); Rothstein et al., (2012); Hetherington, (2005).

public authorities to effectively implement social protection programmes in a just and transparent manner.

Moreover, regardless of type of social protection programme being considered, it can be expected that the effect of institutional quality on individual preferences would remain the same. Therefore, this study hypothesizes that:

Hypothesis 4a: individuals who generally perceive the quality of external institutions to be high are more likely to support tax-financed social assistance programmes than those who perceive the quality of external institutions to be low.

Equally,

Hypothesis 4b: individuals who perceive the quality of external institutions to be high are more likely to support contributory social insurance programmes than those who perceive the quality of external institutions to be low.

3.2.4 Knowledge of Policies and Support for Redistribution

In addition to the factors highlighted in the preceding sections, knowledge of relevant issues pertaining to specific redistributive policies may also prove important for individual decision making regarding support for social protection. By knowledge, the researcher basically refers to the level of information or awareness that an individual possess on a particular issue, and in this context on the relevant variables regarding social protection in general.[35] As evident in the burgeoning literature on redistribution, the impact of knowledge or information on redistribution can be analyzed from different perspectives. Whereas some studies focus explicitly on individual's state of knowledge or awareness concerning the specifics of a policy or programme,[36] others center on how knowledge about broader societal issues such as true levels of poverty and inequality

[35] For example the cost and size of the redistribution, target groups, true levels of poverty and inequality etc.

[36] For example Boeri and Tabellini (2012).

among others influence preferences.[37] In the context of this study, the researcher adopts the former approach, by emphasizing how more or less knowledge of a specific policy area can lead to varying levels of support for social protection.

The study proceeds with the assumption that individuals may have imperfect information about relevant issues pertaining to redistribution and this can in turn affect decision making and preferences (see for example, Karadja et al., 2017; Kuziemko et al., 2015; Zilensky, 2014; Boeri and Tabellini, 2012; Blinder and Krueger, 2004). Interestingly, the effect of knowledge (either more knowledge or less knowledge) on redistributive preferences tends to be bi-directional. For instance, on the one hand, whereas more knowledge concerning a particular redistributive policy may enable individuals to better understand the need or essence for the said intervention, thereby leading to support, on the other hand, it may also make more salient issues of conflict of interest and consequently serve as a basis for opposing redistribution. A similar mechanism may also hold true for individuals with less knowledge. Thus, whereas less knowledge on a particular policy or programme may result in individuals not being able to understand or appreciate the importance of the said programme, or even underestimate or misjudge the social good and the welfare effects associated with it, leading to less support, it is also possible that less knowledge of a particular redistributive policy may as well make conflicting issues less salient and therefore lead to support from individuals who would otherwise not support such policies. In line with the previous section, it is expected that the bi-directional effect of knowledge will remain the same across the different policy areas of social protection being examined. Therefore, this study hypothesizes that:

Hypothesis 5a: knowledge of policies is a significant determinant of individual support for support tax-financed social assistance programmes.

Hypothesis 5b: knowledge of policies is a significant determinant of individual support contributory or social insurance programmes.

[37] For example, Pellicer et al. (2019), Kuziemko et al. (2015), Zilensky, (2014), etc.

3.3 Chapter Conclusion

In conclusion, this chapter sort to present a unified conceptual framework for explaining individual support or otherwise for redistribution, specifically for both contributory (social insurance) and non-contributory tax-financed (social assistance) social protection programmes. The various postulations derived have also been formalized into tentative hypotheses to be tested in the empirical part of this study. In the next chapter, the researcher provides a comprehensive overview of social protection in Ghana.

4 Social Protection in Ghana: A Comprehensive Overview

4.0 Chapter Overview

This chapter provides a comprehensive discussion of the state of social protection in Ghana. It begins with a historical highlight of the social protection landscape in Ghana. Thereafter, a detailed discussion of some existing social protection programmes as well as their impact on various dimensions of human welfare is presented. In closing the chapter, the author briefly discusses whether or not social protection in Ghana can be described as rights-based.

4.1 The Social Protection Landscape in Ghana: A Brief Historical Perspective

Ghana is one of the few countries in sub-Sahara Africa that has been widely recognized for its efforts to expand access to social protection especially in the areas of cash transfers, social health protection and formal sector contributory pensions. However, the progress achieved cannot be attributed to any one-off event. Rather, a sequence of policy events since independence perhaps explains the status quo. As a matter of fact, Ghana has had a long history of experimenting with various social protection or social security programmes in its post-independence era, the experiences from which may have shaped the present state of affairs with respect to social protection (i.e., path dependency). Thus, this section attempts to provide a comprehensive insight into the social protection landscape in Ghana from a historical perspective. In doing so, the researcher categorizes Ghana's post-independence social protection efforts into three distinct phases,

namely, phase one (1957 to 1979), phase two (1980–1999), and Phase three (the year 2000 to 2022)[38].

4.1.1 Phase I (1957 to 1979)

In the period immediately after independence, the then socialist government under Ghana's first president Dr. Kwame Nkrumah clearly pursued a set of very ambitious social welfare programmes. For example, it provided universal free universal healthcare services for all citizens under its 'free healthcare for all' policy financed from general taxes (Government of Ghana 2004, p. 4).[39] The government also provided free universal primary education for all children of school going age and cost free education for those at the tertiary level (Abukari et al. 2015, p. 4). At the pre-tertiary education level, students from the Northern part of Ghana were absolved from paying any fees whilst those from the southern sector paid fees although very marginal (Ibid).[40] Furthermore, during the 1960s, the government also designed and implemented its first contributory social security programme to provide old age income for individuals mainly in the formal sector (Asamoah and Nortey, 1987).

However, as impressive as these programmes were, it was difficult to fully sustain them as they took a huge toll on the nation's economic resources, especially following the sequence of political and economic turmoil that unfolded from the mid 1960s onwards. Consequently, this led to the gradual introduction of nominal user fees particularly in health sector in 1969 under the Hospital Fees Decree, which was subsequently amended into the Hospital Fees Act of 1971 (Nyonator and Kutzin 1999, p. 330). Badasu (2004, p. 290), believes that the introduction of user fees in the early 1970s was mainly intended to deter citizens from the unnecessary use of

[38] The various phases indicated are the researchers own subjective categorizations which have been provided mainly for ease of explanation.

[39] This free health care for all policy was implemented in only government or public health facilities.

[40] The Northern Scholarship scheme for pre-tertiary education was established in 1961 under the Education Act, 1961.

healthcare services (moral hazard) rather than for revenue generation purposes considering that the amount charged as user fees at the various public health facilities were still very minimal.

4.1.2 Phase II (1980 to 1999)

During the early years of phase two (1980s), the socio economic turmoil in Ghana worsened leading to the adoption of an Economic Recovery Programme (ERP) under the Structural Adjustment Programmes (SAPs) developed by the twin Bretton Wood Institutions (i.e., International Monetary Fund and the World Bank). The SAPs generally emphasized the need for countries to pursue economic liberalization polices driven largely by market forces (Kraus 1991, p. 19). As a result, the role of the state in providing social services was diminished. Under the SAPs, the government of Ghana faced with the requirement of cutting down and rationalizing public sector expenditure, resorted to the introduction of cost-sharing policies and in some cases pursued full cost recovery strategies, which resulted in citizens having to pay for essential social services such as health and education (Botchwey 1993, p. 4). For example, the "cash and carry" system was introduced through the health sector reforms in 1983 and 1985, thus requiring individuals to pay out-of-pocket for healthcare services at the point of delivery[41] (Kodua et al. 2015, pp. 13–16). Similarly, cost-sharing arrangements were also introduced in the education sector necessitating copayments by parents to cater for the cost of books, boarding and other essential educational supplies (Sowa 1993 cited in Abukari et al. 2015, p. 2). Clearly, the introduction of these measures increased the financial burden associated with accessing basic social services for all Ghanaians including the poor.

However, in the latter part of phase two, specifically towards the end of the 1980s into the early 1990s, given the negative consequences of the

[41] Alongside the "cash and carry" system, Government also provided both full and partial exemptions for different categories of individuals such as indigents, children, healthcare workers, tuberculosis, leprosy and psychiatric patients. Also Antenatal, postnatal and immunization services were also exempted from charges (Nyonator and Kutzin, 1999).

SAPs, government embarked on an initiative called the Program of Action to Mitigate the Social Cost of Adjustment (PAMSCAD) with the aim of cushioning Ghanaians against the effects of structural adjustment (Gayi 1991, pp. 558–559). Some programmes under the PAMSCAD included public work projects, education and health sector support, agribusiness and small scale enterprise support projects, among others (Ibid, p. 560). Determined to improve the welfare of its citizens, the government in 1995 designed a new policy framework entitled "Ghana Vision 2020" to provide a blueprint for pursuing a path to development that aligned the need for economic growth with the provision of social protection measures for its citizens (Government of Ghana 1995, p. 1). Inspired by this framework and in line with the dictates of the 1992 constitution of Ghana, the government in the same year introduced the Free Compulsory Universal Basic Education (FCUBE) policy which sort to guarantee the provision of free basic education for all Ghanaian children (Akyeampong 2009, p. 181).

Furthermore, around the same period, the Catholic church in Ghana in collaboration with some faith-based NGOs commenced the implementation of Community-Based Health Insurance Schemes as pilots in Nkoranza (in 1992) and West Gonja district (in 1995) in an effort to enhance access to healthcare services via financial health protection (Kipo-Sunyehzi et al. 2019, p. 95)[42]. Undoubtedly, the lessons from these pilots catapulted and informed the development of social health protection in Ghana in the period after.

4.1.3 Phase III (2000 to 2022)

In phase three, Ghana witnessed significant progress in its quest to advance and institutionalize the implementation of various social protection initiatives. During the first part of this period (2000–2009), the Government of Ghana under the guidance of the World Bank developed two poverty reduction strategy papers namely, the Ghana Poverty Reduction

[42] Aside these two, a few other mutual health organisations were also being operated by different private groups in the country around the same period. For concrete examples see Atiim, 1998.

Strategy (GPRS I) and the Growth and Poverty Reduction Strategy (GPRS II) as key components of its short to medium term development plans. The country also developed its first National Social Protection Strategy (NSPS) in 2007 with the aim of promoting inclusive development and further advancing its pro-poor growth agenda (Government of Ghana, 2007). Under these frameworks, the government implemented a range of programmes across different pillars of social protection. For example, it designed and implemented the National Health Insurance Policy framework which mandated the creation of District Mutual Insurance Schemes (DMHIS) across all districts in Ghana. It also implemented social assistance programmes such as the Livelihood Empowerment against Poverty (LEAP) social cash transfer programme, the Education capitation grant, the Ghana School Feeding Programme (GSFP) and the pension sector reforms which resulted in the creation of the National Pensions Regulatory Authority (NPRA) via the National Pensions Act in 2008 (Grebe 2017, p. 3; Kpessa, 2011, p. 48). More so, active labour market interventions such as the National Youth Employment Programme (NYEP) was also designed and implemented during this period to help address the challenge of unemployment for the nation's teaming youth (Ibid).

In the second part of phase three (post 2009 to 2022), the focus of successive governments largely centered on continuing with the implementation of existing social protection programmes via expanding coverage and improving benefit levels. Notably, new programmes such as the Labour intensive Public Works (LIPW) under the Ghana Social Opportunities project (started in 2010) and the Free Universal Senior High School Programme (Started in 2017) were implemented. Moreover, a very key feature of this period was the attempt to institutionalize the many social protection policies and programmes in existence, and further enhance greater coordination among the institutions responsible for their implementation. Central to this agenda was the revision of the NSPS in 2012 and the conduct of a social protection rationalization study, both of which culminated in the development of a National Social Protection Policy (NSPP) in 2015. The NSPP which operationalizes the concept of a social protection floor within the

Ghanaian context seeks to provide an overarching "framework for delivering social protection coherently, effectively and efficiently in a way that is holistic and properly targeted" (Government of Ghana 2015a, p. 1). The policy also seeks to provide a blueprint for coordination and collaboration among various stakeholders in the social protection space in an effort to enhance transparency and accountability within the sector. A number of flagship programmes highlighted in the NSPP are discussed in the next sub chapter.

4.2 Overview of Some Flagship Social Protection Programmes in Ghana

4.2.1 Livelihood Empowerment Against Poverty (LEAP) Cash Transfer

The Livelihood Empowerment Against Poverty (LEAP) social cash transfer programme is one of Ghana's key flagship programmes under the NSPP. The programme was launched in March 2008 to offer livelihood support (i.e. both conditional and unconditional transfers) to individuals deemed to be extremely poor and vulnerable in Ghana, and by so doing provide an opportunity "to help them "leap" out of the malaise of extreme poverty, and ultimately empower them to contribute to the socio-economic development of the country" (Government of Ghana 2007, p. 11). The Programme which is primarily funded by the government of Ghana but with some support from its development partners targets orphans and vulnerable children (OVCs) in extremely poor households, elderly persons who are aged 65 years and above but with no form of financial support, severely disabled persons without any productive capacity and poor pregnant women and lactating mothers (Ibid). The number of households benefitting from the cash transfer increased considerably from 1,654 in 2008 to approximately 332, 200 as at the close of 2019 (Government of Ghana 2019, p. 72).

The LEAP programme provides bi-monthly cash payments of between 64 to 106 Ghana Cedis (GH₵) depending on the number of individual

eligible members that are present in a beneficiary household.[43] The payments are mostly effected electronically to beneficiary caregivers using the Ghana Interbank Payment and Settlement System (GHIPSS) platform (Government of Ghana 2019, p. 73). The conditional component of the programme requires caregivers to (i) ensure that all children belonging to the household are enrolled and retained in public basic schools (ii) ensure that all household members are registered unto the National Health Insurance Scheme (NHIS), (iii) ensure the registration of all new born with the Births and Death Registry, (iv) attend all mandatory post-natal clinics and immunizations, and (v) ensure that no child is either trafficked or engaged in any activity constituting child labour (Government of Ghana 2007, p. 12). However, given that cash alone may not be enough to help poor households break out of poverty, the LEAP programme also links its beneficiaries to a number of complimentary services including microfinance initiatives, skills training for caregivers, agricultural input support, supplementary feeding and free NHIS registration for household members among others (Government of Ghana 2007, pp. 13–14).

Despite its challenges, the LEAP programme has been widely acknowledged to impact positively on various dimensions of human welfare. For instance some studies have shown that the programme has contributed to reducing poverty, increasing consumption and asset accumulation, improving gender relations and enhancing social cohesion in beneficiary households and their communities at large (Peterman et al., 2021; de Milliano et al., 2021; Fuseini et al., 2019; Angeles et al., 2017; Handa et al., 2013).

4.2.2 National Health Insurance Scheme (NHIS)

The National Health Insurance Scheme (NHIS) was officially launched in 2004 following the passage of the National Health Insurance Act, 2003 (Act 650). The implementation of the NHIS was in line with government's plan of providing financial risk protection against catastrophic out-of-pocket payments and promoting access to quality healthcare for all persons in

[43] As of 2022.

Ghana (Government of Ghana 2004, p. 7). Act 650 mandated the establishment of District Mutual Health Insurance Schemes (DMHIS) in all then 145 districts as a mechanism of achieving the goals set forth in the Act. However, in 2012, Act 650 was repealed and replaced by the new National Health Insurance Act, 2012 (Act 852). The new law (Act 852) essentially dissolved all DMHIS and instead established the National Health insurance Authority (NHIA), a centralized body tasked with the responsibility of ensuring effective management and the efficient delivery of healthcare services to all individuals under the NHIS (Government of Ghana 2012).

As stipulated in Act 850, the NHIS is financed largely through a National Health Insurance Fund (NHIF). The NHIF derives its revenue from a mix of sources including the National Health Insurance Levy (NHIL), 2.5% of the Social Security and National Insurance Trust (SSNIT) contributions of formal sector workers, financial returns on investments of the NHIF, gifts and donations, allocations from parliament and contributions from premium paying members (Government of Ghana 2012, p. 23). Given its pro- poor focus, elderly persons (i.e., 70 years and above), Children, SSNIT pensioners and active contributors, persons classified as indigents, pregnant women, and persons with mental disorders are exempted from paying any premiums (Ibid, p. 19).

Also, although the law makes membership to the scheme compulsory for all Ghanaians, due to enforcement challenges, this has not yet been fully realized (Alhassan et al., 2016). According to the NHIA (2020), as at the close of 2019 the scheme had an active membership of over twelve million Ghanaians. The benefit package provided under the NHIS covers out-patient services, in-patient services, maternity care, eye care, oral health and general emergencies including those from road accidents (NHIA, 2021). Whereas the NHIS is said to cover over 95% of the common illness frequently reported, it does not cover services such as cosmetic surgeries, assisted reproduction, orthoptics, dialysis, cancer treatment, medications outside the NHIS approved list, medical treatment abroad among others (Ibid).[44] The scheme

[44] For an exhaustive list of the NHIS benefit package as well as exclusion list, see http://www.nhis.gov.gh/benefits.aspx

also employs a mix of provider payment mechanisms such as the Ghana Diagnostic Related Groupings (G-DRGs) for services, fee-for-service and capitation payments[45] in reimbursing healthcare providers for services provided to NHIS card holders (Government of Ghana 2012, p. 22).

Similar to LEAP, a lot of studies have also been conducted on the impact of the NHIS in enhancing financial access to quality healthcare services for beneficiaries. For example, studies such as Okoroh et al., 2018; Van der Wielen et al., 2018; Aryeetey et al., 2016; Kusi et al., 2015; Abrowkwah et al., 2014; Alatinga and Fielmua, 2011 and Nguyen et al., 2011 amongst others all find positive impacts of the NHIS in relation to financial risk protection and access to healthcare services. Despite its impact, key challenges facing the NHIS include issues of long term financial sustainability and improving the quality of services provided to cardholders (Aikins et al., 2021; Wang et al., 2017; Alhassan et al., 2016; Schieber et al., 2012).

4.2.3 Education Capitation Grant

The Education Capitation Grant (ECG) was launched by the Government of Ghana in September 2005 with the cardinal objective of improving school enrolment and retention rates, especially for children from very poor and deprived districts across the country (Jones et al. 2009, p. 44). The initiative was also a key part of governments wider policy goal of spurring efforts towards achievement of the Millennium Development Goals (MDGs), especially MDG 2 on attaining universal primary education and MDG 3 on promoting gender equality and empowerment (Ampratum and Armah-Attoh 2010, p. 1).

The implementation of the ECG was based on the idea that providing such a grant will remove the financial burden associated with school fee payments at the basic education level, especially for children from very poor and deprived backgrounds who for decades may have been denied access to basic education due to their inability to pay school fees (Akyeampong 2011,

[45] The capitation payment mechanism was piloted between 2012 and 2017. However, according to Abiiro et al. (2021), it seems to be off the policy agenda given the challenges that emerged during the pilot phase.

p. 9). Thus, the programme assumed the form of a fee waiver by providing grants to public schools to enable them cater for tuition and other ancillary cost hitherto paid by parents, in anticipation that it will promote interest for basic education in the country (Jones et al. 2009, p. 44). After an initial pilot in about 40 deprived districts, the coverage of the capitation grant was expanded to include all public basic schools in Ghana at the commencement of the academic year in September 2006. In 2009, the government also increased the value of the grant and concurrently announced a new initiative to provide educational supplies such as textbooks and school uniforms free of charge to all school children in the poorest and most deprived districts across the country (Ibid).

To date, some empirical studies have examined the impact of the education capitation grant on educational outcomes in Ghana. The evidence emerging largely points to mixed results. For instance, Akyeampong (2011) reports that although the positive impact of the grant was evident in the first two years of its implementation, such gains were gradually eroded due to other systemic challenges in the basic education system such as the lack of infrastructure. Also, whereas studies such as Osei-Fosu (2011) and Osei et al. (2009), found no significant effect of the capitation grant particularly on school enrollment and retention rates, other studies such as Padibo and Tamanja (2017) and Maikish and Gershberg (2008) provide some evidence of the positive impact of the grant with respect to increasing basic school enrollment across selected districts in Ghana. Nonetheless, almost all the studies cited above acknowledge the inherent challenges facing the ECG, especially the inadequacy of the capitation grant and the undue delays in releasing capitation payments from central government to the local districts.

4.2.4 Ghana School Feeding Programme

The Ghana School Feeding Programme (GSFP) was launched in 2005 in line with the then Government of Ghana's policy framework (i.e., GPRS II) and within the framework of the Comprehensive Africa Agricultural Development Programme (CAADP) Pillar 3, as a response to calls to step

up efforts towards achieving the Millennium Development Goals (Government of Ghana, 2015b, p. 9).

Under the umbrella of the New Partnership for Africa Development (NEPAD), the programme was piloted in one school drawn from each of the then ten administrative regions in Ghana (10 schools in total as at 2005). However, by August of the following year, the number of schools were rapidly scaled up to 200 in 138 districts, with plans for further expansion by the close of 2006 (Government of Ghana 2006, p. 1). According to Dunaev and Corona (2019, p. 14), as of 2017 the Ghana School Feeding Programme reached approximately 1.7 million students in 5,582 public kindergartens and basic schools across the country.

The fundamental concept behind the GSFP is "to provide children in public primary schools and kindergartens with one hot nutritious meal, prepared from locally grown foodstuffs, on every school-going day" (Government of Ghana 2015b, p. 11). In the short term, the programme was expected to increase the enrollment of students, boost school attendance and retention (especially for girls), reduce hunger and malnutrition among students in deprived communities and also enhance local food production (Government of Ghana 2006, p. 21). However, in the long term, the GSFP was expected to contribute to overall poverty reduction, promote food security and generate income for the local farmers (Ibid). It is imperative to mention that the GSFP was not the first of its kind to be implemented in Ghana. Prior to its launch in 2005, various development agencies (e.g., Catholic Relief Services, Adventist Development and Relief Agency, World Food Programme, World Vision among others) had already been engaged in implementing supplementary feeding programmes albeit on a small scale in very deprived schools and communities across Ghana. Nonetheless, the GSFP launched in 2005 represented a more comprehensive and far-reaching effort by the government of Ghana to progressively provide free school meals for basic school students nationwide (Government of Ghana, 2006).

Generally, some available studies on the effectiveness of the GSFP suggest that the programme is contributing immensely to increasing school enrollment and attendance especially in deprived and rural communities in

Ghana (e.g., Goldsmith et al., 2019; Bukari and Hajara, 2015; Oduro-Ofori and Gyapong, 2014). However, the inadequacy of the grant amount allocated per child, low quality of meals provided by caterers, frequent delays in the release of funds to caterers, and overall funding constraints, constitute some key challenges confronting the programme (Akuamoah-Boateng and Sam-Tagoe, 2018; Sulemana, et al., 2013; Essuman and Bosumtwi-Sam, 2013).

4.2.5 Free Senior High School Programme

The Free Senior High School (FSHS) Programme was launched in 2017 in fulfilment of a major political campaign promise by the NPP government. The programme which is in line with the dictates of the 1992 constitution of Ghana (Article 25 1b) and the global sustainable development agenda (SDG 4) aims at providing universal access to free quality secondary education for all public senior high school students in Ghana (Government of Ghana, 2017). Through the FSHS programme the government seeks to eliminate all cost barriers to secondary education in Ghana by absorbing all approved fees including admission, tuition, uniforms, library, science development, sports, culture, entertainment, examination, utilities, Information and Communication Technology (ICT), and feeding fees among others (Government of Ghana, 2017). In addition, the programme also seeks to improve the quality of secondary education through the provision of teaching and learning materials as well as adequate staffing, and enhance equity by ensuring that 30% of placements in elite senior high schools are reserved for students from public junior high schools especially those from deprived backgrounds. In addition, the FSHS programme also aims at supporting reforms to institutionalize Technical and Vocational Education and Training (TVET) at the senior high school level in Ghana (Ministry of Education, 2021).

As a matter of fact, although various forms of targeted subsidies or secondary school scholarships[46] have over the years been implemented in Ghana either by government, NGOs or private organizations, the current

[46] For example, the Northern Scholarship Scheme which was introduced by 1961.

FSHS programme is the most comprehensive given that it automatically covers all students placed into public senior high schools across the country (Ministry of Education, 2021). Thus, the universal character of the current FSHS programme differentiates it from all past initiatives.

Available data from the Ministry of Education suggest that the FSHS programme has since its inception impacted positively on enrolment rates in public senior high schools. Specifically, the programme is said to have increased net enrolment from 308,799 in 2016 to approximately 404,856 as of March, 2020 (Government of Ghana, 2021). However, the increase in enrolment rates has resulted in the implementation of a double track school system in many public senior high schools as a measure of containment (Ibid). Notwithstanding its successes, the FSHS programme is as well confronted with a number of challenges. According to the Public Interest and Accountability Committee (2020), most senior high schools under the programme are confronted with infrastructure challenges and inadequate educational supplies given the high enrolment rates. More so, considering the fact that the FSHS programme has no clear or dedicated funding source, financial sustainability of the programme remains a key issue of concern (Asare, 2021; GNECC, 2019).

4.3 Is Social Protection in Ghana Rights-based?

The 1992 Constitution of Ghana guarantees a host of basic individual rights for all Ghanaians. Under the direct principles of state policy, the constitution mandates the state to cater for the welfare of all citizens albeit in a progressive manner. Furthermore, Ghana also has signed and ratified almost all the relevant global conventions, treaties and protocols required for social protection[47], and has taken steps to operationalize these locally (Government of Ghana, 2015a). Thus, in principle, it has been argued that

[47] For example, the Universal Declaration of Human Rights, the United Nations Conventions on the Rights of the Child and Persons with Disabilities, the African Union Social Policy Framework (2003), the Livingstone Declaration (2006), the Ouagadogou Declaration and Plan, The ILO Convention 202, etc.

"Ghana's social protection policies and interventions are moving toward a rights-based approach to development, with social protection increasingly being viewed within official government circles as a right of every citizen" (Kaltenborn et al., 2017, p. 25). Nevertheless, some other scholars contend that, in practice there are still a number of challenges that impede against the full realization of social protection as a basic human right in Ghana. For example, Abdulai et al. (2019, p. 9–10) contend that the limited value of the LEAP grant, perceptions that the grant is charity rather than an entitlement and the weak grievance and complaints settlement mechanisms altogether negatively affect the notion that the programme is rights-based. More so, according to the ILO (2014, p. 165), a number of social protection programmes in Ghana are not directly backed by law.[48] Therefore, the absence of clear legal frameworks for these programmes may tend to constrain beneficiaries from enforcing their rights or entitlements to various social protection benefits.

4.4 Chapter Conclusion

This chapter provided a comprehensive overview of social protection in Ghana. It offered insights into the historical landscape of social protection development in Ghana and highlighted some major flagship programmes currently being implemented. In the next chapter, the researcher presents the methodology for the study.

[48] Some exceptions include the National Health Insurance Act, 2012 (Act 852), the Persons with Disability Act, 2006 (Act, 715), National Pensions Act, 2008 (Act 766), etc. It is also important to mention that several other programmes although not directly backed by any law usually tend to be based either on obligations from international instruments ratified, the constitution of Ghana and various policy/strategy documents. For a detailed discussion on these, see for example ILO (2014) and Kaltenborn et al. (2017).

5 Research Methodology

5.0 Chapter Overview

This chapter presents the methodological framework for the study. It begins with a brief description of the study area. Thereafter, it highlights the study's research design, sampling approach, data collection methods and the framework for data analysis. The chapter then concludes with a description of the empirical model and the operationalization of all variables used in the study.

5.1 Description of the Study Area

This study was conducted in the Accra Metropolitan Area (AMA). Located along Ghana's southern coastal line and bordering the Gulf of Guinea, the Accra metropolis serves both as the administrative capital of the Greater Accra region and Ghana as a whole. The AMA was first established in 1898 by the erstwhile colonial administration. Since then, it has undergone a number of changes particularly in terms of its geographic size, with a number of other administrative districts constantly being carved out of it. Figure 5.1 below shows the geographic map of Accra as at the time of the study.

According to the Ghana Statistical Service (2014, p. 15), the population of Accra based on the 2010 Population and Housing Census (PHC) was estimated at 1,665,086 inhabitants. Out of this figure, 51.9 percent were female with the remaining 48.1 percent being male (Ibid). Given an estimated annual population growth rate of 3.1 percent, the Accra Metropolitan Assembly estimates that the population of the metropolis as at 2018 stood at 2,036,899 inhabitants with an additional daily influx of over 2 million

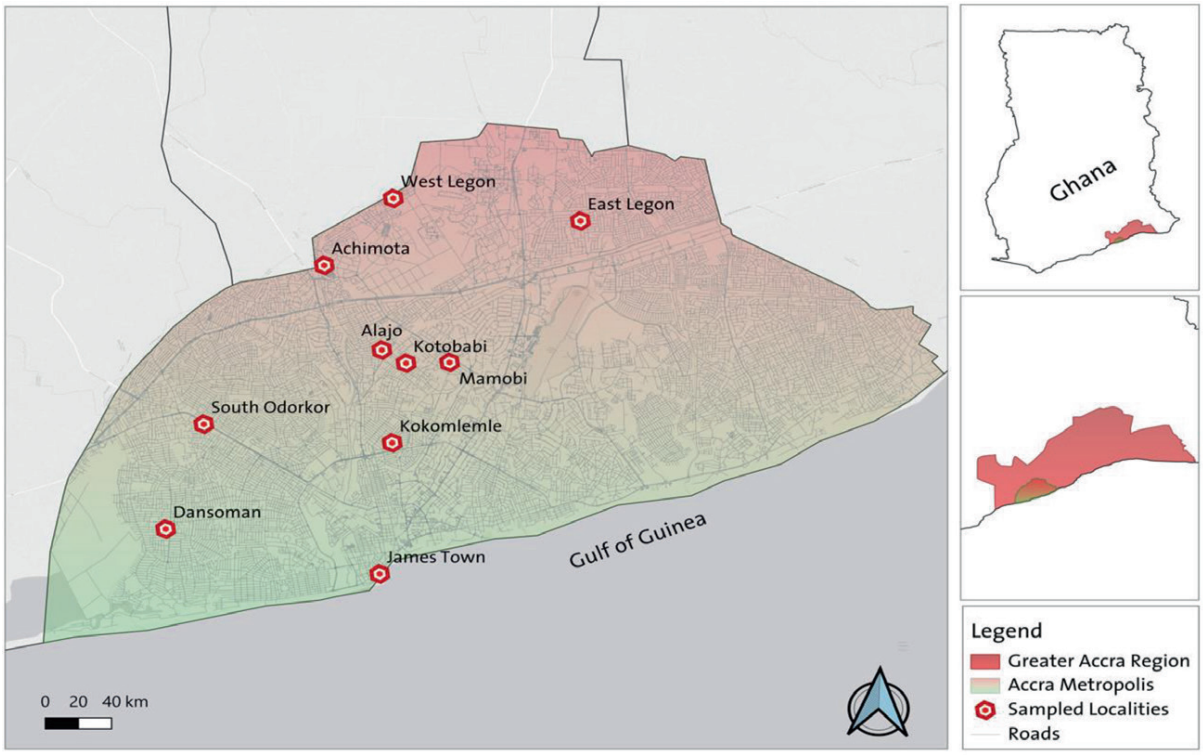

Figure 5.1. Map of the Accra Metropolitan Area.

Source: Author' own drawing based on data from :https://data.humdata.org/dataset/ghana-administrative- boundaries; OpenStreet Map; Google Terrain.

individuals who visit the city to undertake varied socio-economic activities.[49] The population of the city continues to grow rapidly due to the prevalence of rural urban migration (Ibid, p. 20).

The indigenous or traditional inhabitants of Accra are the Ga Mashie, however individuals from various ethnic groups in the country such as the Dangme, Akan, Ewe, Guan and Mole-Dagbani among others can all be found in the city. The dominant religious group in the metropolis are Christians, whereas Muslims, Traditionalist and individuals from other faith constitute religious minorities (Ghana Statistical Service, 2014, p. 20). The city has been well acknowledged for its cosmopolitan nature, considering that it houses many individuals from diverse social, economic, religious and ethnic backgrounds (Arthur 2018, p. 21).

[49] Official estimates from the Accra Metropolitan Assembly. See https://ama.gov.gh/theassembly.php

Given its status as the capital of Ghana, physical infrastructure in the city is relatively well developed compared to other cities in the country. Key state institutions such as the executive seat of government, parliament, government ministries and other state agencies can all be located within the metropolitan area. Generally, social infrastructure such as hospitals, clinics, schools and roads are present in the city although access to these amenities maybe limited for certain groups (for instance those living in the highly dense settlements and low class neighborhoods) due to economic and spatial inequalities (Weeks et al, 2012). With regards to education and literacy, approximately 52 per cent of the population aged 11 years and above are able to read and write in English and Ghanaian language (Ghana Statistical Service 2014, p. 32).

Predominantly an urban area, the economy of the Accra Metropolis is dominated by activities in sectors such as manufacturing, wholesale and retail of goods, transportation and storage, construction, accommodation and food services amongst others (Ibid, p. 37). About 70 percent of the population aged 15 years and above are economically active with a little over 90 per cent of such persons being employed in some form of economic activity, mainly in the private sector (Ibid, p. 34). Moreover, similar to most other African cities, informality is a key feature of the economy of the Accra metropolis with an estimated 74 percent of individuals employed in the private informal sector (Ibid, p. 39). Urban poverty is also prevalent in the metropolis, with a majority of individuals particularly migrants living in slums, informal settlements and low class neighborhoods (Verutes et al 2012, p. 4).

It is imperative to mention that, the AMA was purposively selected for this study primarily due to its cosmopolitan nature. More so, its centrality and relative ease of access also made it very ideal for this study given the researchers' limited time and resources.

5.2 Research Design

For this study, a cross sectional research design was adopted. Bryman and Bell (2007, p. 55) define a cross sectional research design as that which

"entails the collection of data on more than one case and at a single point in time in order to collect a body of quantifiable or quantitative data in connection with two or more variables, which are then examined to detect patterns of association". They elaborate that such a design is appropriate when a researcher's main aim is to understand a particular phenomenon at a specific point in time rather than at multiple time periods. Thus, given the fact that the overall objective of this study is to understand individual preferences for social protection at a singular point in time, a cross sectional research design was well-suited.

5.3 Sampling

5.3.1 Target Population and Sample Size Determination

The target population for this study basically included all individuals aged 18 years and above in the Accra Metropolitan Area. However, due to time constraints and the very limited budget available for study the researcher selected a sample size of 600 individuals. As highlighted by Duflo et al. (2007:3928) "sample size is often determined in large part by budget or implementation constraints." Thus, in the context of this study, the researcher focused on balancing the constraints of time and budget against the need for precision.

5.3.2 Sampling Procedure

To select the required sample, a multi-stage probability sampling procedure was utilized. The procedure adopted largely followed the sampling strategy used in the Afrobarometer surveys. The Afrobarometer survey is a well-established and widely cited public opinion survey in Africa that collects and publishes high quality data on issues related to democracy, governance, economic growth and the society. The sampling procedure in Afrobarometer emphasizes randomness at every stage of sampling and utilizes the probability proportionate to population size (PPPS) procedure to ensure that various geographic units have a proportional chance of being included in the sample (Afrobarometer Network, 2014, p. 26).

To aid in the sampling process the researcher obtained a summary of the census data from the Ghana Statistical Service detailing all localities, enumeration areas and the population aged 18 years and above in the Accra Metropolitan Area. The sampling process then proceeded as follows;

In ***Stage 1***, the researcher randomly selected 10 localities from the list of all localities in the AMA[50] as provided by the Ghana Statistical Service. These 10 localities then served as secondary sampling units from which primary sampling units were later drawn.

In ***Stage 2***, the primary sampling units (PSUs)[51] defined as "the smallest, well-defined geographic units for which reliable population data are available" (Afrobarometer 2014, p. 28) were selected. Given that the total Sample size was 600, the plan was to collect data from 60 PSUs with 10 respondents in each. To do this, a list of all enumeration areas in each of the selected localities was obtained from the Ghana Statistical Service. Then based on a probability proportionate to population size (PPPS) procedure, the required number of PSUs for each locality was calculated and corresponding number of enumeration areas duly selected using simple random sampling. The researcher then obtained the enumeration area maps to aid in the identification of the selected PSUs.

In ***Stage 3***, sampling starting points within each enumeration area were then randomly selected. These were predominantly marked and notable physical structures in the enumeration area such churches, mosques and schools.

In ***Stage 4***, using the marked physical structures as starts points, dwelling units were identified and households randomly selected using a walk pattern with an interval of 5 or 10 households depending on the number of dwelling units or households on the walking stretch.

Finally in ***Stage 5***, which constituted the last sampling stage, an individual respondent was chosen from each selected household for the

[50] As of July, 2017.

[51] In Ghana, census enumeration areas (EAs) represent the smallest and well defined geographic units for which population data is available (see https://catalog.ihsn.org/index.php/catalog/3780). Thus, the EAs serve as primary sampling units (PSUs).

interview. To select the respondent, the names of all individuals aged 18 and above in the selected household were written on a piece of paper and placed into a bowl. The researcher then randomly selected only one respondent from the household by using a random draw method. In case the selected individual was not available for the interview, his or her contact details are collected and an appointment arranged for the interview to be conducted later. If after two attempts the selected respondent was still not available for interview, the household was replaced through same random procedure as explained in the above.

Throughout the sampling process, the researcher contacted and collaborated with a survey and sampling specialist at the Ghana Statistical Service to ensure that the procedure adopted was sound and robust. Table 5.1 below shows the localities selected, the corresponding number of EAs chosen from each locality and the total number of interviews planned per locality.

Table 5.1. Sampled Localities in the Accra Metropolitan Area[52].

Locality	No. of EA's Selected	No. of Respondents Sampled
West Legon	1	10
Soth Odorkor	7	70
Mamobi	10	100
Kotobabi	6	60
James Town	2	20
Dansoman	10	100
Alajo	7	70
Achimota	9	90
East Legon	2	20
Kokomlemle	6	60
TOTAL	**60**	**600**

Source: Author's Own.

[52] The sampled localities are based on the official demarcation of the Accra Metropolitan Area as of July, 2017 when the sampling was conducted.

5.4 Data Type and Data Collection Methods

This study mainly utilizes primary data. Hox and Boeije (2005, p. 593) define primary data as first hand data collected by a researcher for a particular purpose. Given that there is currently no publicly available data set which directly measures individual preferences for social protection or the different policy areas of social protection in Ghana, the decision to collect primary data was very essential to achieving the goals of this study. It enabled the researcher to directly measure individuals stated preferences for various social protection policy areas (cash transfers and health insurance) without having to resort to the more general questions or indirect approximation of preferences as commonly seen in some surveys[53].

To collect the required data for this study, an attitudinal survey was conducted in the Accra Metropolitan Area using an individual level questionnaire. The questionnaire which predominantly included closed ended questions was purposely developed to elicit information regarding the socio-demographic characteristics of the respondents, economic and labour market characteristics, preferences for respective social protection respective policies, beliefs about causes and consequences of poverty, perceptions of the quality of external institutions (institutional trust) and knowledge of social protection policies in Ghana. Generally, the questionnaire was largely inspired by that of the World Values Survey (WVS), the Afrobarometer Survey, the European Social Survey (ESS) and the General Social Survey (GSS).

Before the actual data collection exercise, the researcher recruited and trained 10 field assistants (data collectors) to assist with the data collection process. The field assistants who were predominantly graduates from various tertiary institutions in Ghana, were chosen from a roll of well experienced data collectors often deployed by the Ghana Center for Democratic Development (CCD-Ghana) in the implementation of the Afrobarometer survey in Ghana. Thus, their expertise and understanding of surveys of

[53] For example in the World Values Survey, hypothetical scenarios rather than real world policy options are often used to approximate individual preference for redistribution/social protection to an extent.

this nature was well advanced. Nevertheless, a 5 day training exercise was organized at the university of Ghana campus to help acquaint the field assistants with the survey instrument and to as well familiarize them with the necessary procedures surrounding this particular survey.

After the training, a pretest of the questionnaire was conducted in a pilot survey with 30 respondents to test the practicability of the instrument and identify key issues that may require further attention. At the end of the pilot, The draft questionnaire was modified to address all issues and concerns that were detected, and a new version finalized before the roll out of the main survey. The main data collection exercise was conducted between August 2017 and October, 2017. The survey questionnaire was administered face to face using pen and paper. In total, all 600 questionnaires were completed yielding a response rate of 100 percent.

5.5 Data Entry and Data Cleaning

At the end of the data collection exercise, the completed questionnaires were gathered and processed for data entry. However before data entry, the researcher scanned through all the questionnaires to ensure they properly completed. As a general rule, incomplete questionnaires specifically those that had over 10 percent of questions unanswered (including the main variables of interest) were excluded. Given that such incomplete questionnaires were 4, the total number of questionnaires to be entered then stood at 596. To enhance the quality of the data capturing process, the completed questionnaires were double entered in Microsoft Excel by two separate research assistants.

Upon completion of the data entry process, the researcher undertook a rigorous data cleaning exercise for checks and quality control purposes. At a first instance, the researcher conducted consistency checks by randomly selecting questionnaires and comparing their contents to the data entered. These checks enabled the researcher to detect a range of data entry errors for correction. Furthermore, upon correcting the data entry errors detected, the researcher then checked for inconsistency in answers particularly those related to socio-demographics. For example, it is highly unlikely that an individual

aged 18 years will be retired, or that an individual who has no formal education at all will be employed as a professor. Luckily, the researcher did not discover any serious cases of inconsistent answers in the data set.

Additionally, all variables in the dataset were also screened for the identification of potential outliers. Barnet and Lewis (1994) define an outlier as an observation or a data point which seems to deviate extremely from all others in the data set. Such observations or values may usually be as a result of data entry errors or simply reflect the observed reality. All those resulting from data entry errors were duly corrected by making reference to the source document (completed questionnaires). However, those other extreme data points that simply reflected the observed reality and upon close inspection were confirmed as being correctly entered were left the same.

Finally, missing entries which were also verified as not being as a result of data entry errors were accordingly treated as missing values in the analysis.

5.6 Data Analysis Framework

The data collected for this study was analyzed using STATA version 15. Both descriptive and inferential analysis was conducted. Descriptive analysis mainly in the form of frequencies and summary statistics were presented in tables, charts and graphs, while inferential analysis was conducted using the logistic regression model.

5.6.1 The Logistic Regression Model: Form and Assumptions

The logistic regression model is used to estimate the relationship between a dependent variable and a set of independent variables, when the dependent variable is categorical in nature (Tabachnick and Fidell 2014, p. 483; Hosmer and Lemeshow 2000, p. 1). Generally, there are different types of logistic regression models, the definition and use of which depend on the exact categorical nature of the dependent variable in question. For instance, when the dependent variable is dichotomous, a binary logistic regression is used, whereas when it is ordinal, an ordinal logistic regression is utilized (Liu 2018,

pp. 140–141). Furthermore, when the response categories of the dependent variable are more than two, and are not based on any specific rank order, a multinomial logistic regression model becomes appropriate (Ibid, p. 471). However, irrespective of the type of logistic regression model utilized, the independent or predictor variables can either be continuous, dichotomous (dummies) or a combination of both (Stoltzfus, 2011, p. 1100). With regards to this study, the outcome variables (Support for Cash Transfers and Support for Social Health Insurance respectively) are binary. As a result, the researcher focuses predominantly on explaining the mechanics of the binary logistic regression model.

According to Kleinbaum et al. (2014, p. 682) the general mathematical form of the logistic function is given by:

$$f(z) = \frac{1}{1+e^{-z}} \tag{1}$$

Where z is an index of the predictor variables, e is the base of the natural logarithms and the values of $f(z)$ ranges from 0 to 1 irrespective of the value of z (i.e. $-\infty$ to $+\infty$). To derive the logistic regression model from the logistic function, is operationalized as a linear sum $z = \beta_0 + \sum_{j=1}^{k} \beta_j X_j$ where β_0 and β_j are constant terms and represent unknown parameters, and X_j is a vector of the independent or explanatory variables (Kleinbaum and Klein 2010, p. 7).

Thus, replacing the linear sum expression into the right hand side of equation (1), yields the formula of the logistic model as:

$$f(z) = \frac{1}{1+e^{-z}} = \frac{1}{1+\exp\left[-\left(\beta_0 + \sum_{j=1}^{k} \beta_j X_j\right)\right]} \tag{2}$$

Following Kleinbaum et al. (2014, p. 681), given that the binary logistic regression model typically expresses the relationship between a set of predictor variables, say $X_1, X_2 \ldots X_k$, to a dichotomous outcome variable say Y (usually coded as 0 or 1), the mathematical formula for the logistic model as shown in equation (2) above can be expressed in a such a way that

it defines the expected value of Y or in other words the conditional probability that $Y = 1$, as follows:

$$pr\left(Y=1\right)=\frac{1}{1+\exp\left[-\left(\beta_0+\sum_{j=1}^{k}\beta_j X_j\right)\right]} \tag{3}$$

Furthermore, as explained in Kleinbaum et al. (2014, p. 684) the logistic regression model specified above can be alternatively written in its ***"logit form"*** through a logit transformation of the probability $pr(Y = 1)$ which is defined as the natural logarithm of the odds of the outcome[54]. Therefore, it follows that:

$$logit[pr\left(Y=1\right)]=log_e\left[odds\left(Y=1\right)\right]=log_e\left[\frac{pr\left(Y=1\right)}{1-pr\left(Y=1\right)}\right] \tag{4}$$

Thus, replacing the general formula of the logistic model as stated in equation 3, into the right hand side of equation 4, the logit form of the model is derived as follows:

$$logit[pr\left(Y=1\right)]=\beta_0+\sum_{j=1}^{k}\beta_j \mathrm{X}_j \tag{5}$$

The logit form of the model as expressed in equation 5 can also be written as:

$$logit[pr\left(Y=1\right)]=\beta_0+\beta_1 X_1+\beta_2 X_2+\ldots+\beta_k X_k \tag{6}$$

Where β_0 is the intercept of the logistic regression model, and $\beta_1, \beta_2 \ldots \beta_k$ are the logit coefficients, and $X_1, X_2 \ldots X_k$ represent the independent or predictor variables in the logistic regression model.

Generally, the logistic regression model is estimated using maximum likelihood (ML) procedures. According to Menard (1995; p. 13) the ML

[54] The same argumentation is presented in Menard (1995, p. 12) and Liu (2018, p. 96) amongst others. Also Kleinbaum and Klien (2010, p. 18) posit that for convenience, the logistic model is very commonly described in its logit form rather than to its original form.

technique is commonly used in estimating the parameters of the logistic regression model rather than other alternative techniques such as Ordinary Least Squares (OLS), because the ML procedure best maximizes the log-likelihood function of the logit model. As such, when the logit model is well specified, the ML estimator yields parameters that can be considered as "asymptotically optimal" (Kleinbaum et al 2014, p. 668).

Evidently, there are a number of assumptions or requirements that need to be fulfilled for the logistic regression model to be considered unbiased, efficient and valid. Just like other types of regression analysis, logistic regression assumptions have been well discussed in the econometrics literature. The researcher provides a summary of these assumptions as discussed by Harrell, 2015; Osborne, 2015; Tabachnick and Fidell 2014; Kleinbaum et al., 2014; Dougherty, 2011; Gujarati and Porter, 2009; Hosmer and Lemeshow, 2000; Menard, 1995 amongst others.

To begin with, a key assumption of logistic regression is that the independent variables should not be highly or perfected correlated with each other (Osborne 2015, p. 86; Tabachnick and Fidell 2014, p. 489). When independent variables are highly correlated with each other, the problem of multicollinearity arises (Field 2005, p. 174). According to Menard (1995, p. 65p) the presence of high and perfect multicollinearity tends to be very problematic given that it leads to an undue inflation of the standard errors and consequently results in a difficulty to attain unique parameter estimates of the logistic regression model. Given this potential negative effect, it is therefore prudent to check for multicollinearity after logistic regression. The presence of multicollinearity among independent variables can be detected using various collinearity diagnostics such as the tolerance statistic, Variance Inflation Factor (VIF), Eigen values, Condition indexes and variance proportions (Field 2005, p. 175). For the purposes of this study, the researcher employs the VIF measure to check for the presence or otherwise of multicollinearity. According to Gujurati and Porter (2009, p. 328), the VIF basically shows the extent to which the variance of a coefficient estimate is inflated due to presence of multicollinearity. As a rule of the thumb, a VIF value greater than 10 points to the problem of high multicollinearity in the

dataset, whilst values less than 10 do not call for any serious concern (Myers, 1990 cited in Field 2005, p. 260).

In addition, the logistic regression model also assumes the independence of observations. This means that the individual observations in the data should not emanate from repeated measures or data that is matched (Osborne 2015, p. 86). When the assumption of independence of observations is violated, the logistic regression model may experience overdispersion or under dispersion depending on the structure of the data, and consequently increase the likelihood of Type 1 errors when testing for the effect of the independent variables (Ibid:87).

Furthermore, logistic regression models also require that data should be free from outliers and highly influential observations as these can exert undue and disproportionate influence on the parameter estimates of the regression (Osborne 2015, p. 104; Tabachnick and Fidell 2014, p. 489; Menard 1995, pp. 73–79). Field (2005, p. 245) defines an outlier as a case "for which the model fits poorly" and influential observations as cases "that exert undue influence on the model". According to Long and Freese (2001, p. 113) "not all outliers are influential". Thus, such cases should not merely be dropped or deleted because they have very high residuals. Rather they should be examined in some more detail before any concrete action is taken (ibid). To detect the presence of outliers and highly influential cases, an analysis of residuals is usually conducted. In this study, to detect possible outliers, the standardized pearson residuals[55] are calculated and examined for all cases. According to Field (2005, p. 245), residual values that are greater than +3 or –3 are potentially a cause for concern while those that are above +2.5 or –2.5 warrant some closer inspection. In addition, to identify cases that exert large influences on the regression model a statistical measure that provides summary information on the influence of each individual case on the parameter estimates in the model (known as Pregibon's dbeta[56]) is also

[55] Menard (1995: 72) defines the standardized pearson residuals as "the difference between the estimated probabilities divided by the binomial standard deviation of the estimated probability".

[56] Field (2009:246) posits that Pregibon' dbeta is similar to Cook's distance in linear regression which measures the extent to which regression coefficients

calculated for all observations in the sample. According to Menard (1995, p. 79), dbeta values that are greater than 1 do possibly signal high influence. Thus, such cases warrant a closer inspection given that they tend to be problematic (Ibid).

Also, in logistic regression analysis, it is commonly assumed that the model is correctly specified: meaning that the logit link function is appropriate, the model includes all relevant predictors, and contains no irrelevant variables (Osborne 2015, p. 91). As highlighted by Menard (1995, p. 58) misspecification of the logistic regression model may result in coefficients that are biased due to over or underestimation. In this study, to determine whether or not the logistic regression model is correctly specified, a linktest is conducted. Generally, a linktest is used to assess a model's link function for the detection of specification errors. It is based on the assumption that when a model is correctly specified, it should be impossible to find any additional variables that may prove to be statistically significant in the model unless it is by chance (UCLA, n.d).[57] To implement this test, two new variables, namely, _hat representing the predicted value and _hatsq representing the squared predicted value are generated. As a general rule, when a model is correctly specified, the _hat value is expected to be significant whilst the _hatsq value remains insignificant. However, when the _hatsq is significant, it indicates that the model is not correctly specified (Ibid).

Furthermore, the logistic regression model also assumes a relationship that is "linear in the logit", in other words requires that the predictor variables should be linearly related to the log odds (Menard 1995, p. 60). Also, given that the logistic regression model is estimated using maximum likelihood techniques, it typically requires a relatively large sample size to produce parameter estimates that aside "being consistent, are asymptotically efficient" (Dougherty 2011, p. 379). As such, Hosmer and Lemeshow (2000, p. 347) suggest that, as a simple rule of the thumb, the ratio of observations

change when a particular case is deleted.

[57] As explained in https://stats.idre.ucla.edu/stata/webbooks/logistic/chapter3/lesson-3-logistic-regression-diagnostics/

to predictors in a logistic regression model should be a minimum of 10 cases per each predictor in the model.

Finally, notwithstanding the above considerations, it is important to note that because the logistic regression model is estimated using a maximum likelihood estimation procedure, it typically does not require distributional assumptions such as multivariate normality, homoscedasticity, autocorrelation and linearity between the dependent and independent (Harrell 2015, p. 221; Osborne 2015, p. 100).

5.6.2 Interpretation of the Logistic Regression Model

Depending on the statistical software used in estimating the logistic regression model, the output or results may be presented in specific formats. However, irrespective of the output generated, there are a number of key parameters whose interpretation remain very important in understanding the results of the logistic regression model. A number of these parameters are briefly discussed below.

First, a very important statistical parameter in logistic regression is the **logit coefficient** which is expressed in units of log odds. Commonly, the logit coefficient is interpreted as "the change in the predicted logit or the log odds for a one-unit increase in the predictor variable when holding all other predictors constant or controlling for the effects of other predictors" (Liu 2018, p. 114). In most statistical software packages, the logit coefficient is reported alongside its standard errors and confidence intervals. A positive value of the logit coefficient ordinarily indicates an increase in the predicted log odds while a negative value would as well point to a decrease in the predicted log odds. More so, the statistical significance of the logit coefficient is determined using the Wald test statistic. The Wald statistic is explained in the next section.

Additionally, another critical parameter in interpreting the results of the logistic regression model is the **odds ratio**. The odd ratio is defined as "a ratio of two odds" that is, the odds of an event occurring in one group relative to the odds that the same event occurs in another (Liu 2018, p. 100). For Field (2005, p. 225), odds ratio provides an indication "of the change in

log odds resulting from a unit change in the predictor variable". Mathematically, it can be derived by exponentiating the logit coefficient and therefore provides the same information as the logit coefficient does although in a different way (Menard 1995, p. 49). The odds ratio has values ranging from negative infinity to positive infinity. By way of interpretation, an odds ratio value that is greater than one indicates that, the odds of success for an outcome increases with a unit increase in the predictor variable, while an odds ratio value that is less one indicates that the odds of success for an outcome decreases when the predictor variable increases by one unit (Liu 2018, p. 114). However, when the value of an odds ratio that is equal to one, it implies that the predictor variable has no effect on the odds of success for the outcome (Ibid).

Finally, when interpreting the strength or magnitude of effect of coefficients in the logit model, an alternative to odds ratio is usually **marginal effects**. According to Bartus (2005, p. 310) marginal effects "measure the change in the expected value of y as one independent variable increases by unity while all other variables are kept constant". For Torres-Reyna (2014, p. 8), this rate of change in probability is instantaneous when the predictor variable is continuous and discrete when the predictor variable is binary. Generally, there are 3 different types of marginal effects: Average Marginal Effects (AME), Marginal Effects at Mean (MEM) and Marginal Effects at Representative values (MER)[58]. According to Norton and Dowd (2018, p. 867), marginal effects are relatively easy to understand and interpret, and as well are less sensitive to model variations. Therefore, they tend to be more preferred compared to odds ratios (Ibid, p. 876)[59]. Similar to regression coefficients, marginal effects also range from negative infinity to positive infinity. A positive estimate generally indicates an increase in the probability of falling into a certain category while a negative estimates denotes a decrease in the said probability (Liu 2018, p. 457).

[58] A detailed discussion of AME, MEM and MER is presented in Williams (2012).
[59] Mood (2010) presents a detailed discussion of the advantages of using marginal effects over odd ratios and log odds.

5.6.3 Assessing the Quality (Goodness-of-fit) of the Logistic Regression Model

Generally, when assessing the goodness-of-fit of a logistic regression model, a key parameter of interest is the ***log-likelihood statistic***. According to Field (2005, p. 221), the log-likelihood statistic tends to be "analogous to the residual sum of squares in multiple regression in the sense that it is an indicator of how much unexplained information there is after a model has been fitted". Thus, when the value of the log-likelihood statistic is large, it indicates a poor fit for the model since "the larger the value of the log-likelihood, the more unexplained observations there are" (Ibid). In logistic regression, the log-likelihood statistic is used to conduct **the likelihood ratio test**. The likelihood ratio test basically compares the log-likelihood statistics for two models, one of which is normally a subset of the other (Liu 2018, p. 126; Kleinbaum and Klien 2010, pp. 134–135). When the likelihood ratio chi square test statistic is significant, it implies that the variable or group of variables in the full model altogether contribute significantly in predicting the outcome compared to the reduced model. Hence, the full model fits the data better (Ibid).

In addition to the likelihood ratio test, another very important test used to assess the overall quality of the logistic regression model is the **Hosmer-Lemeshow goodness-of-fit test**. According to Liu (2018, p. 122) Hosmer-Lemeshow test examines whether or not there are any statistically significant differences between the observed and expected frequencies after the logistic regression model has been estimated. It is based on the idea that when a model fits the data well, the observed and predicted frequencies should match more closely (Ibid). Thus, the null hypothesis for the test indicates there is no significant difference between observed and predicted frequencies (otherwise there is goodness-of-fit) whereas the alternative hypothesis indicates opposite. As a rule of the thumb, when the p-value of the test is insignificant (> 0.05), the null hypothesis fails to be rejected, thus pointing to some goodness-of-fit and vice versa (Ibid).

Furthermore, another statistical measure that is commonly used to assess the predictive efficiency or usefulness of the logistic regression model

is the **percentage (%) correctly classified**. The % correctly classified indicates the extent to which the logistic regression model is able to accurately predict the outcome category under a given cut-off value (Tabachnick and Fidell 2014, pp. 513–514). Normally, it is expected that when a model fits the data well, the % of correctly classified cases (classification accuracy) should be substantially higher for the model than one attained by chance (Kassambara 2017, p. 145).

Also, although not directly related to assessing the overall fit of a model, another important parameter in logistic regression is the ***wald statistic***. Essentially, the wald statistic is used to evaluate the significance of individual parameters in the model (Liu 2018, p. 104). Mathematically, the wald statistic can be derived by dividing each parameter estimate by its corresponding standard error (Field 2005, p. 224). The wald statistic has a chi-square distribution and is used to test the significance of each predictor in the model as stated earlier. The null hypothesis for the wald test assumes that the coefficients of the each individual parameter in model is equal to zero while the alternative hypothesis assumes otherwise. Thus, in each case where the null hypothesis is rejected, the predictor variable is accordingly deemed to be a statistically significant predictor of the outcome variable and vice versa (Ibid). For Liu (2018: 104), a very appealing feature of the wald test is that "it can also be used to test the effect of multiple predictors simultaneously".

Finally, aside the above, there are several other statistical measures or indices that provide useful information on the goodness-of-fit of the logistic regression model. Examples of these include the McFadden's R^2, Cox and Shell R^2, Nagelkerke R^2, Akaike Information Criterion and the Bayesian Information Criterion. Detailed discussions of these measures are presented in Liu (2018) and Menard (2000) among others.

5.7 Empirical Model, Variable Description and Estimation Strategy

5.7.1 The Empirical Model

Following the approach of Franko et al. (2013) the following econometric model is estimated;

$$\begin{aligned} &logit\ [pr\left(SUPPORT_{ij}=1\right)] = \beta_0 + \beta_1 SELF\_INTEREST_i + \\ &\beta_2 BELIEFS_i + \beta_3 INSTITUTIONAL QUALITY_i + \\ &\beta_4 KNOWLEDGE_i + \beta_k X_{ki} + e_i \end{aligned} \tag{7}$$

Where:

$SUPPORT_{ij}$ measures the probability that an individual supports the specific social protection policy j under consideration (i.e., Social Cash Transfers - LEAP or Social Health Insurance- NHIS).

$SELF\_INTEREST_i$ denotes self-interest and relates to the conflict of interest within a specific policy area (Income and labour market characteristics).

$BELIEFS_i$ captures an individual's beliefs about self versus exogenous determination of poverty and inequality.

$INSTITUTIONAL\ QUALITY_i$ measures an individual's level of trust in public institutions/authorities responsible for implementing social protection policies and the administration of procedural justice.

$KNOWLEDGE_i$ measures an individual's level of knowledge on the specific social protection policy area in question.

X_{ki} is a vector of other socio-demographic or contextual variables not mentioned (control variables)

e_i denotes the idiosyncratic error term

$\beta_0 \ldots . \beta_k$ are parameters to be estimated

5.7.2 Variables Description

5.7.2.1 *The Dependent Variables*

Given the comparative nature of the study, two distinct dependent variables[60] are used in the empirical analysis: support for cash transfers (i.e., LEAP) and support for social health insurance (i.e., NHIS).

Support for Cash Transfers (LEAP)

To capture respondent's preferences for social cash transfers, specifically the LEAP cash transfer programme, the following question was posed during the survey;

> "On a scale of 1 (Strongly disagree) to 5 (Strongly agree), please tell me the extent to which you either agree or disagree with the following statement: Government should increase income taxes[61] to enable it continue to and better provide income support for the poor in Ghana through social cash transfer programmes such as LEAP".

It is important to highlight that although the original answer to this question was captured on a 5 point ordinal scale, a cursory overview of respondents' answers largely showed the clustering of answers at the two extreme ends of the continuum. Therefore, following Rehm (2005), the answers to this question were recategorized or transformed into two distinct categories; "*Agree"* (capturing responses that were either "Strongly Agree" or "Agree") and "*Disagree*" (if respondent stated otherwise by answering "Strongly disagree", "Disagree" and "Neither agree nor disagree").

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[60] Based on varying degrees of redistribution and risk sharing.

[61] Given that publicly financed social protection may come with some tax implication, the researcher included a tax stimulus (trade-off) in measuring respondent preferences for social protection. The inclusion of a tax stimulus was also aimed at reducing the chances that respondents will only answer positively due to "social desirability bias".

Consequently, individuals with positive responses (agreed) were deemed to express support for cash transfers while those who responded negatively (disagreed) were as well deemed not to support cash transfers. The distribution of answers based on the binary operationalization of the variable is provided in section 6.1.3 of this study.

Support for Social Health Insurance (NHIS)

Furthermore, aside support for cash transfers as captured above, the survey also measured respondent's preferences for Social Health Insurance, specifically support for the NHIS programme using the following question in the survey;

> "On a scale of 1 (Strongly disagree) to 5 (Strongly agree), please tell me the extent to which you ether agree or disagree with the following statement; Government should increase income taxes to enable it continue to and better fund the NHIS in order to improve access to quality healthcare services for all".[62]

Similarly, in line with the justification provided in the preceding section, the responses to this question were also transformed or regrouped into two distinct categories; "*Agree*" (capturing responses that were either "Strongly Agree" or "Agree") and "*Disagree*" (if respondent stated otherwise by answering "Strongly disagree", "Disagree" and "Neither agree nor disagree"). As previously explained, individuals who "agreed" to this question were deemed to express support for social health insurance whereas those who "disagreed" were considered not to support social health insurance. The distribution of answers based on the binary operationalization of the variable is as well provided under section 6.1.3 of this study.

[62] Justification for the inclusion of a tax stimulus (trade-off) has been duly explained in the preceding section.

5.7.2.2 *Main Explanatory Variables*

In line with the theoretical framework presented earlier, the main explanatory variables are operationalized below.

Self-interest Related Motives

Income: The variable "Income" measures a respondent's self-reported average monthly net income. As explained earlier, in line with past studies and given the logic of the Meltzer and Richards model (1981), it can be expected that self-interested high-income individuals will be less likely to support social protection initiatives such as tax-financed social assistance programmes, since they generally do not benefit from such programmes, although they contribute to the revenue basket through both direct and indirect taxation.

Formal: The variable "Formal" is a dummy variable which takes on the value of 1 if an individual predominantly works in the formal sector and 0 if he/she works in the informal sector. As previously highlighted, this study examines the conflict of interest that arises between the large informal sector and the relatively small formal sector in a developing country such as Ghana with regards to the extension of social protection. Thus, the variable "formal" is used as a proxy for self-interest defined along the lines of the formal versus informal employment. Given that formal sector workers predominantly belong to the group of net contributors in terms of tax-funded social protection, it is expected that under conditions of self-interest, such individuals will less likely support non-contributory programmes such as cash transfers since they do not directly benefit from such policies.

Beliefs about Self versus Societal Determination of Poverty or Inequality

Poverty Exogenous: the dummy variable "Poverty_Exogenous" is used to measure an individual's beliefs about self-determination versus exogenous determination of poverty. It is constructed using a survey question that asked respondents whether or not individual poverty was caused by a lack of effort or hard work on the part of the individual or that it is largely

due to circumstances or factors outside the immediate control of the individual. Those that chose the latter (circumstances beyond personal control) were accordingly deemed to attribute the causes of poverty to external or societal factors while those that chose the former (lack of effort or hard work) were seen as attributing poverty to individual causes. As hypothesized, individuals who attribute poverty to external factors are more likely to act in solidarity with the poor by supporting social protection (both cash transfers and health insurance), whereas those who attribute poverty to self-determination may be less enthusiastic about such policies, since they may perceive the poor as being responsible for their own plight.

Institutional Quality

Trust in Public Authorities: denotes the variable "Trust in Public Authorities" and is used as a proxy to measure an individual's perception about the quality or effectiveness of external institutions in the country. To construct this measure, respondents were asked following question in the survey;

> "On a scale of 0 (not at all) to 3 (a lot), please tell me how much you trust each of the following institutions in this country, or you haven't heard enough to say? 1).Civil Service/Government Ministries 2) Law Courts 3) Police 4) Tax Officers and 5) Political Leadership."

Based on the answers to the above question, an individual trust index was computed by summing the scores from each sub-question and dividing it by the maximum possible sum of scores. The index had values ranging from a minimum of 0 to a maximum of 1. Thus, the closer an index value is to 1, the higher the trust level and vice versa. To ensure that the group of questions used in constructing the index were internally consistent, the Cronbach alpha for the index was calculated. The results showed a

Cronbach alpha value of 0.91[63], indicating that the group of questions used in the composition of the index are internally consistent and provide a good measure of the construct. As hypothesized, individuals with a higher level institutional trust are more likely to support social protection policies (both LEAP and NHIS) than those with lower levels of institutional trust.

Knowledge of Social Protection Policies

Following Blinder and Krueger (2004) the study measured an individual's knowledge of each social protection policy (i.e., LEAP and NHIS) under consideration by asking a series of basic questions concerning the nature and implementation processes of the said policy.

Knowledge of LEAP: denotes knowledge of the LEAP cash transfer programme and is measured via the composition of an index. The index is based on a set of four questions covering basic information about the LEAP programme, specifically: the aim of the programme, how it is financed, the categories of individuals eligible as beneficiaries and the payment amount per cycle. Each question was scored as 1 if the respondent answered correctly, and 0 if the respondent answered wrongly. Based on the responses to each question, an individual knowledge index was then computed by summing the of scores from each question and dividing it by the total maximum possible score. The knowledge of LEAP index had values ranging from 0 to 1. The closer an index value is to 1, the higher the knowledge of LEAP and vice versa. Furthermore, to measure the internal consistency of the questions used in constructing the index, the Cronbach alpha was calculated. The index reported a Cronbach alpha value of 0.80, indicating that the construct demonstrates acceptable internal consistency and reliability.

Knowledge of NHIS: denotes Knowledge of NHIS, and was also measured via the composition of an index. Similarly, the index was also based on four questions covering basic information about the NHIS programme, how it is financed, the categories of individuals eligible as beneficiaries and how much informal sector workers pay as annual premiums under the

[63] The higher the Cronbach alpha value is closer to 1, the greater the internal consistency of the group of items used.

voluntary component of the scheme. Each answer was scored as 1 if the respondent answered correctly, and 0 if otherwise. Based on the answers provided, an individual knowledge index was then computed by summing the scores from each question and dividing it by the total maximum possible score. The index had values ranging from 0 to 1, with values closer to 1 depicting a higher level of the knowledge of NHIS and vice versa. Likewise, the Cronbach alpha for the knowledge of NHIS index was calculated. With a reported Cronbach alpha value of 0.51, it can be reasonably concluded that the questions constituting the knowledge of NHIS index exhibit a fair level of internal consistency.

5.7.2.3 *Control Variables*

Based on the existing literature, a number of socio-economic and demographic variables were identified as potential determinants of public support and were included as standard controls in the analysis. These variables included:

Age: Age measures the age of respondent in years. Although inconclusive, several studies show that older individuals are more likely to support redistribution compared to younger individuals (e.g., Blekesaune, 2013; Olivera, 2015; Schmidt-Catran, 2016). Thus, it is expected that age will impact positively on preferences for both LEAP and NHIS.

Female: the variable "Female" is a dummy that measures the sex of a respondent. It assumes the value of 1 if respondent is female and 0 if otherwise. Generally, being female has been positively associated with redistributive preferences in the extant literature (e.g. Crason and Gneezy, 2004; Rhem, 2009). It is therefore expected that females compared to their male counterparts will be more supportive of both cash transfers and social health insurance.

Currently Married: is a dummy variable that measures the marital status of respondents. It assumes the value of 1 if a respondent is currently married and 0 if otherwise. Some studies argue that marriage serves as some form of insurance and therefore reduces support for redistribution (e.g. Hess, 2004; Neher, 2012). Following this line of argument, it is therefore

expected that being currently married will reduce support for both cash transfers and social health insurance.

Level of Education: this variable measures a respondents highest level of education. It is expressed as a set of dummies (No Formal Education, Basic Education, Secondary Education and Tertiary Education). In general, the evidence on the effect of education on support for social protection is mixed. On the one hand increasing levels of education may enable the appreciation of reality and a much better understanding of the need for social protection, thereby generating support for such policies. Conversely, higher levels of education could possibly heighten the self-interest position of individuals, especially those who are net payers, thereby leading to lower levels of support. The effect of level of education is therefore possible along both directions.

Union Membership: the variable Union Member is a dummy that measures whether or not an individual belongs to any voluntary organization including social groups and trade unions. It is coded as 1 if an individual belongs to any of such groups and 0 if otherwise. Mosimann and Pontusson (2017) posit that individuals who belong to unions tend to hold strong views on social solidarity and hence more likely to support social protection.

Political Affiliation: Political Affiliation denotes the political party that a respondent belongs to or is associated with. In this context, it captured an individual's political party affiliation to either the New Patriotic Party (NPP), the National Democratic Congress (NDC) or Other (all other political parties not mentioned). Based on the literature, it is expected that the differences across political parties will reflect varying levels of support for social protection.[64] Specifically, since both NHIS and LEAP were introduced by the first NPP government (The Kufuor regime, 2000–2008), it can

[64] The researcher chose political party affiliation rather than political ideology as commonly used in most studies because in Ghana, political party affiliation rarely reflects ideological inclination. This is so because the two major political parties in Ghana, namely the NPP and NDC both pursue policies that are inclined to left and right interchangeably (Kpessa, 2018). Thus, although the NPP claims to the a center right party and the NDC center left party, based on the track record of both parties in government, such ideological leaning can be said to be blurred.

Table 5.2. Summary/Blocks of Explanatory Variables.

Block	Predictor	Coding
0	Constant/ intercept	N/A
1. Control variables	Age	Age of respondent in years
	Female	= 1 if Female; 0 if otherwise *(Base category)*
	Currently Married	= 1 if currently married; 0 if otherwise *(Base category.)*
	No formal Education	= 1 if respondent has no formal education; 0 if otherwise *(Base category*).
	Basic Education	= 1 if highest level of education completed is Primary or JHS; 0 if otherwise.
	Secondary Education	= 1 if highest level of education completed is SHS; 0 if otherwise.
	Tertiary Education	= 1 if highest level of education completed is Tertiary; 0 if otherwise.
	NPP	= 1 if respondent is affiliated to the New Patriotic Party; 0 if otherwise.
	NDC	= 1 if respondent is affiliated to the National Democratic Congress; 0 if otherwise.
	Other	= 1 if respondent is affiliated to other political parties outside NPP and NDC; 0 if otherwise.
	Union Member	= 1 if Union member; 0 if otherwise *(Base category.*
2. Self Interest	Income	Average monthly net income in Ghana Cedis.
	Formal	= 1 if respondent works in the formal sector; 0 if otherwise *(Base category).*
3. Beliefs	Poverty Exogenous	= 1 if respondent believes that Poverty is caused by external/societal factors; 0 if otherwise*(Base category).*
4. Institutional Quality	Trust in Public Authorities	A composite measure of trust in public institutions (i.e., Government ministries, Law courts, Police, Tax office, Political Leadership)
5. Knowledge of Social protection policies	Knowledge of LEAP	A composite measure of respondents' knowledge of LEAP.
	Knowledge of NHIS	A composite measure of respondents' knowledge of NHIS.

Source: Author's Own compilation.

be expected that individuals affiliated with the NPP may possibly express more support for both policies relative to those affiliated to either the NDC or other political parties, if and only if the logic of public support along the lines of political affiliation does exist.

5.7.3 Estimation Approach

In estimating the empirical model, the researcher adopts a hierachical or blockwise entry approach. As such, all the relevant variables are introduced into the model in a stepwise manner. According to Field (2005), when utilizing the hierarchical approach, the general rule is to first enter known predictor variables from the extant literature, and thereafter add any other predictors that may be of interest to the study. Following this approach, the researcher estimates seven different variants of the empirical model (for each dependent variable), beginning with the base model which includes some known predictors (control variables) from existing empirical studies. Thereafter, the main variables of interest are entered into the model in a step wise manner in accordance to the sequence and logic of the theoretical framework as presented in chapter 4 of this thesis. An overview of the various groupings or blocks of variables for stepwise entry into the model is presented in the table 5.2 above.

5.8 Measuring Preferences: Dealing with the Challenges and Limitations

Broadly speaking, measuring individual preferences is a very difficult and tricky task given the complexities involved in ensuring both the validity and reliability of the construct. Generally, preferences may either be stated or revealed (Segerson 2017, p. 21). Stated preferences refer to preferences inferred from individual responses to questions under hypothetical scenarios whereas revealed preferences refer to preferences inferred from observing

(Ibid). Ideology may therefore not be the sole basis for joining political parties in Ghana as the case maybe in the some western democracies.

and evaluating actual individual behavior (Ibid). Methodologically, a range of techniques are available for eliciting preferences with some techniques being more complex than others. For example in the literature on redistributive policy preferences, elicitation methods or techniques commonly used include survey questions, discrete choice experiments, laboratory experiments, choice ranking, etc. (for example, Hirvonen and Hoddinott, 2021; Alesina et al., 2019; Pederson and Shekha 2016; Abiiro et al. 2014; Fong, 2001; Fehr and Schmidt, 1999).

In the context of this study, the researcher attempted to measure or elicit respondent stated preferences for both cash transfers and social health insurance using a hypothetical survey question with a tax trade off (see section 5.7.2). However, this approach to eliciting preferences although acceptable could possibly be challenging in relation to addressing the issue of validity (both internal and external).[65] Validity refers to how accurate the construct reflects that which it is intended to measure (Heale and Twycross 2015, p. 66). For example, considering the fact that the questions that measured the dependent variables (preferences for both cash transfers and social health insurance) included a tax stimulus, there could have been a tendency for respondents to mistaken such questions as directly measuring preferences for taxation. However, given forethought, the researcher ensured that the field assistants responsible for data collection were well trained and fully understood the import of all questions in the survey instrument. Consequently, this enabled the field assistants to satisfactorily explain all questions to the understanding of respondents in other to avoid or minimize any such confusion.

Also, the possibility that individual respondents would state preferences that are either biased or not reflective of their real choices when confronted with the same issue in real life situations could not be ruled. Although such an occurrence is largely beyond the control of the researcher, to minimize

[65] Validity consist of both internal and external validity. Whereas internal validity reflects the extent to which "the study design, conduct and analysis answer the research questions without bias", external validity refers to the possibility of generalization beyond the study's context (Bender 2021, p. 510).

the incidence of bias responses, the researcher and field assistants took time to explain the purpose of the survey to the understanding of all respondents before commencement of the interviews. Respondents were also politely urged to answer the questions to the best of their ability and in a candid or truthful manner[66].

Finally, following Busemeyer (2013), Alesina and Angeletos (2005) and Brooks and Manza (2006), individual policy preferences may possibly suffer from a feedback effect. This means that whereas aggregate policy preferences may influence or shape redistributive policies, over time redistributive policies may as well in turn influence individual preferences. However, considering that such feedback effects may be an outcome of long term experiences and typically requires data covering a time dimension (Bender 2021, p. 516), due to design and data limitations, these issues were not explored in this study.

5.9 Chapter Conclusion

To wrap up, this chapter presented a comprehensive discussion of the research methodology underlying the study. The discussions therein sort to provide a context for understanding how the empirical results of the study were derived. The next section presents the results of the study.

[66] Among others an alternative to the approach adopted in this study could have been a lab in the field experiment given that such methods provide a controlled environment for decision making. However, time and limited resources did not allow for a lab in the field experiment.

6 Presentation and Discussion of Empirical Findings

6.0 Chapter Overview

This chapter presents and discusses the empirical results of the study. It begins with a brief description of the socio-demographic and labour market characteristics of respondents in the sample. Thereafter, the results of the empirical analysis regarding individual preferences for cash transfers (LEAP) and social health insurance (NHIS) are presented. In doing so, the author reports the results of the empirical model, and provides a series of post-estimation checks conducted to ensure reliability and validity of the results. The chapter ends with a discussion of the study's findings with the aim of answering the research questions and hypotheses set forth earlier in the study.

6.1 Descriptive Analysis

6.1.1 Socio-demographic Characteristics of the Sample

As stated in the preceding chapter, the empirical analysis for this study was conducted using data from a total of 596 respondents. Out of this number, 306 individuals representing 51.34% of the total sample were male whilst the remaining 290 respondents representing 48.66% were female. In general, the ages of respondents ranged between 18 years to 81 years. The mean age was approximately 38 years, depicting on the average a relatively youthful sample. With respect to the marital status of respondents, 40.44% reported being single, 48.15% were married, 3.69% were divorced and 7.72% were widowed. Thus, the majority of respondents (51.85%) were "not

currently married" as at the time of the survey. With regards to religious affiliation, the sample was predominantly Christian (87.75%), comprising 32.89% Catholics and 54.87% Protestants. Muslims accounted for 10.91% of the sample, while 1.34% identified with other religions or as atheist. The dominance of Christians in the sample is not surprising since the population of Ghana is predominantly Christian, despite the country's secular constitutional framework.

In terms of Ethnicity, the sample largely mirrored the cosmopolitan nature of the nation's capital city Accra. Despite being dominated by Akans (46.31%), individuals from the other major ethnic groups were well represented in the sample. For instance, 16.61% of respondents were Ewe/Anglo, 15.27% were Ga/Adangbe, 4.70% were Dagomba and 17.11% represented individuals from the other ethnic groups not mentioned. Figure 6.1 below provides details on the ethnicity of respondents in the sample.

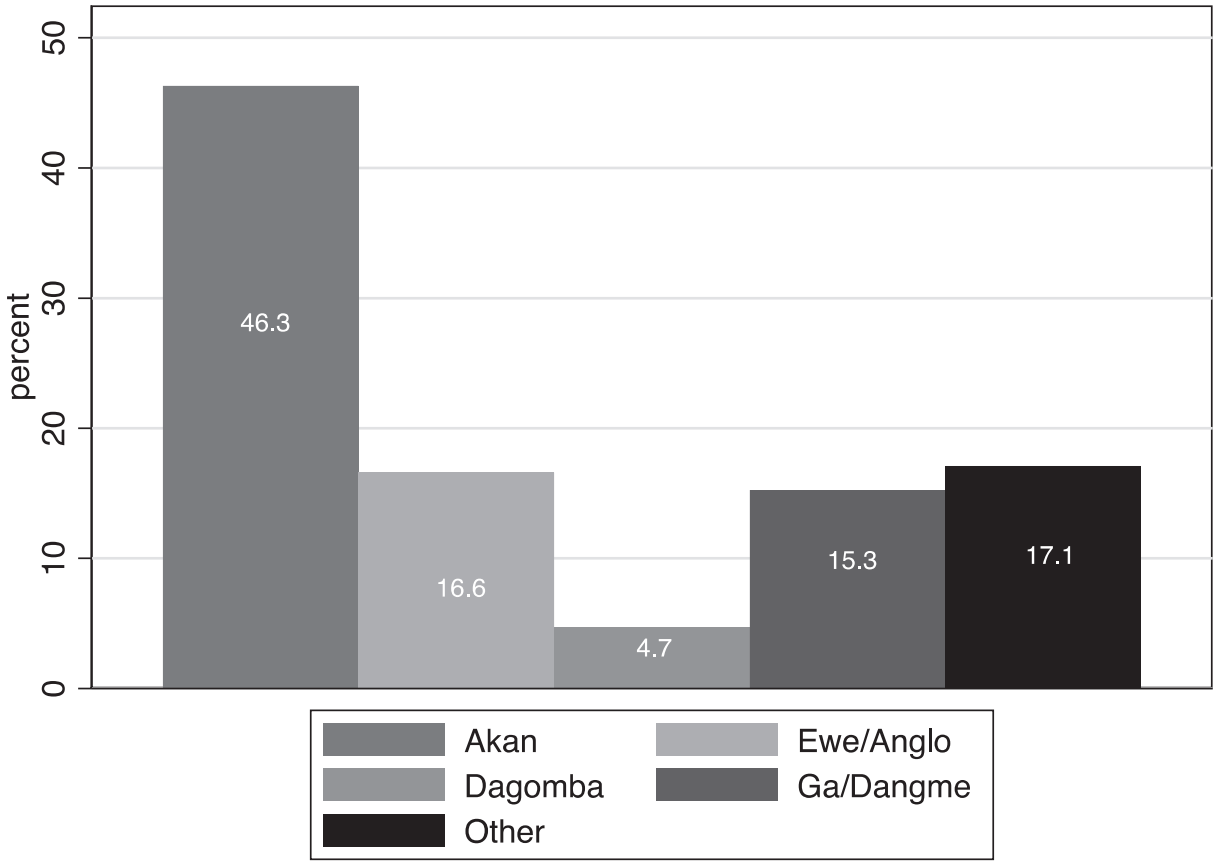

Figure 6.1. Ethnic Distribution of Respondents.

Source: Authors' own based on output of the analysis.

Furthermore, probably reflective of Ghana's past efforts at expanding access to basic and secondary education for all its citizens, over 90% of respondents in the sample had attained at least some form of formal education at the time of the survey. Specifically, 30.37% of respondents indicated that they had attained some form of basic education (Primary and Junior High School), 29.70% indicated having attained secondary education and 31.21% reported having attained tertiary education. Only 8.72% reported not having attained any form of formal education. Interestingly, despite the overall good picture, a disaggregation by gender easily reveals wide gaps and huge inequalities in educational attainment between male and female respondents. While a majority of male respondents (73.2%) had altogether obtained at least some secondary and tertiary education, the majority of female respondents (52.07%) were reported to have either completed just basic education or had no formal education at all. This phenomenon which is largely reflective of the broader Ghanaian context, has been attributed to socio-economic factors such as early female marriages, which contribute to high dropout rates among girls (Ghana Statistical Service, 2014). The figure below presents a graphical representation of respondent's educational attainment by gender.

Furthermore, regarding union membership, approximately 57% of respondents reported being members of voluntary organizations including social groups, professional groups and trade unions. Among this category of respondents, females were slightly dominant (50.59%) compared to their male counterparts (49.41%).

Additionally, in terms of political affiliation, individuals from the two major political parties in Ghana—the New Patriotic Party (NPP) and the National Democratic Congress (NDC)—constituted the majority (70.13%) of respondents in the sample. Specifically, 40.60% of respondents were affiliated to the NPP while 29.53% were affiliated to the NDC. The remaining 29.87% indicated their support for smaller political parties in Ghana. The dominance of individuals from the two major political parties in the sample is not very surprising given that the greater Accra region where the study was conducted, has hostorically been considered a swing region for both the NPP and NDC (Kim 2018, p. 32).

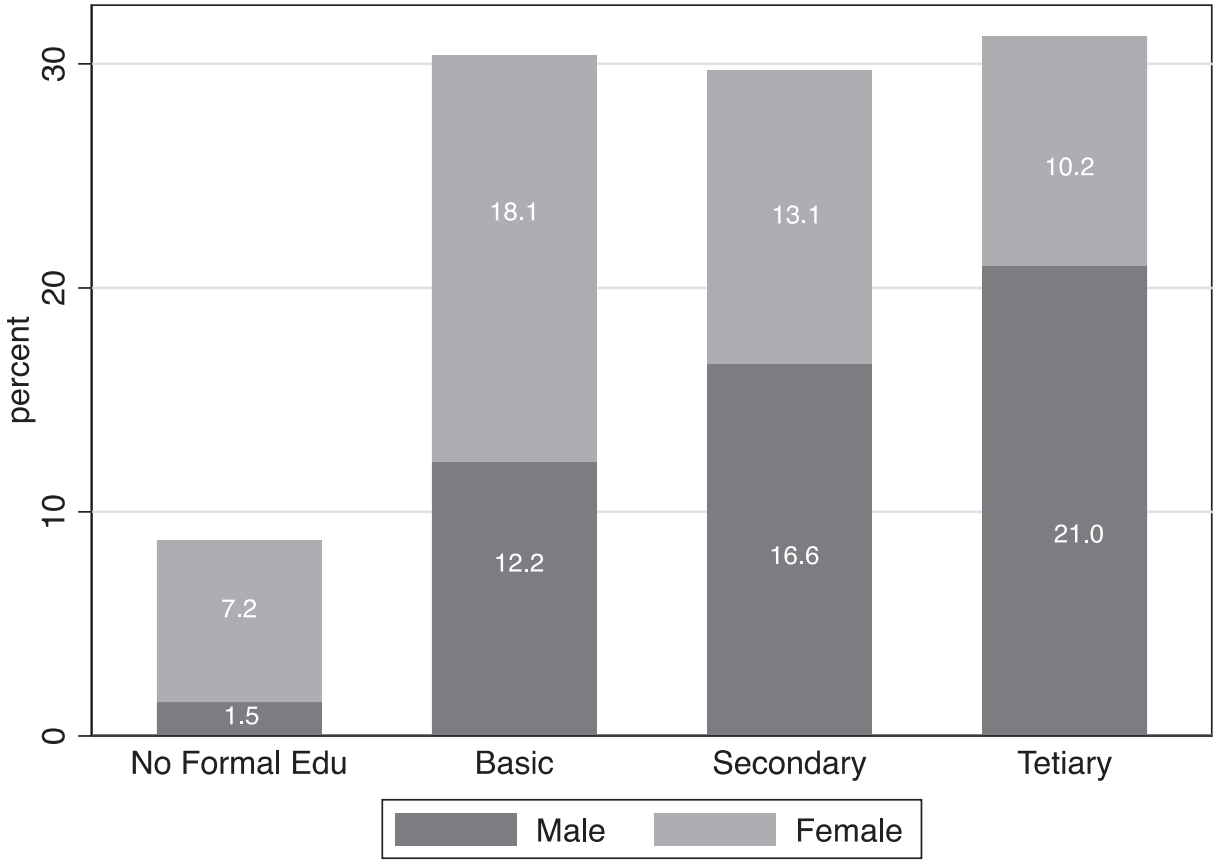

Figure 6.2. Educational Attainment by Gender.
Source: Authors' own based on output of the analysis.

6.1.2 Economic and Labour Market Characteristics of the Sample

Typical of a developing country context, the majority of respondents in the sample (61.91%) were located in the informal sector whilst only 38.09% were engaged in economic activities within the formal sector. Moreover, for those in the formal sector, approximately 69.6% were male while only 30.4% were female. However, in the case of the informal sector, approximately 60% were female and 40% were male. The overrepresentation of women in the informal sector is generally unsurprising, given the existing gender disparities in formal and informal sector employment in Ghana (Ghana Statistical Service 2019, pp. 77–92). The Figure below illustrates the distribution of respondents by sector of employment and gender.

More so, characteristic of an urban economy, respondents were engaged in a wide range of occupational activities. Among those in the informal sector,

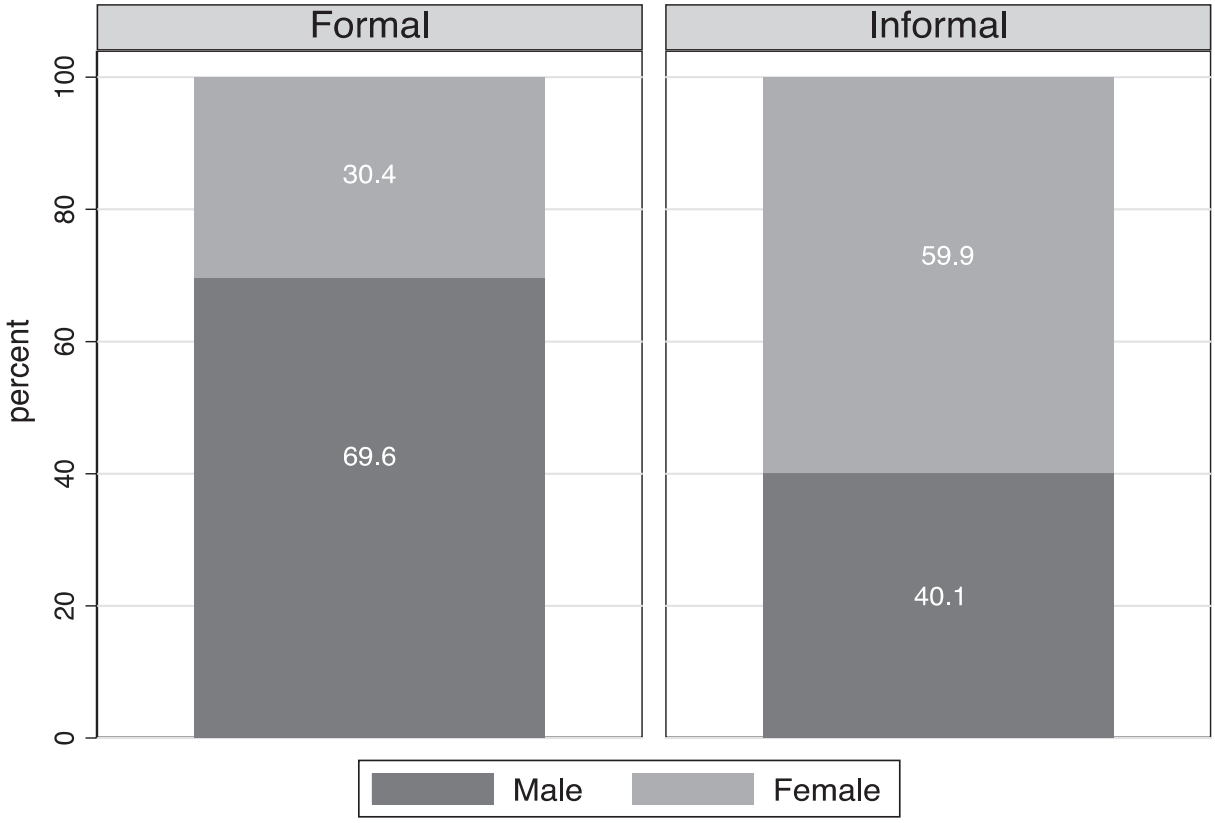

Figure 6.3. Employment Sector by Gender.
Source: Authors' own based on output of the analysis.

39.57% were skilled manual workers, 14.91% were unskilled manual workers, 36.59% were traders/vendors, 0.81% were farmers/fisherfolk, 1.08% indicated being a housewife/housemaker, 0.81% were supervisors/foremen, 4.07% were clerical/administrative staff of organizations and 2.17% were mid-level professionals. In contrast, among those in the formal sector, 35.68% reported being mid-level professionals, 21.15% were upper-level professionals, 25.99% were clerical/administrative staff, 11.89% were supervisors/foremen, 1.76% were skilled manual workers and 3.52% reported being unskilled manual workers.

With respect to income, the self-reported net monthly income of respondents in the sample ranged between 0 and 5,000 Ghana Cedis (GH¢), with an overall average of GH¢ 685. As expected, the average monthly earnings of individuals in the formal sector was significantly higher (GH¢1,096) than those in the informal sector (GH¢ 434). Also, the average monthly

income for male respondents in the sample (GH¢823) was considerably higher compared to their female counterparts (GH¢542).

Furthermore, an analysis of the poverty status of respondents based on the Ghana Statistical Service upper poverty line of GH¢1,760.8 per adult equivalent per year in 2016/2017, revealed that approximately 91% of all respondents in the sample could be categorized as non-poor given their self-reported monthly incomes. More so, when analyzed accordingly to employment sector, it is interesting to note 99.1% of those in the formal sector were classified as non-poor, while only 0.9% were categorized as poor. In contrast, among those in the informal sector, 86.2% were non-poor, while 13.8% fell below the poverty line (see figure 6.4 below). Evidently, the percentage of non-poor in the sample appeared to be very high. However, this was not unexpected given that poverty in Ghana is predominantly a rural phenomenon (Ghana Statistical Service 2017, p. 14). Therefore, considering that this study was conducted in the highly urbanized district of Accra, it is likely that individuals incomes could be comparatively higher. Due to the insignificant number

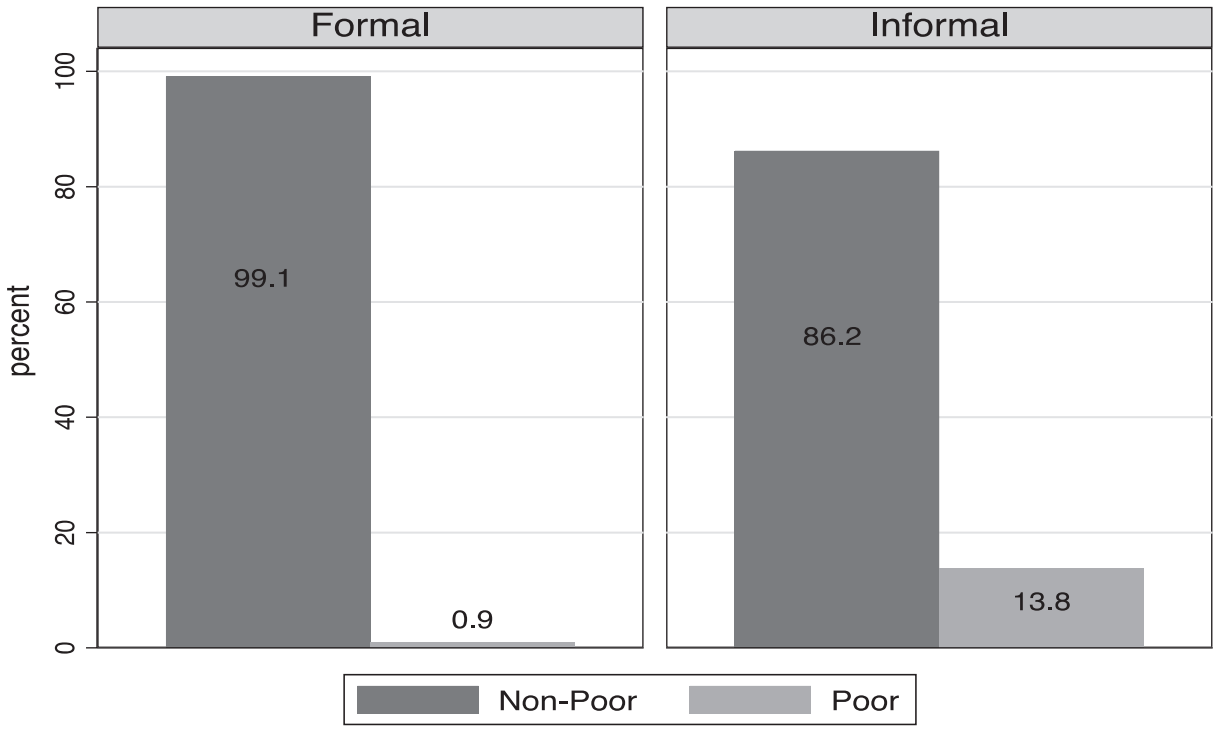

Figure 6.4. Income Category by Employment Sector.

Source: Authors' own based on output of the analysis.

of formal sector poor in the sample, (only 2 individuals), the researcher excluded them from the inferential analysis focused on income groups.

In addition, regarding respondents' employment status, approximately 71.81% reported being in full time employment, while 14.93% were in part-time employment. Furthermore, 3.36% indicated that they were retired from active employment, 4.19% were temporarily not working and 5.70% reported being currently unemployed.

In terms of employment industry, the sample showed a mixed distribution. Specifically, 47.65% reported being self-employed, 31.38% Were being employed in the private industry, 4.36% in NGOs/Civil Society Organizations and 16.61% with State/Government institutions. The employment industry statistics are equally unsurprising considering that a majority of respondents in the sample fall within the informal sector where self-employment is highly prevalent, particularly in the Ghanaian context (Ghana Statistical service, 2019). Figure 6.5 below provides a detailed illustration of the different industries/sectors in which respondents were employed.

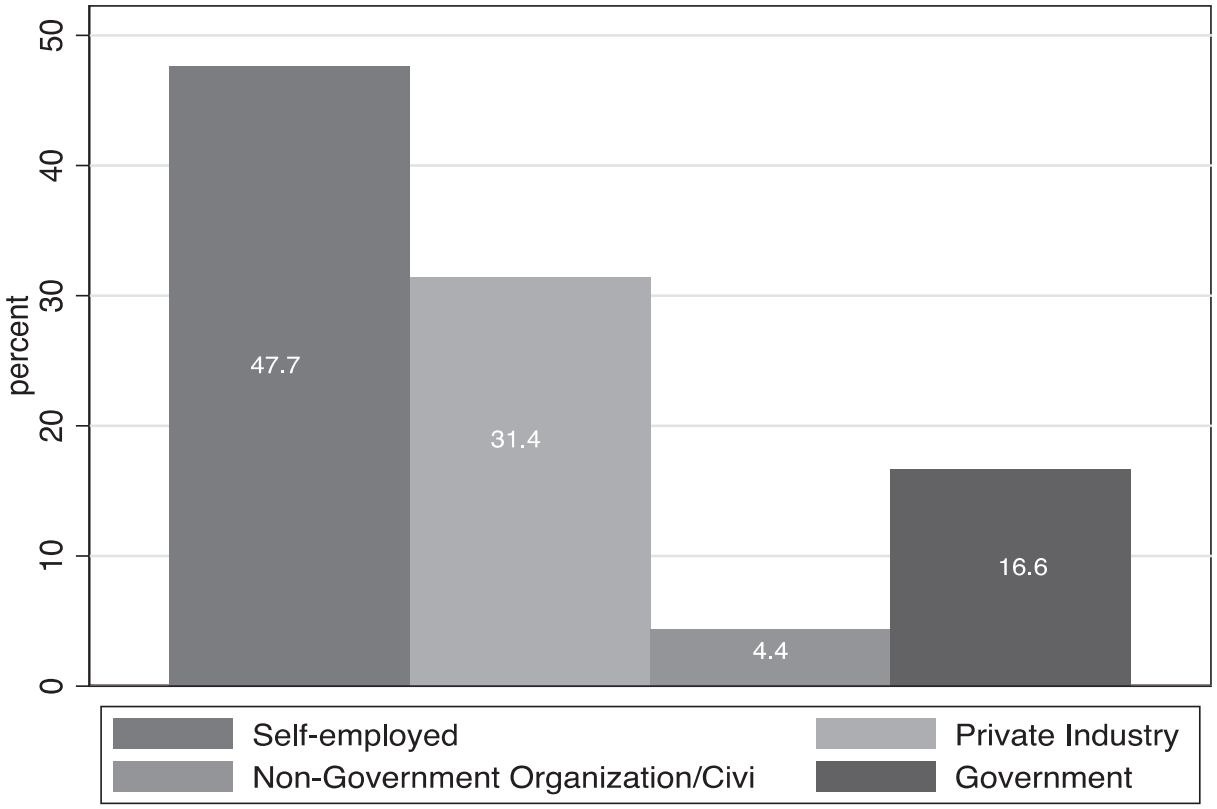

Figure 6.5. Distribution of Respondents by Employment Industry.

Source: Author's own based on output of the analysis.

6.1.3 Distribution of Dependent and Independent Variables

As stated in chapter 5.7.2, the main dependent variables for the study were measured by asking respondents whether they agreed or disagreed with specific statements related to cash transfers and social health insurance. Specifically, with respect to support for cash transfers, respondents were asked whether they agreed or disagreed with the statement that government should increases income taxes to enable it better provide income support for the poor via cash transfer programmes such as LEAP. Over all, 44.3% of respondents consented to the statement while the majority (55.7%) disagreed. For individuals in the formal sector, approximately 73.6% disagreed while only 26.4% agreed to such an intervention. However, for those in the informal sector, 55.3% agreed with the statement while 47.7% expressed their disapproval. The proportion of individuals who were in support of the LEAP cash transfer programme was therefore higher in the informal sector compared to the formal sector. Figure 6.6 below provides a graphic illustration of the distribution of responses in the sample.

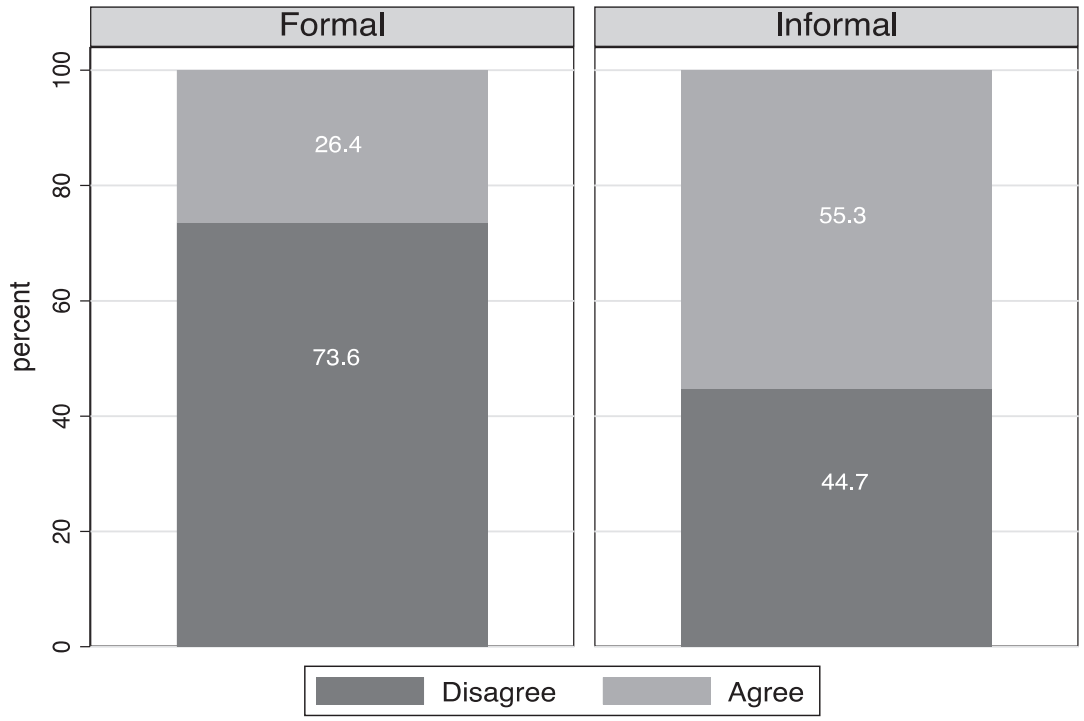

Figure 6.6. Support for Cash Transfers (LEAP) by Employment Sector.

Source: Authors' own based on output of the analysis.

Similarly, to tap preferences for social health insurance, respondents were asked whether or not they agreed to the statement that government should increases income taxes to enable it better fund the NHIS in order to improve access to quality healthcare services for all citizens. In total, about 70% of respondents agreed to the statement while only 30% disagreed.

Interestingly, unlike support for cash transfers, a greater proportion of individuals in both the formal and informal sector expressed support for social health insurance. Specifically, 63.4% of respondents in the formal sector and approximately 74% of respondents in the informal sector all agreed with the statement. Figure 6.7 below provides details of the distribution of support for NHIS by employment sector.

Furthermore, regarding beliefs about the causes of poverty in society, a majority of respondents in the sample (61%) attributed poverty to external or societal causes while about 39% attributed the phenomenon

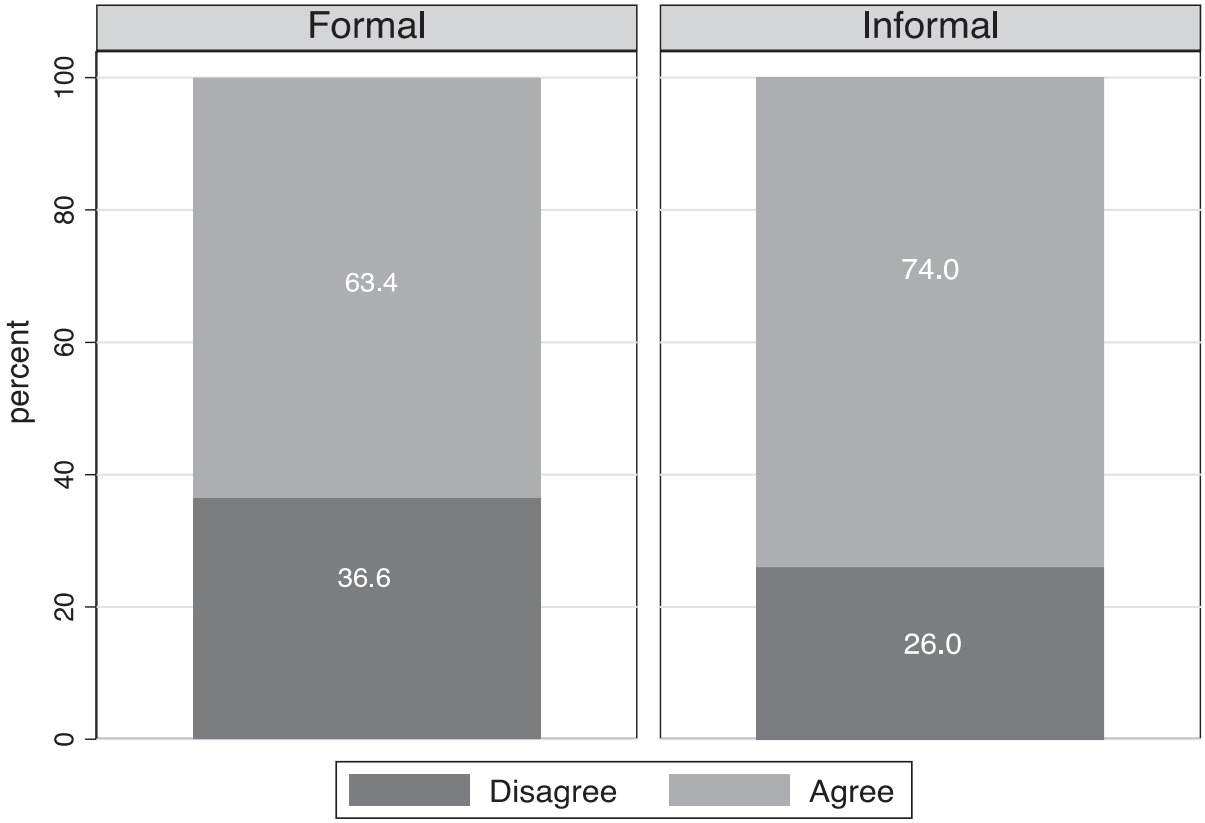

Figure 6.7. Support for Social Health Insurance (NHIS) by Employment Sector.
Source: Authors' own based on output of the analysis.

to the lack of effort or hard work on the part of the individual. Generally, a higher proportion of individuals in both the formal (57%) and informal sector (64%) attributed poverty to societal causes rather than individual responsibility.

Additionally, with respect to the perceived quality (level of trust) of external institutions in the country, an institutional trust index was calculated for all respondents, with values ranging from 0 to 1.[67] An analysis of the results revealed that on the average, perceived institutional quality or the level of trust in public institutions was generally low. For instance, the average level of trust in public institutions for the entire sample was 0.42. Among formal sector respondents, the average index value was 0.44 while for those in the informal sector it was estimated at 0.40—slightly below the overall sample average.

Finally, regarding knowledge of the respective social protection policies, the sample showed some very interesting results. Similar to the above, a knowledge index was calculated for both cash transfers (LEAP) and social health insurance (NHIS) based on responses to a series of questions as discussed in the preceding chapter. For both policy areas the index score for respondents ranged from 0 to 1. However, the mean index score for knowledge of NHIS was higher (0.82) than that of LEAP (0.38). This pattern was consistent across both formal and informal sector workers. For instance, for individuals working in the formal sector, the mean knowledge index for NHIS was 0.88 and that of LEAP was 0.50. In contrast, for those in the informal sector, the mean knowledge index for NHIS was 0.77 whereas that of LEAP was 0.30. These findings suggest that altogether a higher proportion of individuals in the sample were more aware of and conversant with the NHIS compared to LEAP. However, on the average, formal sectors workers were more knowledgeable regarding both policies compared to their colleagues in the informal sector. Figure 6.7 below clearly illustrates these details.

[67] The logic and composition of the institutional trust index has been duly discussed in the preceding chapter.

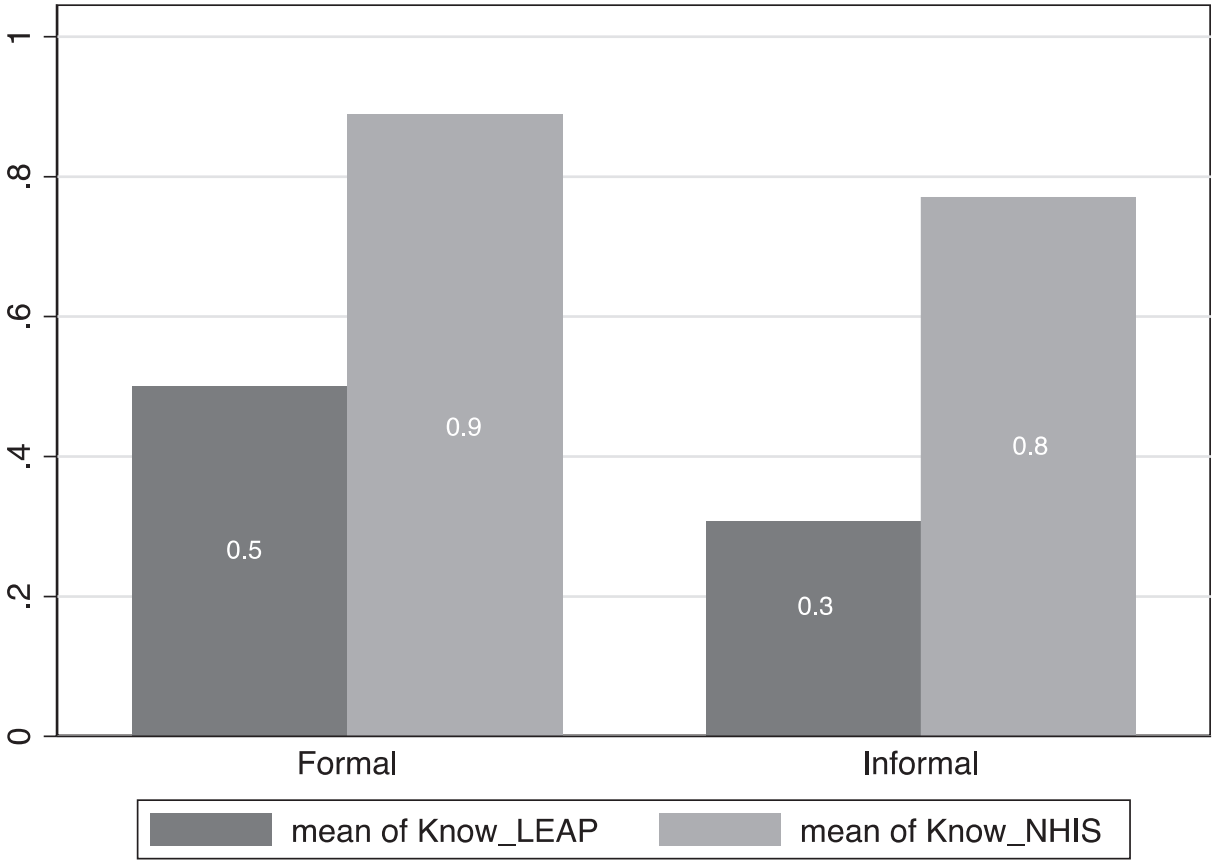

Figure 6.8. Mean Level of Knowledge by Employment Sector.
Source: Authors' own based on output of the analysis.

6.2 Inferential Analysis

6.2.1 Preferences for Cash Transfers (LEAP)

6.2.1.1 *Empirical Model and Results*

In order to analyze the factors that determine individual preferences for social cash transfers (LEAP), a series of logistic regression models were estimated based on different specifications of empirical model presented in 5.7.1.[68] The results of these estimations are presented in the table 6.1 and table 6.2 below.

[68] The dependent variable utilized in these models is "Support for Social Cash Transfers (LEAP)".

Evidently, table 6.1 below reports the results of a series of logistic regressions on support for social cash transfers (LEAP). It is important to highlight that, the logistic regression results presented are based on conditional correlations and therefore may not necessarily prove or imply causality between the outcome variable and the predictor variables. Furthermore, to enhance the logic and coherence of the results presented in table 6.1, the author proceeds in three stages. First of all, in light of the fact that logit coefficients although interpretable, tend to be less intuitive (Gujarati and Porter 2009, p. 558), the author primarily focuses on discussing the sign or direction (–/+) of the coefficients and their statistical significance across all models. In the second stage, the author delves deeper to present and discuss the magnitude of effects for relevant variables in the fully specified model (model 6) by highlighting their associated marginal effects, precisely Average Marginal Effects (AME).[69] Finally, to provide a more detailed understanding of the results, the predicted probabilities of supporting social cash transfers (LEAP) are examined using simulations based on the estimates from model 6 as reported in table 6.1 below.

To begin with, Model 1 presents the baseline model which includes only a set of control variables drawn from the existing literature. As clearly shown, age and political party affiliation (i.e., belonging to the NPP or NDC relative to other political party) have a positive and a significant effect on support for cash transfers. However, relative to individuals with no formal education, attaining a higher level of education (Basic, Secondary and Tertiary education respectively) negatively affects individual support for cash transfers. Similarly, compared to respondents who are currently unmarried, being currently married also reduces support for cash transfers.

In Model 2, the first explanatory variable "Income (In)" is introduced into the model to capture self-interest in relation to personal income. As expected, it has a negative and statistically significant effect on support

[69] Justification for the use of marginal effects rather odd ratios is provided in chapter 5 of this thesis.

Table 6.1. Logistic Regressions Results: Support for Cash Transfers (LEAP)—(I).

Explanatory Variables	*Dependent Variable: Support for Cash Transfers (LEAP)*					
	Model 1	**Model 2**	**Model 3**	**Model 4**	**Model 5**	**Model 6**
Age	0.058***	0.067***	0.068***	0.065***	0.066***	0.064***
	(0.009)	(0.010)	(0.010)	(0.011)	(0.011)	(0.011)
Female	0.113	–0.040	–0.073	0.052	0.049	0.081
	(0.197)	(0.210)	(0.213)	(0.233)	(0.238)	(0.241)
Currently Married	–0.367*	–0.271	–0.280	–0.230	–0.192	–0.222
	(0.208)	(0.220)	(0.220)	(0.243)	(0.248)	(0.251)
(ref = No Formal Education) Basic Education	–0.875**	–0.944**	–0.938**	–0.612	–0.657	–0.684
	(0.419)	(0.471)	(0.471)	(0.511)	(0.526)	(0.534)
Secondary Education	–1.749***	–1.627***	–1.568***	–1.231**	–1.259**	–1.267**
	(0.425)	(0.481)	(0.483)	(0.525)	(0.540)	(0.549)
Tertiary Education	–2.401***	–1.881***	–1.653***	–1.493**	–1.423**	–1.652***
	(0.437)	(0.512)	(0.546)	(0.595)	(0.611)	(0.631)
(ref = Other Political Party) NPP	0.541**	0.369	0.348	0.218	0.261	0.180
	(0.235)	(0.246)	(0.247)	(0.273)	(0.280)	(0.284)
NDC	0.515**	0.333	0.347	0.260	0.323	0.272
	(0.248)	(0.259)	(0.260)	(0.286)	(0.292)	(0.295)
Union Member	–0.320	–0.244	–0.238	–0.262	–0.302	–0.333
	(0.195)	(0.204)	(0.205)	(0.225)	(0.229)	(0.231)
Income (In)		–0.610***	–0.567***	–0.393**	–0.434***	–0.473***
		(0.144)	(0.148)	(0.162)	(0.168)	(0.171)
Formal			–0.358	–0.552*	–0.777**	–0.831**
			(0.296)	(0.328)	(0.340)	(0.347)
Poverty Exogenous				2.159***	2.033***	2.034***
				(0.249)	(0.254)	(0.256)

(Continued)

Table 6.1. (Continued)

Explanatory Variables	*Dependent Variable: Support for Cash Transfers (LEAP)*					
	Model 1	**Model 2**	**Model 3**	**Model 4**	**Model 5**	**Model 6**
Trust in Public Authorities.					2.029*** (0.504)	1.876*** (0.512)
Knowledge of LEAP						0.960*** (0.352)
Constant	–1.002* (0.555)	2.362** (0.985)	2.098** (1.005)	–0.445 (1.120)	–0.984 (1.166)	–0.785 (1.179)
Observations	596	579	579	579	579	579
Pseudo R-squared	0.192	0.230	0.231	0.345	0.366	0.376
Likelihood Ratio	156.9***	182.5***	183.9***	274***	291.3***	299***
(df)	9	10	11	12	13	14

Note: * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. Robust standard errors in parentheses.

for cash transfers. The effect of being female, rather than male, changes from negative to positive although it still remains statistically insignificant. Interestingly, compared to the previous model, being affiliated to the NPP or NDC relative to other political parties although positive, now proves to be statistically insignificant in determining support for cash transfers. Nevertheless, all other variables in the model remain the same as explained in the previous model.

In Model 3, the variable broadly capturing the potential conflict of interest between formal and informal sector is introduced. Although it has the expected negative sign, it turns out to be statistically insignificant. All other variables remain consistent with the explanations provided in Model 2.

Next, in Model 4 the dummy variable "Poverty Exogenous" which serves as a proxy for an individual's belief about self-versus-societal determination of

poverty is added. As expected, it turns out to be positive and highly statistically significant. The variable "Formal" although still negative also becomes statistically significant at 10%. Interestingly, the effect of being "Female" changes once again from negative to positive but nevertheless remains statistically insignificant. The variable "Basic Education" also loses its statistical significance in this model. However, all other variables remain consistent with previous discussions. In Model 5, a measure of institutional quality is introduced into the model. Consistent with a priori expectations, it turns out to be positive and highly statistically significant. Also, the variable "Formal" becomes significant now at 5% whilst all other variables in the model retain the same form as explained in model 4.

Finally, in Model 6, the variable capturing respondents knowledge of cash transfers "Knowledge of LEAP" is introduced into the model. It is important to note that Model 6 represents the full specification and is, therefore, our main model of interest. Evidently, as shown in table 6.1, age and level of education are the only control variables that have a statistically significant effect on support for cash transfers. Virtually all the other control variables in the model tend to be insignificant. However, in congruity to our expectations, individuals who attribute poverty to external causes, those with high levels of trust in public institutions and those with greater knowledge of LEAP tend to be positively and significantly associated with support for social cash transfers. More so, consistent with the self-interest hypothesis, higher levels of income and being in the formal sector (relative to the informal sector) negatively affects individual support for social cash transfers.

Nonetheless, to further examine the self-interest argument as presented in the theoretical framework, specifically in hypothesis 2a and 2b, the researcher estimates an alternative specification of the fully specified model. Instead of using a continuous measure of income, this specification introduces three dummies *(Informal poor, Informal Non-poor and Formal Non-poor)* to capture the potential conflict of interest between individuals from different income groups in both formal and informal sectors. As shown in model 7 (Table 6.2 below), while being non-poor in the informal sector has the

expected negative sign, it turns out to be statistically insignificant compared to the base group. However, being non-poor in the formal sector has a negative and statistically significant effect on support for cash transfers compared to the informal sector poor, as expected.

Table 6.2. Logistic Regressions Results: Support for Cash Transfers (LEAP)—(II).

Explanatory Variables	***Dependent Variable: Support for Cash Transfers (LEAP)***			
	Model 6		**Model 7**	
	Coefficient	**AME**	**Coefficient**	**AME**
Age	0.064***	0.009***	0.062***	0.009***
	(0.011)	(0.001)	(0.011)	(0.001)
Female	0.081	0.011	0.156	0.022
	(0.241)	(0.033)	(0.235)	(0.033)
Currently Married	–0.222	–0.030	–0.289	–0.040
	(0.251)	(0.034)	(0.247)	(0.034)
(ref = No Formal Education)	–0.684	–0.102	–0.604	–0.092
Basic Education	(0.534)	(0.079)	(0.504)	(0.075)
Secondary Education	–1.267**	–0.191**	–1.277**	–0.197**
	(0.549)	(0.082)	(0.518)	(0.079)
Tertiary Education	–1.652***	–0.248***	–1.838***	–0.283***
	(0.631)	(0.096)	(0.590)	(0.091)
(ref = Other Political Party)	0.180	0.025	0.260	0.037
NPP	(0.284)	(0.039)	(0.282)	(0.040)
NDC	0.272	0.038	0.387	0.055
	(0.295)	(0.041)	(0.294)	(0.042)
Union Member	–0.333	–0.046	–0.333	–0.047
	(0.231)	(0.032)	(0.228)	(0.032)
Income(In)	–0.473***	–0.065***		
	(0.171)	(0.023)		
Formal	–0.831**	–0.119**		
	(0.347)	(0.051)		
(ref = Informal Poor)			–0.016	–0.002
Informal Non-Poor			(0.423)	(0.063)

(Continued)

Table 6.2. (Continued)

Explanatory Variables	*Dependent Variable: Support for Cash Transfers (LEAP)*			
	Model 6		**Model 7**	
	Coefficient	**AME**	**Coefficient**	**AME**
Formal Non-Poor			–1.162**	–0.172**
			(0.506)	(0.076)
Poverty Exogenous	2.034***	0.318***	2.121***	0.338***
	(0.256)	(0.037)	(0.254)	(0.037)
Trust in Public	1.876***	0.259***	1.894***	0.267***
Authorities	(0.512)	(0.068)	(0.502)	(0.068)
Knowledge of LEAP	0.960***	0.133***	0.883**	0.125***
	(0.352)	(0.048)	(0.345)	(0.048)
Constant	–0.785		–3.558***	
	(1.179)		(0.790)	
Observations	579	579	583	583
Pseudo R-squared	0.376		0.366	
Likelihood Ratio(df)	299 (14)***		293.1(df)***	

Note: * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. Robust standard errors in parentheses. AME represent average marginal effects.

Furthermore, to illustrate the magnitude of effect for the variables just discussed above, the average marginal effects for model 6 and 7 are computed and presented also in table 6.2 above.[70]

Clearly, from model 6, it is evident that a unit increase in age increases the probability that an individual will support social cash transfers by 0.9 percentage points. With respect to level of education, compared to the base group (individuals with no formal education) attaining secondary and tertiary education reduces the predicted probability of supporting social cash transfers by approximately 19.1 and 24.8 percentage points, respectively. Ad-

[70] The author predominantly discusses the average marginal effects for only the variables that recorded a significant value. Also AMEs are multiplied by 100% for ease of interpretation.

ditionally, a one-unit increase in Income (ln) decreases the likelihood of supporting cash transfers by 6.5 percentage points. Similarly, being employed in the formal sector relative to the informal sector also decreases the likelihood of supporting cash transfers by 11.9 percentage points. Conversely, individuals who believe that poverty is caused by structural forces have an increased likelihood of supporting social cash transfers by approximately 31.8 percentage points in comparison to those who do not. Equally, a unit increase in trust in public authorities also increases the likelihood of support for cash transfers by 25.9 percentage points. The huge effect of trust in public authorities highlights the extreme importance of institutional quality in shaping citizen's willingness to accept taxation for social protection, particularly in a developing country context. Furthermore, the results also show that a unit increase in knowledge of LEAP is associated with a 13.3 percentage point increase in the likelihood of supporting social cash transfers. Lastly, based on model 7, it is also evident that, compared to the base group (informal sector poor), individuals in the formal sector who are non-poor are 17 percentage points less likely to support social cash transfers.

Moving further, to provide a much detailed understanding of the results and further illustrate the effect of our main variables on individual support for cash transfers, particularly between formal and informal sector workers, four different scenarios (predicted probabilities) are simulated[71] based on model 6 and model 7. Given that the results of these simulations do not significantly differ across model specifications, the researcher presents the results based on model 6 in the sections below. However, for completeness, the simulated results for model 7 are presented in appendix 1.

To start, in scenario one, the effect of beliefs about the causes of poverty (self-versus- societal determination) on support for cash transfers is simulated for individuals in the formal and informal sectors. The results of the simulation are graphically presented in figure 6.9 below.

[71] The researcher focuses exclusively on the main explanatory variables as highlighted in the theoretical framework but also includes the variable "level of education" for detailed illustrative purposes.

Evidently, the graph below confirms the unified effect of beliefs on support for cash transfers, as discussed in the preceding paragraphs. As shown, the attribution of poverty to external causes increases the predicted probability of supporting cash transfers from 0.17 to 0.47 for informal sector workers, and from 0.27 to 0.62 for those in the formal sector. Hence, regardless of employment sector, individuals in the sample who generally attribute the causes of poverty to external factors are significantly more likely to support cash transfers than those who attribute poverty to individual responsibility.

Additionally, in scenario two, the effect of institutional trust on support for cash transfers is also simulated for individuals in both the formal and informal sectors. For illustrative purposes, the researcher specifically focuses

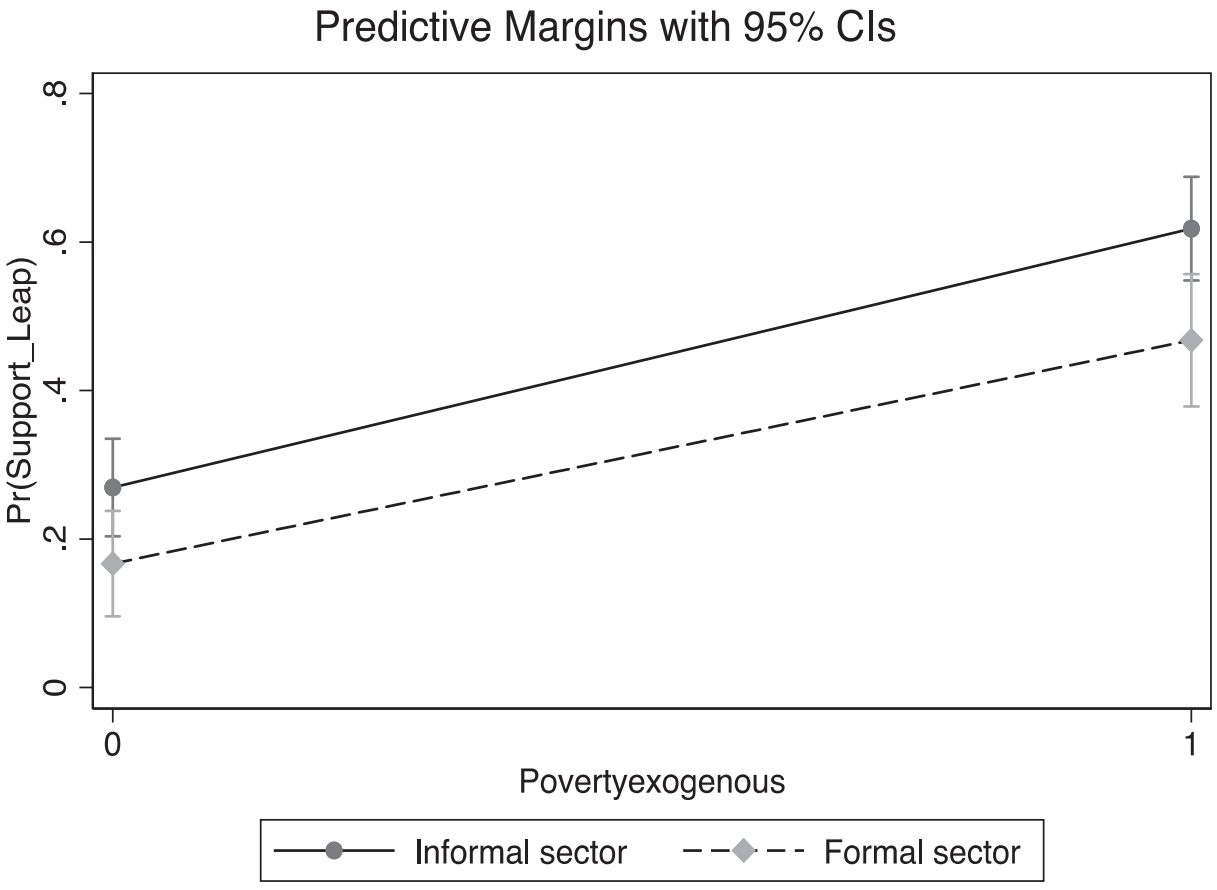

Figure 6.9. The Effect of Beliefs by Employment Sector.

Source: Authors' own based on output of the analysis.

on respondents in the sample with the lowest, average and highest levels of institutional trust. The results of the simulation are presented in figure 6.10 below.

Again, in line with the results presented earlier, higher levels of trust in public authorities generally increase the probability of supporting cash transfers in both groups. An individual in the informal sector with the lowest level of trust is associated with a 0.37 probability of supporting cash transfers, whereas a counterpart in the formal sector is associated with a 0.26 probability of supporting cash transfers. For those with an average level of trust, the predicted probability of supporting cash transfers is 0.49 when in the informal sector, and 0.36 when in the formal sector. Likewise, among individuals with the highest level of trust, the probability of supporting social cash transfers is 0.65 when in the informal sector and 0.53 in the formal

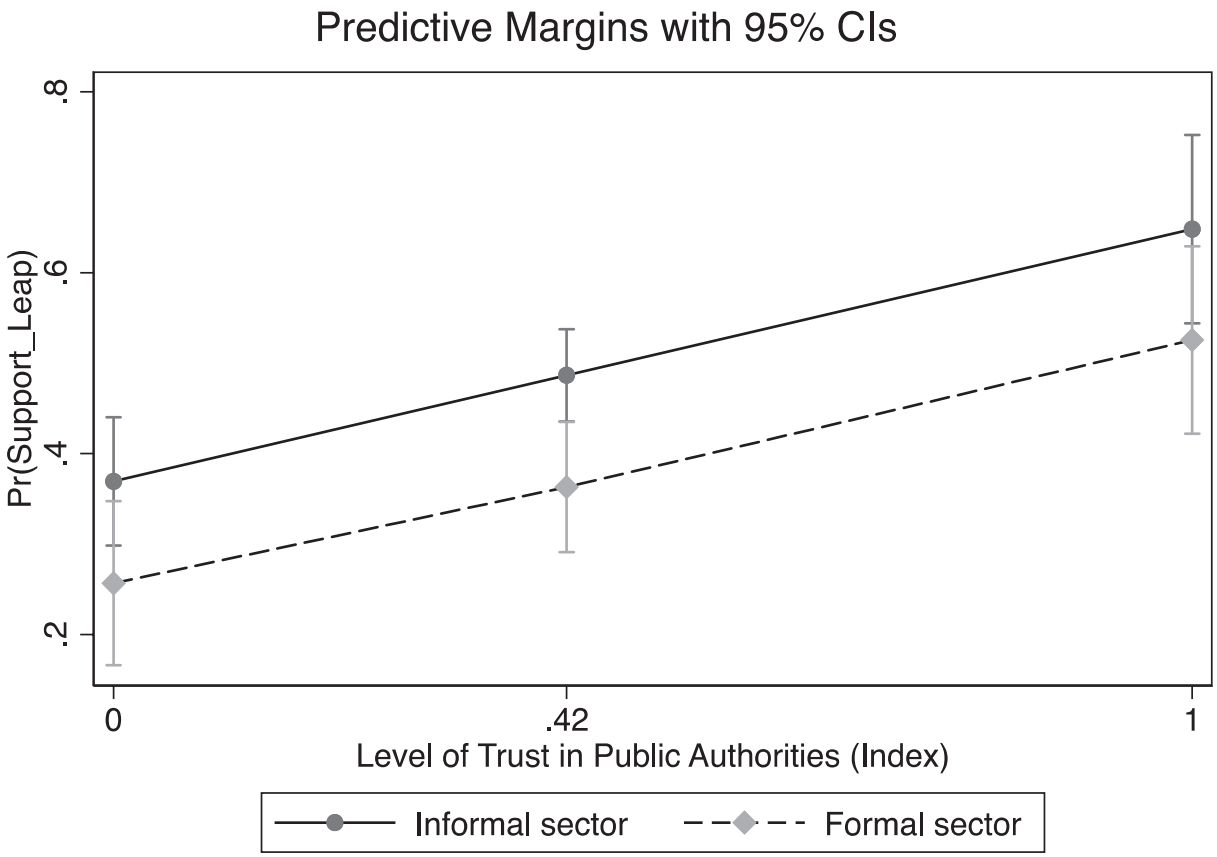

Figure 6.10. The Effect of Institutional Trust by Employment Sector.
Source: Authors' own based on output of the analysis.

sector. Conclusively, although the effect of institutional trust is present in both groups, it tends to be slightly higher in terms of magnitude for informal sector workers compared to those in the formal sector.

Furthermore, in scenario three, the researcher simulates the effect of varying levels of knowledge on support for cash transfers across both formal and informal sectors. The results of the simulation are as well presented in figure 6.11 below.

Graphically, the results displayed in figure 6.11 further buttress the effect of knowledge as highlighted in the preceding section. Consistent with a priori expectations, individuals with higher levels of knowledge on LEAP are associated with relatively higher probabilities of supporting cash transfers compared to those with lower levels of knowledge. The effect of knowledge although consistent in both groups, tends to be relatively greater in terms of magnitude amongst informal sector workers relative to their formal sector counterparts. Specifically, for an informal sector individual with the lowest

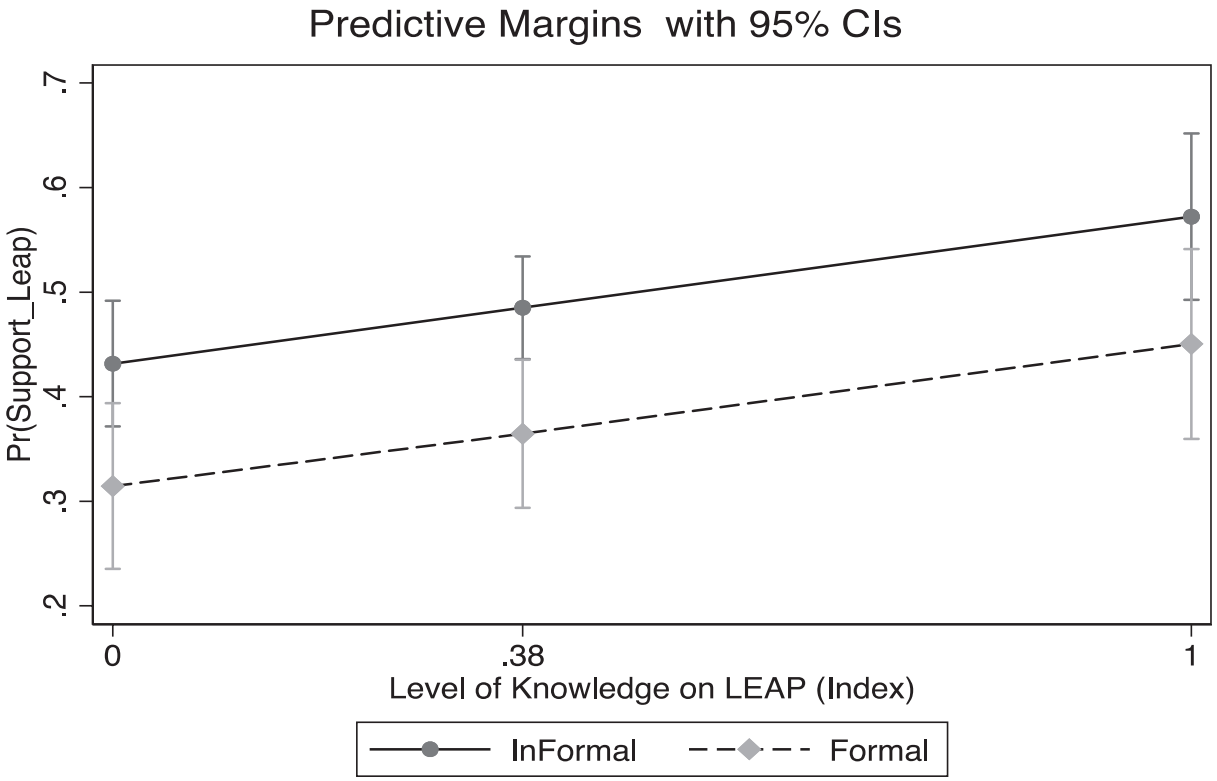

Figure 6.11. The Effect of Knowledge by Employment Sector.

Source: Authors' own based on output of the analysis.

level of knowledge (Index = 0), the predicted probability of supporting cash transfers is 0.43, whereas for a counterpart in the formal sector, the predicted probability is just 0.32. Similarly, an individual with the average level of knowledge (Index = .38), is associated with a 0.48 predicted probability of supporting cash transfers when in the informal sector and only 0.36 when in the formal sector. Also, for those with the highest level of knowledge (Index = 1), the same pattern can be observed. For instance, such individuals are associated with a 0.57 predicted probability of supporting cash transfers when in the informal sector and only 0.45 when in the formal sector.

Finally, in scenario four, the effect of knowledge on support for cash transfers is also simulated for individuals across different levels of educational attainment. The result of the simulation is presented in figure 6.12 below.

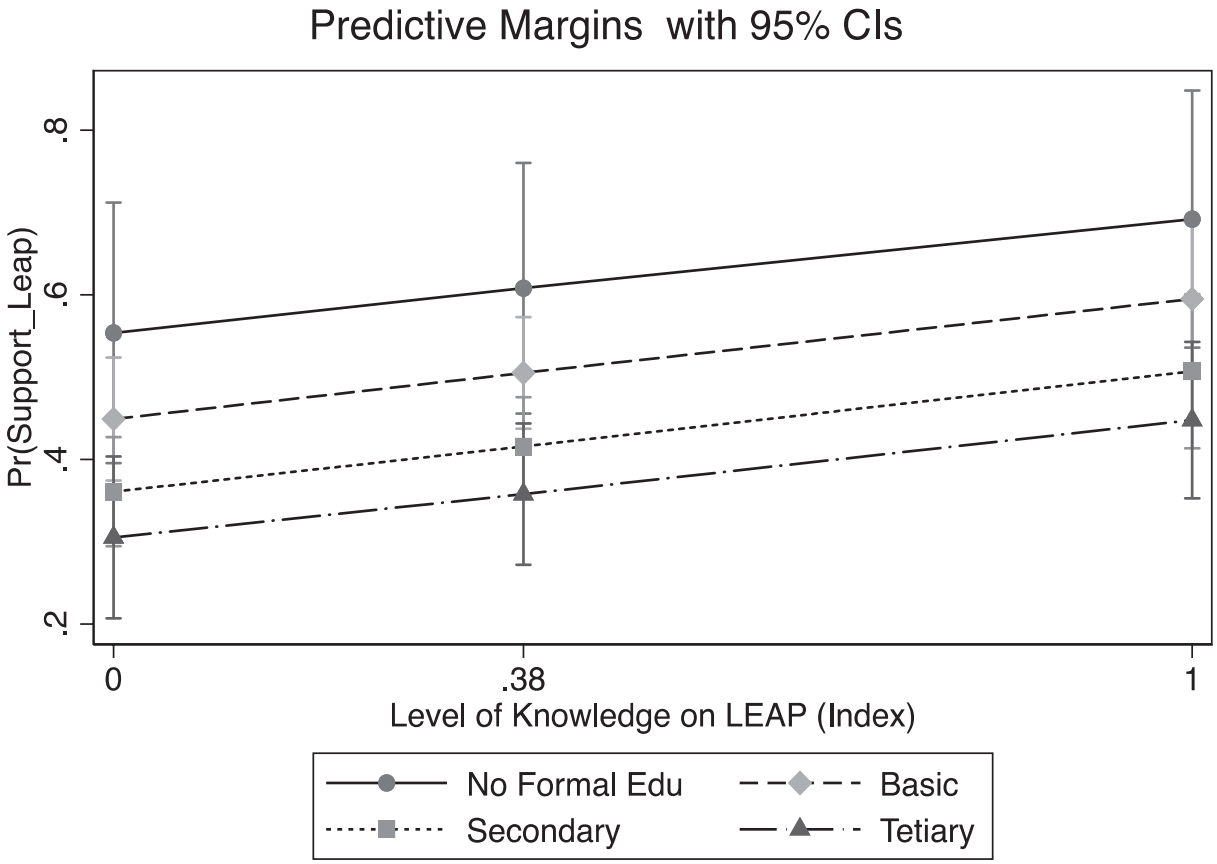

Figure 6.12. The Effect of Knowledge by Level of Education.

Source: Authors' own based on output of the analysis.

Generally, as expected, higher levels of knowledge about LEAP are associated with higher probabilities of supporting cash transfers across all levels of education. However, the magnitude of the effect tends to be slightly higher at all knowledge levels (lowest, average and highest) for individuals with no formal education compared to those with higher levels of formal education. For example, the predicted probability of supporting cash transfers for an individual with average level of knowledge (Index = .38) is 0.55 for someone with no formal education, 0.45 for someone with basic education, 0.36 for someone with secondary education and only 0.31 for someone with tertiary education. Evidently, given that higher levels of education reduce support for cash transfers as previously discussed, it is reasonable to speculate that knowledge of policies predisposes individuals to primarily act based on self-interest, since individuals with poor educational backgrounds are more likely to belong to low income categories whereas those with higher education are more likely to be economically better off and belong to middle to high income groups. Hence, it can therefore be assumed that the effect of knowledge on support for cash transfers is, to some extent, mediated by an individual's level of education.

6.2.1.2 *Post Estimations Checks: Goodness-of-fit and Model Diagnostics*

To ensure the statistical validity and reliability of the results presented in the section above, several post estimation tests and model diagnostics are conducted. The results of these tests are presented below.

I. Goodness-of-fit Test

To assess how well the estimated models fits the data, the researcher proceeds as follows. First, the log likelihood ratio test[72] for each model as shown in the bottom two rows of table 6.1, are analyzed. Evidently, the chi square test statistic for the log likelihood ratio test is significant across all models.

[72] The mechanics of the Log Likelihood ratio test has already been discussed in the preceding chapter.

This implies that in each case (i.e., from model 1 to model 6), the model with the predictor variables provides a better compared to the model with only the intercept.

Furthermore, to evaluate the overall goodness of fit of the main model (model 6), the Hosmer and Lemeshow's goodness-of-fit test is conducted. The rules of the test have already been explained in the previous chapter. The results of the test yield a Hosmer and Lemeshow chi square value of 2.94 with 8 degrees of freedom and an associated p-value of 0.9379. In line with the decision rule, the null hypothesis that the observed and expected frequencies are different across all groups fails to be rejected. Therefore, it can be concluded that the fully specified model containing all key variables of interest, provides a reasonable fit to the data since the observed and predicted frequencies are not significantly different.

II. Model Specification Test

Furthermore, to assess whether or not the full model (Model 6) is correctly specified, a linktest was conducted. The rules for the test have already been explained in chapter 5. The results of the linktest showed a _hat value of (0.000) and a _hatsq value of (0.242). Given that the value of _hat is significant while that of _hatsq is not, in line with the decision rules of the test, the assumption that the model is wrongly specified is rejected. Thus, the researcher can be confident that the model is correctly specified, and has the appropriate functional form.

III. Multicollinearity Test

As previously explained, the presence of high multicollinearity can lead to biased parameter estimates. Thus, to check for multicollinearity in the overall model, a VIF test was conducted. As already explained in the previous chapter, a VIF value greater than 10 generally points to the problem of multicollinearity in the dataset, while values less than 10 suggest no serious concern. For this study, the results of the test shows that multicollinearity is not a significant problem, since the VIF values for all variables are generally less than 10, with a mean VIF value of 2.02.

IV. Check for Influential Observations

To detect the presence of outliers in our model, standardized pearson residuals[73] were calculated for all cases in the sample. For ease of identification, the standardized pearson residuals for this analysis are graphically presented in the index plot below (figure 6.13).

As evident from the index plot, a number of observations have residuals outside the recommended range and thus warrant a closer inspection. However, a careful inspection of all such cases did not reveal any data irregularities. Therefore, following Gujarati and Porter (2009), such cases were not automatically deleted.

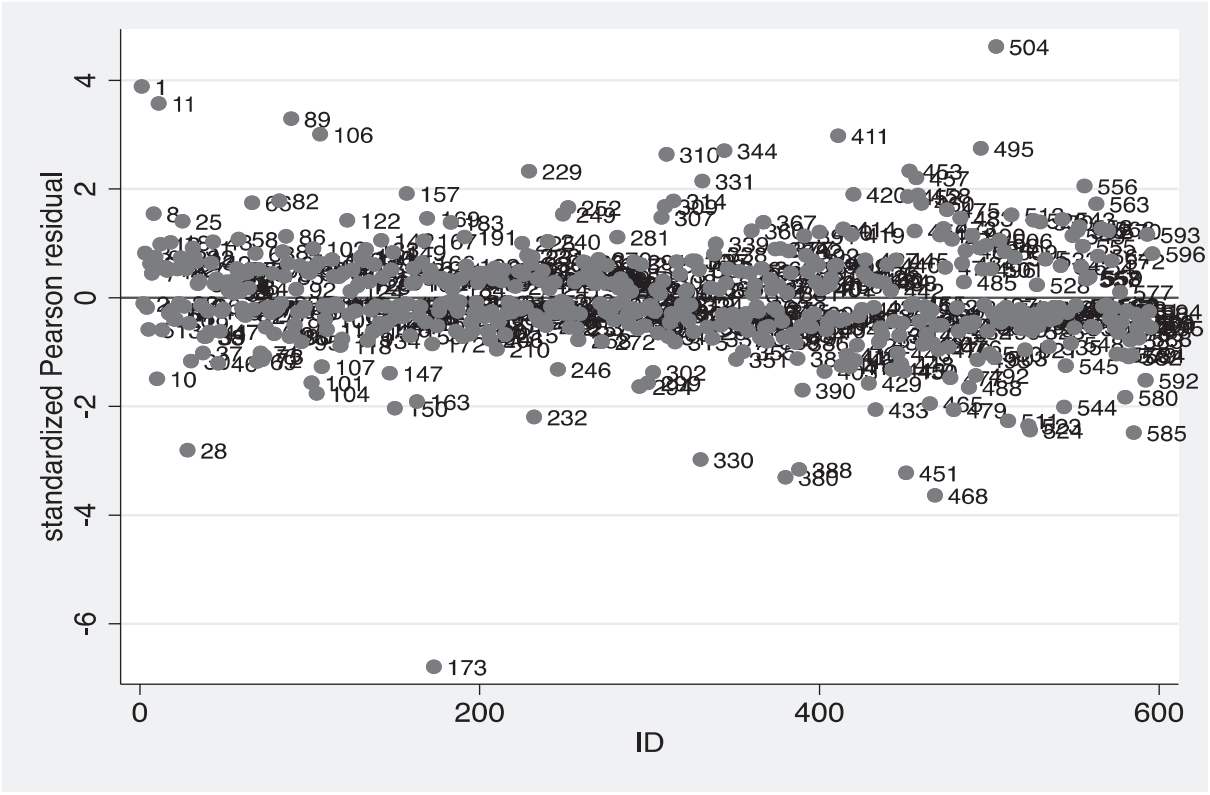

Figure 6.13. Index Plot for Standardized Pearson Residuals.

Source: Authors' own based on output of the analysis.

[73] Menard (1995: 72) defines the standardized pearson residuals as "the difference between the estimated probabilities divided by the binomial standard deviation of the estimated probability".

Additionally, since not all cases considered as outliers tend to exert significant influence, Pregibon's dbeta values were calculated for all observations in the sample to identify cases that exert large influence on the regression model. As previously explained, dbeta values that are greater than 1 do possibly signal high influence, and hence are considered problematic. The Pregibon's dbeta values for cases in this analysis are presented below.

As shown in figure 6.14 below, none of the cases in this analysis exceeds the recommended threshold of 1. Therefore, even though a few cases were considered to be potential outliers, they do not in any way exert undue influence on the parameter estimates of the model. Hence, it can be concluded that there are no influential cases in the model.

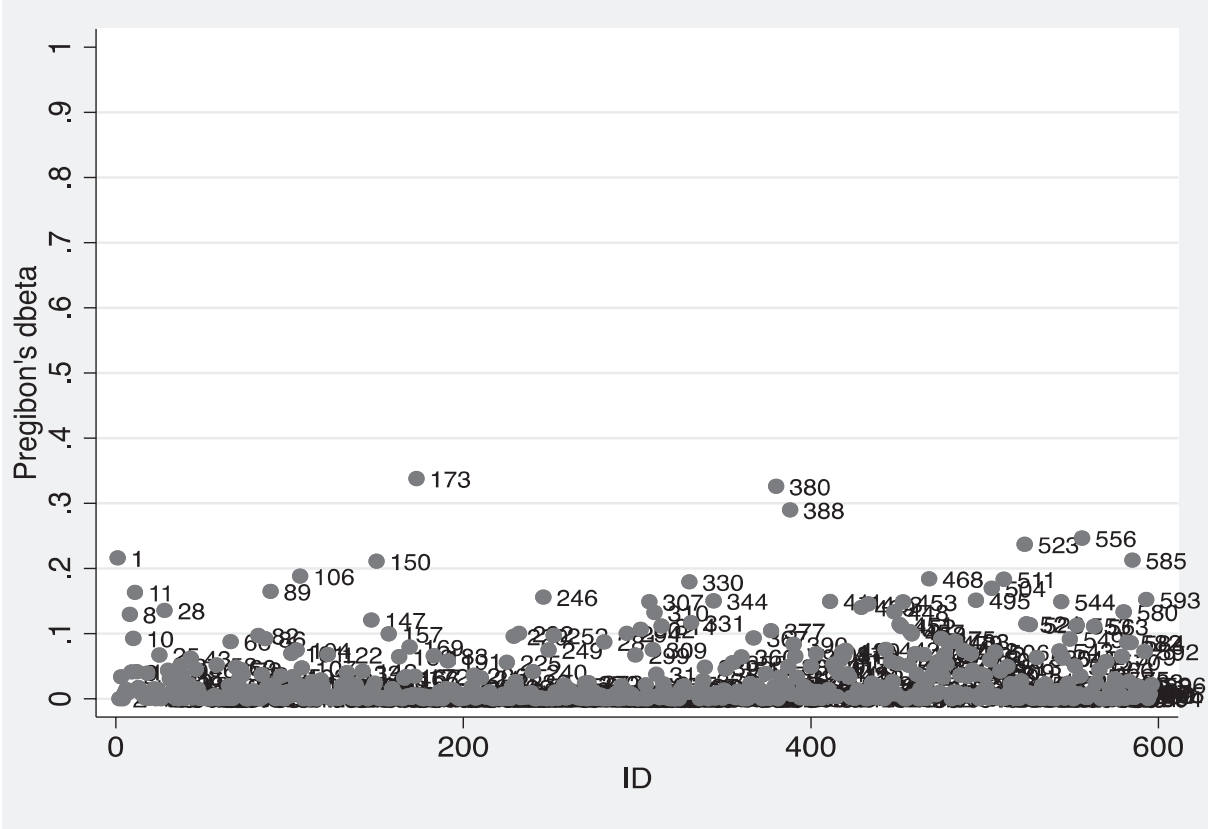

Figure 6.14. Index Plot of Pregibon's Delta Beta Statistic.

Source: Authors' own based on output of the analysis.

6.2.1.3 *Robustness Checks*

To check for the robustness of the study's main findings, the researcher re-estimated the fully specified model (Model 6), using alternative specifications. The summary results of these estimations are presented in table 6.3 below.

First, the researcher re-estimates model 6 using an alternative measure for beliefs (i.e., "Less Opportunity"). The variable "Less opportunity" is a dummy variable that assumes the value of 1 if an individual believes that there are less opportunities to get ahead in life and 0 if otherwise. Following the logic of the theoretical framework, it is expected that individuals who attribute the causes of poverty to a lack of opportunities will likely support cash transfers than those who do not. The results of this estimation are reported in model 8. In addition, the researcher also estimates the full model replacing trust in public authorities with an index measuring corruption perception among public institutions. The expectation is that higher perceived corruption will negatively impact individuals support for cash transfers if the quality of external institutions actually do matter. The results for this estimation are reported in model 9 in table 6.3 below. As shown, all results are consistent with a prior expectations and do not significantly differ from those presented in model 6.

As a second step, the researcher estimates the main model (model 6) using a probit regression model instead of a logit. Long and Freese (2001) argue that, given the similarities between logit and probit models, the results from one typically do not differ significantly from the other. Therefore, unless the results are spurious, no substantial differences are generally expected between the results of the probit model and the logit model. The results of the probit model are presented in model 10 in the table 6.3. As expected, the results from the probit model clearly align with those from the fully specified logit model (model 6).

Finally, as reported in model 11 in table 6.3 below, the researcher also estimates an ordered logit model using an ordinal measure of the dependent variable. Once again, the results do not significantly vary from those obtained using the logit model. In light of these findings, the researcher is

Table 6.3. Robustness Checks: Support for Social Cash Transfers (LEAP).

Explanatory Variables	*Dependent Variable: Support for Cash Transfers (LEAP)*			
	Model 8	**Model 9**	**Model 10 Probit**	**Model 11 Ologit**
Income (ln)	–0.522***	–0.493***	–0.266***	–0.469***
	(0.173)	(0.182)	(0.094)	(0.168)
Formal	–0.982***	–1.137***	–0.481**	–0.823**
	(0.349)	(0.384)	(0.202)	(0.338)
Less Opportunity	2.275***			
	(0.287)			
Trust in Public Authorities	2.051***		1.095***	1.851***
	(0.509)		(0.296)	(0.502)
Knowledge of LEAP	0.797**	0.735*	0.538***	0.887***
	(0.351)	(0.382)	(0.203)	(0.343)
Poverty Exogenous		1.860***	1.182***	1.971***
		(0.275)	(0.144)	(0.247)
Corruption		–4.645***		
		(0.627)		
/cut1				0.510
				(1.160)
/cut2				0.621
				(1.160)
Constant	–0.852	3.229**	–0.518	
	(1.188)	(1.309)	(0.651)	
Observations	579	579	579	579
Pseudo R-squared	0.383	0.451	0.377	0.344
Likelihood Ratio(df)	304.7(14)***	358.5(14)***	299.4(14)***	302(14)***

Note: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$ Standard errors in parentheses. All models include a set of control variables as presented in table 6.1. The full table is presented in appendix 2.

highly confident that the empirical results presented in the fully specified model (model 6) are robust and not spurious.[74]

6.2.2 Preferences for Social Health Insurance (NHIS)

6.2.2.1 *Empirical Model and Results*

To investigate the factors that determine individual preferences for Social Health Insurance (NHIS), a series of logistic models were estimated using different specifications of the empirical model presented in 5.7.1.[75] The results of these estimations are presented in the Tables 6.4 and 6.5 below.

Table 6.4 presents the results from a series of logistic regression models on support for Social Health Insurance (NHIS). Similar to the previous section, the researcher adopts a three-stage approach to analyzing the results of these estimations.

To begin with, Model 12 reports the effect of all control variables on support for the NHIS. As expected, the variables "Age", "Female" and affiliation to the NDC (compared to other political parties) have a positive and a significant effect on support for social health insurance. On the contrary, being currently married, as well as obtaining higher levels of education (basic, secondary and tertiary levels) relative to having no formal education, appears to negatively impact on support for social health insurance, although these effects are statistically insignificant. Union membership although positive, is also statistically insignificant.

Next, in Model 13, the variable "Income (ln)" is introduced into the model to capture individual self-interest in relation to personal income. The results indicate that income has a negative and statistically significant effect on support for NHIS. The variable "Currently Married" although still negative, becomes statistically significant at 10%.

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[74] For completeness, the above robust checks are also conducted using model 7. The results also do not show any significant variation. For details please see appendix 3.

[75] The dependent variable in these specifications is "Support for Social Health Insurance (NHIS)".

Table 6.4. Logistic Regressions Results: Support for Social Health Insurance (NHIS)—(I).

Explanatory Variables	*Dependent Variable: Support for Social Health Insurance (NHIS)*					
	Model 12	**Model 13**	**Model 14**	**Model 15**	**Model 16**	**Model 17**
Age	0.027***	0.034***	0.033***	0.023**	0.022**	0.020*
	(0.009)	(0.010)	(0.010)	(0.010)	(0.011)	(0.011)
Female	1.034***	0.943***	0.966***	1.228***	1.252***	1.238***
	(0.202)	(0.208)	(0.210)	(0.230)	(0.231)	(0.234)
Currently Married	–0.345	–0.375*	–0.379*	–0.282	–0.275	–0.334
	(0.210)	(0.218)	(0.219)	(0.236)	(0.237)	(0.240)
(ref = No Formal Education) Basic Education	–0.266	–0.457	–0.465	–0.121	–0.123	–0.193
	(0.461)	(0.525)	(0.525)	(0.548)	(0.553)	(0.581)
Secondary Education	–0.561	–0.603	–0.656	–0.207	–0.199	–0.345
	(0.460)	(0.532)	(0.535)	(0.559)	(0.562)	(0.589)
Tertiary Education	–0.674	–0.515	–0.704	–0.368	–0.313	–0.537
	(0.462)	(0.561)	(0.595)	(0.622)	(0.623)	(0.648)
(ref = Other Political Party) NPP	0.243	0.129	0.151	0.026	0.030	–0.099
	(0.223)	(0.229)	(0.230)	(0.250)	(0.252)	(0.257)
NDC	0.549**	0.391	0.388	0.249	0.261	0.184
	(0.249)	(0.255)	(0.256)	(0.273)	(0.275)	(0.281)
Union Member	0.036	0.084	0.079	0.115	0.080	–0.108
	(0.194)	(0.199)	(0.200)	(0.215)	(0.217)	(0.227)
Income(In)		–0.282**	–0.317**	–0.133	–0.135	–0.143
		(0.142)	(0.147)	(0.156)	(0.156)	(0.158)
Formal			0.277	0.189	0.087	–0.089
			(0.288)	(0.309)	(0.311)	(0.318)
Poverty Exogenous				1.783***	1.689***	1.699***
				(0.219)	(0.222)	(0.226)
Trust in Public Authorities					1.157**	1.297**
					(0.500)	(0.515)

(Continued)

Table 6.4. (Continued)

Explanatory Variables	*Dependent Variable: Support for Social Health Insurance (NHIS)*					
	Model 12	**Model 13**	**Model 14**	**Model 15**	**Model 16**	**Model 17**
Knowledge of NHIS						1.908*** (0.491)
Constant	–0.232 (0.588)	1.408 (0.994)	1.610 (1.018)	–0.491 (1.102)	–0.824 (1.121)	–1.888 (1.188)
Observations	596	579	579	579	579	579
Pseudo R-squared	0.0845	0.0943	0.0956	0.199	0.207	0.229
Likelihood Ratio	61.59***	66.61***	67.53***	140.6***	146.1***	161.7***
(df)	9	10	11	12	13	14

Note: * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$ Robust standard errors in parentheses.

In Model 14, the second main explanatory variable "Formal" is introduced to assess the potential conflict of interest between formal and informal sector workers with regards to support for social health insurance. Although its coefficient is positive, it fails to show any statistical significance. The variable "NDC" loses it statistical significance while all other variables in the model remain the same as discussed in the previous model.

In Model 15, the variable "Poverty Exogenous" is introduced to account for an individual's belief in self-versus-societal determination of poverty. In line with expectations, the variable records a positive and a highly statistically significant effect on support for social health insurance. However, the variables "currently married" and "lncome (ln)" lose their statistical significance, while all other variables remain unchanged.

In Model 16, the variable "Trust in Public Authorities" is introduced into the model as a measure of institutional quality. As expected, it also turns out to be positive and highly statistically significant. Nonetheless, all other variables in the model remain the same as discussed in the previous model.

In the final step, a complete specification of the empirical model is presented with the inclusion of the variable measuring knowledge of NHIS (Model 17). Strikingly, the statistical significance of "Age" reduces to 10%, while "Female" remains significant even at 1%. However, aside these two variables, virtually all other control variables show no statistically significant effect on support for social health insurance. With regards to our main variables of interest, higher levels of income and being in the formal sector (relative to the informal sector) do not exhibit statistically significant effects on support for social health insurance. Nonetheless, the remaining variables—"Poverty Exogenous", "Trust in Public Authorities" and "Knowledge of NHIS"—all have the expected positive sign and as well do prove to be statistically significant predictors of support for social health insurance, as hypothesized earlier.

Furthermore, to examine in detail the effect of self-interest on support for social health insurance as highlighted specifically in hypothesis 2b, the researcher estimates an alternative specification of the fully specified model. This specification uses a set of three dummy variables to capture the potential conflict of interest between individuals of different income groups *(i.e., Informal poor, Informal Non-poor and Formal Non-poor*[76]*)* in both formal and informal sectors, similar to section 6.2.1. The results of the estimation are shown in model 18 in table 6.5 below. Interestingly, although both Informal sector non-poor and Formal sector non-poor have negative coefficients, they turn out to be statistically insignificant in determining support for social health insurance. Possible reasons for the null effect of these variables are explored in detail under the discussion section.

Moving further, the researcher computes and presents the average marginal effects for the relevant variables discussed above. As shown in table 6.5, a unit increase in age increases the predicted probability of supporting social health insurance by approximately 0.3 percentage points. Similarly, being female relative to male increases the likelihood of supporting social

[76] As already explained, the category 'formal sector poor" have been excluded from the empirical analyses due to the very insignificant number of cases (i.e. only 2 respondents).

Table 6.5. Logistic Regressions Results: Support for Social Health Insurance (NHIS)—(II).

Explanatory Variables	***Dependent Variable: Support for Social Health Insurance (NHIS)***			
	Model 17		**Model 18**	
	Coefficient	**AME**	**Coefficient**	**AME**
Age	0.020*	0.003*	0.021**	0.003**
	(0.011)	(0.002)	(0.011)	(0.002)
Female	1.238***	0.195***	1.294***	0.202***
	(0.234)	(0.035)	(0.233)	(0.034)
Currently Married	–0.334	–0.051	–0.372	–0.057
	(0.240)	(0.037)	(0.239)	(0.036)
(ref = No Formal Education)	–0.193	–0.028	–0.055	–0.008
Basic Education	(0.581)	(0.082)	(0.555)	(0.080)
Secondary Education	–0.345	–0.051	–0.225	–0.033
	(0.589)	(0.084)	(0.561)	(0.081)
Tertiary Education	–0.537	–0.082	–0.527	–0.081
	(0.648)	(0.095)	(0.610)	(0.091)
(ref = No Formal Education)	–0.099	–0.015	–0.119	–0.018
NPP	(0.257)	(0.040)	(0.257)	(0.040)
NDC	0.184	0.028	0.176	0.026
	(0.281)	(0.042)	(0.282)	(0.042)
Union Member	–0.108	–0.017	–0.150	–0.023
	(0.227)	(0.035)	(0.226)	(0.034)
Income(In)	–0.143	–0.022		
	(0.158)	(0.024)		
Formal	–0.089	–0.014		
	(0.318)	(0.049)		
(ref = Informal Poor)			–0.259	–0.038
Informal Non-Poor			(0.470)	(0.067)
Formal Non-Poor			–0.387	–0.058
			(0.530)	(0.077)

(Continued)

Table 6.5. (Continued)

Explanatory Variables	*Dependent Variable: Support for Social Health Insurance (NHIS)*			
	Model 17		**Model 18**	
	Coefficient	**AME**	**Coefficient**	**AME**
Poverty Exogenous	1.699***	0.299***	1.722***	0.301***
	(0.226)	(0.039)	(0.224)	(0.038)
Trust in Public Authorities	1.297**	0.199**	1.296**	0.198**
	(0.515)	(0.078)	(0.512)	(0.077)
Knowledge of NHIS	1.908***	0.293***	2.067***	0.315***
	(0.491)	(0.072)	(0.492)	(0.071)
Constant	–1.888		–2.728***	
	(1.188)		(0.846)	
Observations	579	579	583	583
Pseudo R-squared	0.229		0.232	
Likelihood Ratio (df)	161.7(14)***		164.4(14)***	

Note: * $p < 0.10$, ** $p < 0.05$, *** $p < 0.01$. Robust standard errors in parentheses. AME represent average marginal effects.

health insurance by approximately 20 percentage points. Furthermore, a unit increase in institutional trust also increases the likelihood that an individual will support social health insurance by about 20 percentage points while a unit increase in Knowledge of NHIS is associated with a 29.3 percentage point increase in the likelihood of supporting social health insurance. The largest effect is observed for the variable capturing an individual beliefs about causes of poverty. Clearly, the results indicate that, individuals who believe poverty is not due to individual responsibility are approximately 30 percentage points more likely to support social health insurance than those who think otherwise. This huge effect undoubtedly underscores the centrality of poverty beliefs in shaping individual preferences for social protection.

To illustrate these results in detail, the researcher replicates the simulations conducted in the previous section. Similarly, in scenario 1, the effect of

beliefs concerning self-versus-societal determination of poverty on support for social health insurance is simulated for both formal and informal sector groups. The results of the simulation are presented in figure 6.15 below.

As shown the effect of beliefs in predicting support for social health insurance appears to be nearly uniform across both formal and informal sector groups. For example, attributing poverty to societal causes rather than individual responsibility increases the probability of supporting social health insurance from 0.54 to 0.83 for individuals in the informal sector and from 0.52 to 0.82 for those in the formal sector. More so, it is also very clear that the differences in predicted probabilities between individuals holding similar beliefs in both groups are minimal, although the effect is slightly higher for those in the informal sector.

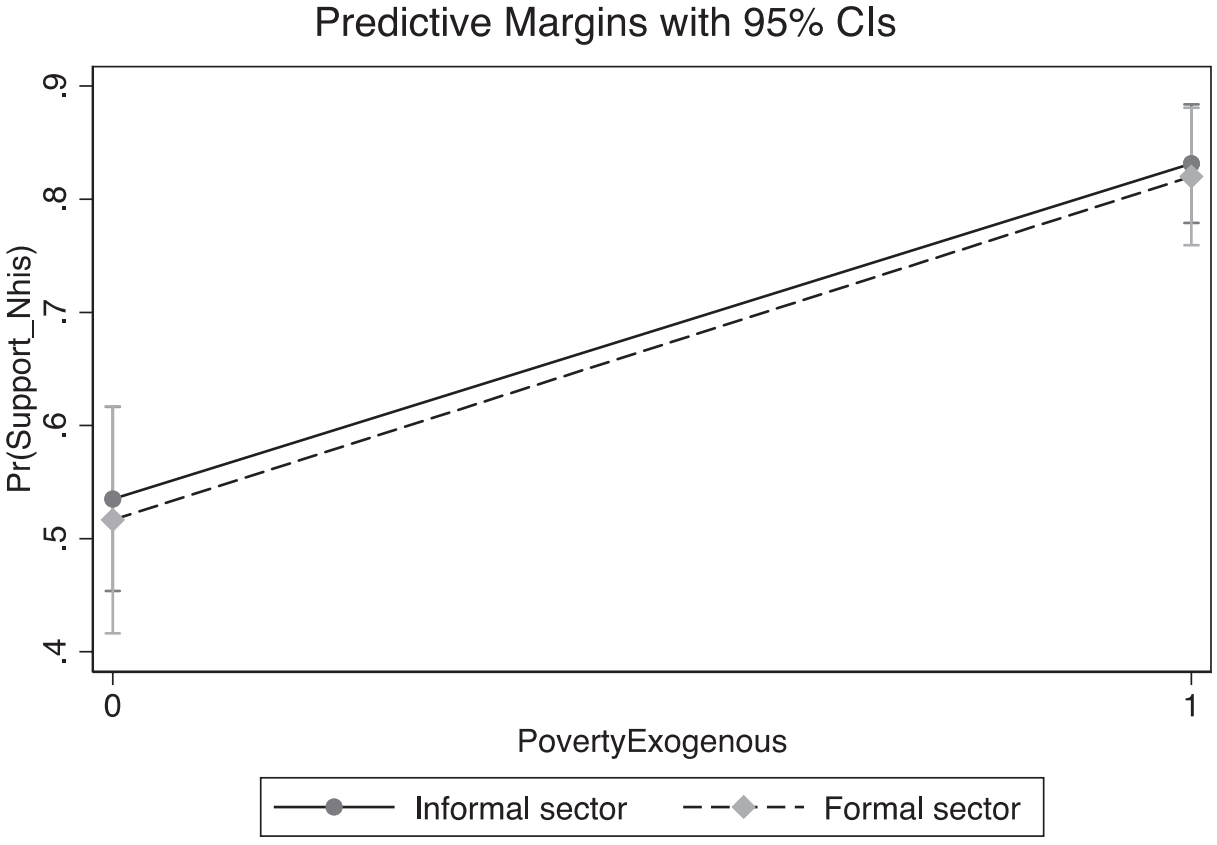

Figure 6.15. The Effect of Beliefs by Employment Sector.

Source: Authors' own based on output of the analysis.

Again, in scenario two, the researcher replicates the simulated effect of institutional trust on support for social health insurance across both groups, purposely using respondents with the lowest, mean and highest levels of institutional trust. The results of the simulation are as well shown in figure 6.16 below.

Clearly, the results of the simulation reinforces the fact that higher levels of institutional trust are associated with an increased likelihood of supporting social health insurance among respondents in the sample. However, the strength of this effect seems to slightly differ between same individuals in the formal and informal sectors. For example, the predicted probability of supporting social insurance for an individual with the lowest level of trust (Index = 0) in the formal sector is 0.60, while the predicted probability for same individual in the informal sector is 0.62. For those with an

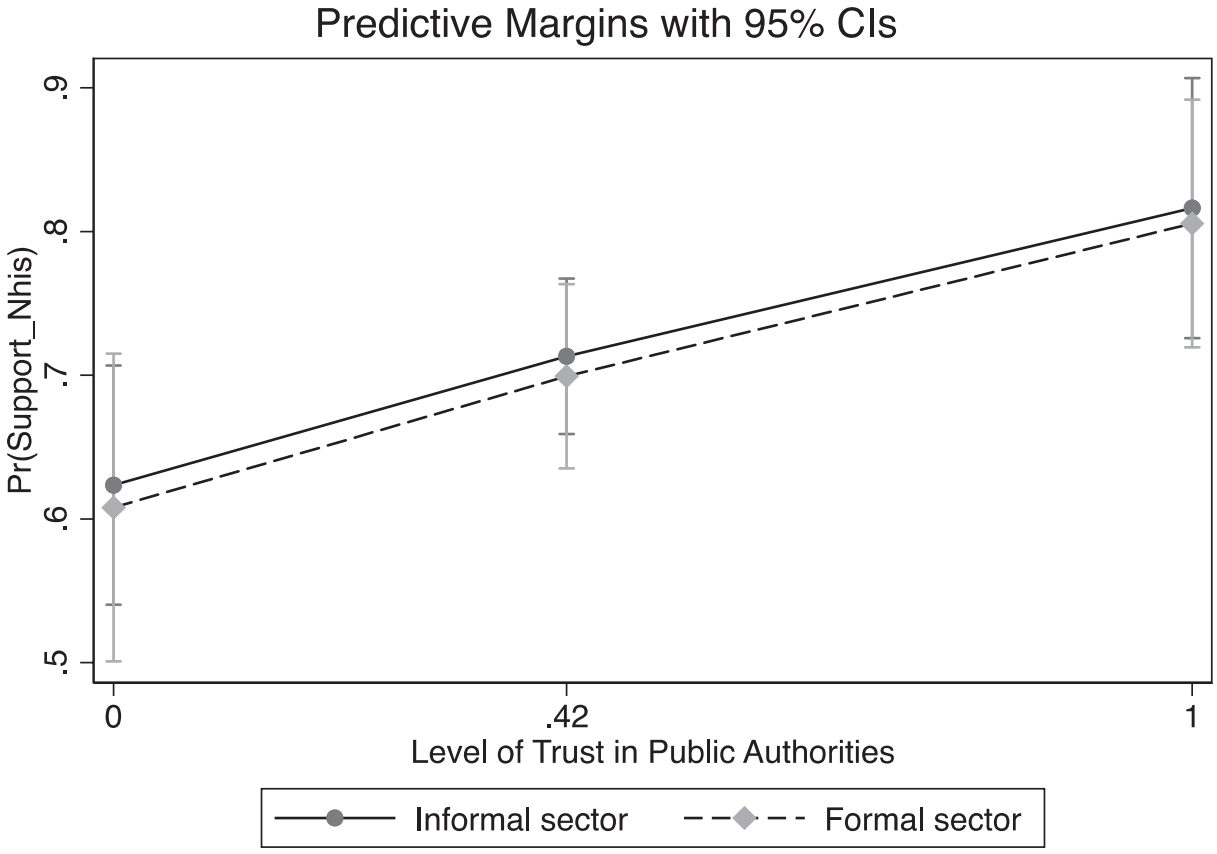

Figure 6.16. The Effect of Institutional Trust by Employment Sector.

Source: Authors' own based on output of the analysis.

average level of trust (Index = .42), the predicted probability of supporting social health insurance is 0.70 in the formal sector and 0.72 in the informal sector. Likewise, for individuals with the highest level of institutional trust (Index = 1), the predicted probability of supporting social health insurance is 0.80 in the formal sector and 0.82 in the informal sector.

Additionally, in scenario 3, the researcher simulates effect of knowledge about NHIS on support for social health insurance. The results are graphically presented in figure 6.17 below.

A visual analysis of figure 6.17 clearly reveals that knowledge significantly increases the probability of supporting social health insurance in both formal and informal sector groups. For instance, within the informal sector, the predicted probability of supporting social health insurance is 0.44 for an individual with no knowledge of NHIS (Index = 0), 0.57 for those with average

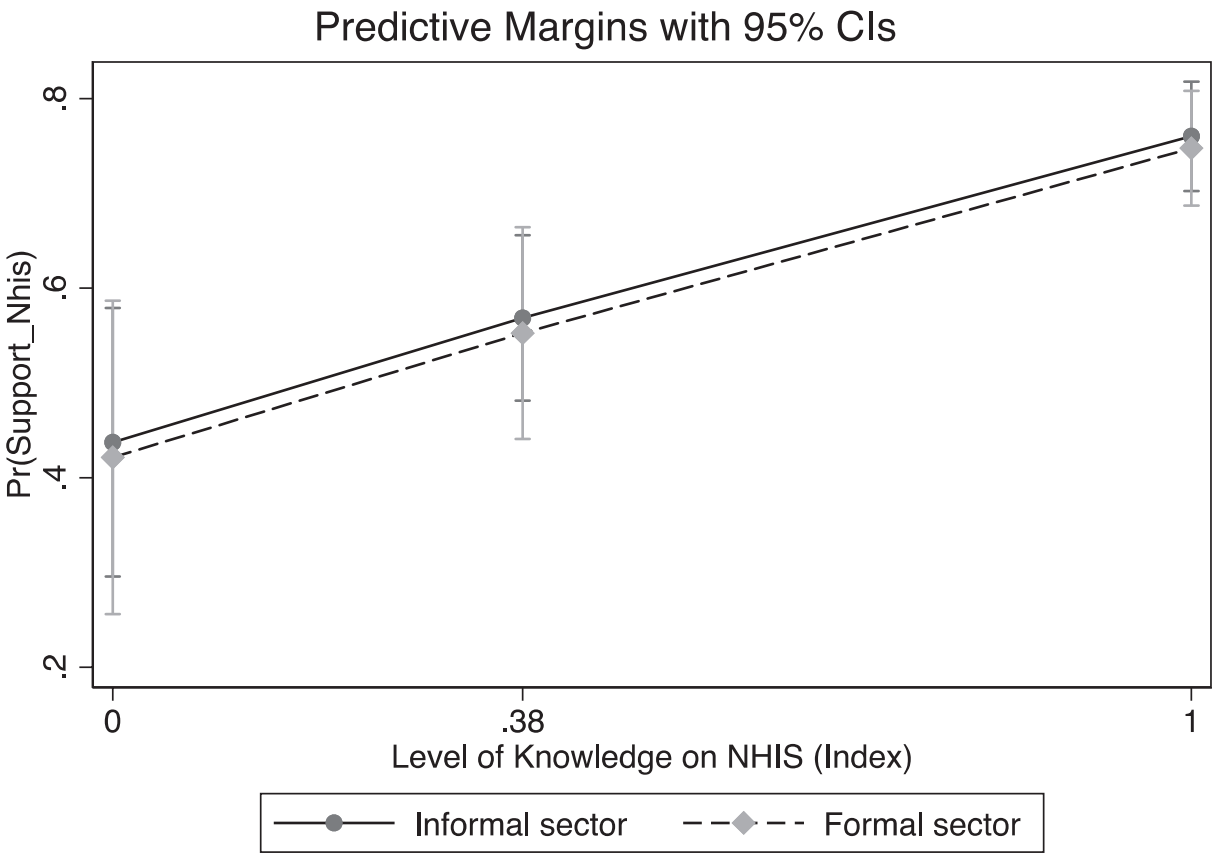

Figure 6.17. The Effect of Knowledge by Employment Sector.

Source: Authors' own based on output of the analysis.

knowledge of NHIS (Index = 3.8) and 0.76 for those with higher knowledge of NHIS (Index = 1). Likewise, for those in the formal sector, individuals with no knowledge of NHIS are associated with a predicted probability of 0.42, whilst those with average and high knowledge of NHIS are as well associated with predicated probabilities of 0.55 and 0.75 respectively. Thus, these results show the consistent effect of knowledge across both groups.

Finally, in the last scenario, the effect of knowledge on support for social health insurance is further examined by simulating its effect across different levels of educational attainment (see figure 6.18 below).

Generally, consistent with a prior expectations, higher levels of knowledge about the NHIS significantly increases the probability of supporting social health insurance regardless of an individual's level of educational attainment. As shown, for individuals with no formal education, the probability of supporting social health insurance is 0.49 when they have no

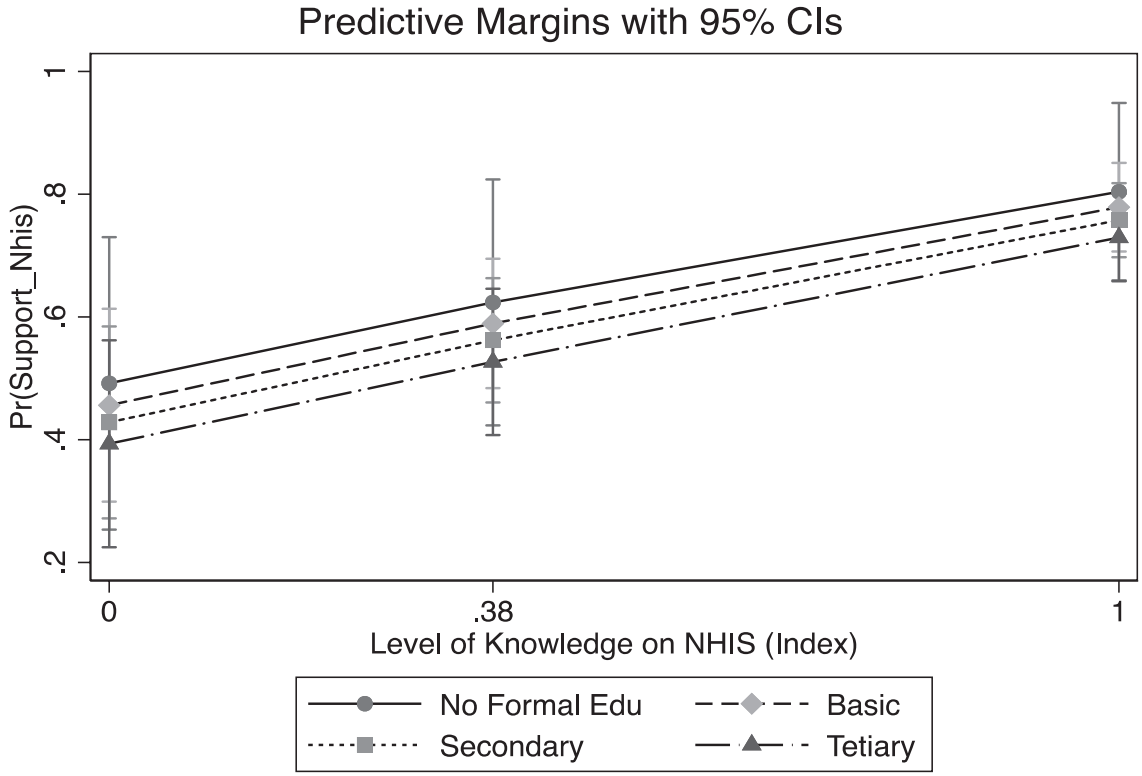

Figure 6.18. The Effect of Knowledge by Level of Education.

Source: Authors' own based on output of the analysis.

knowledge whatsoever of NHIS, 0.62 when they have average knowledge of NHIS and 0.80 when they have the high knowledge of NHIS. Similarly, for individuals with tertiary education, the predicted probability of supporting social health insurance is 0.39 when they have no knowledge about NHIS, 0.53 when they have average knowledge of NHIS and 0.73 when they have high knowledge of NHIS. The same pattern is observed among individuals with only basic education as well as those with only secondary education in the sample. However, given the close clustering of all these groups, it is quite evident that the differences across educational levels for individuals with similar knowledge levels are quite marginal, except for those at the two extremes of the education ladder (no formal education and tertiary education). For instance, an individual with average knowledge of NHIS has a 0.63 predicted probability of supporting social health insurance when in the group of no formal education, 0.59 when they have some basic education, 0.56 when they have attained secondary education and 0.53 when they have attained tertiary education. It is therefore not surprising that the differences in education levels tends to be statistically insignificant in explaining individual support for social health protection.

6.2.2.2 *Post Estimations Checks: Goodness-of-fit and Model Diagnostics*

I. Goodness-of-fit Test

To evaluate the goodness-of-fit of the models estimated, the researchers undertook the following. First, the log likelihood ratio test results presented at the bottom rows of table 6.4 were analyzed. Clearly, all models exhibit a statistically significant chi-square test statistic for the log likelihood ratio test, indicating that, each estimated model provides a significantly better fit compared to the model with only the intercept.

Furthermore, to evaluate the overall goodness of fit of our main model (Model 17), the Hosmer and Lemeshow's goodness-of-fit test was conducted. The test yielded a Hosmer and Lemeshow chi-square value of 4.64 with 8 degrees of freedom and an associated p-value of 0.7951. Therefore, in line

with the decision rule, we fail to reject the null hypothesis that the observed and expected frequencies are the same across all groups. This finding suggest the overall model fits the data reasonably well.

II. Model Specification Test

Similarly, to check for model specification errors, a linktest was conducted. The rules of the test remain the same as explained in the previous section. The test generated a _hat value of (0.000) and _hatsq value of (0.614). Consequently, given the non-statistical significance of the _hatsq value, the assumption that the model is wrongly specified is rejected. This result increases confidence that the overall model is correctly specified.

III. Multicollinearity Check

To check for multicollinearity in the overall model, the researcher again utilized the VIF test. The test rules for determining the presence of high multicollinearity remains the same as discussed in section 6.3.1.2. Evidently, the results of the test do not point to any serious concerns regarding multicollinearity. The VIF values for all variables in the model are less than 10 (Mean VIF = 2.01).

IV. Check for Influential Observations

Additionally, to check for the presence of outliers and influential cases in the fully specified model, both the standardized pearson residuals and the pregibon's dbetas were calculated for all cases and the results plotted for ease of interpretation. The recommended thresholds for both statistics remain the same as explained in the previous section. The index plot for the standardized pearson residuals is presented in figure 6.19 below.

Evidently, the figure below shows that a number of observations have residuals beyond the recommended thresholds and thereby warrant some closer examination. However, after a thoroughly reviewing of all the affected cases, the researcher did not find any irregularities in the data pertaining to the said cases. Therefore, in line with the advice of Gujarati and Porter

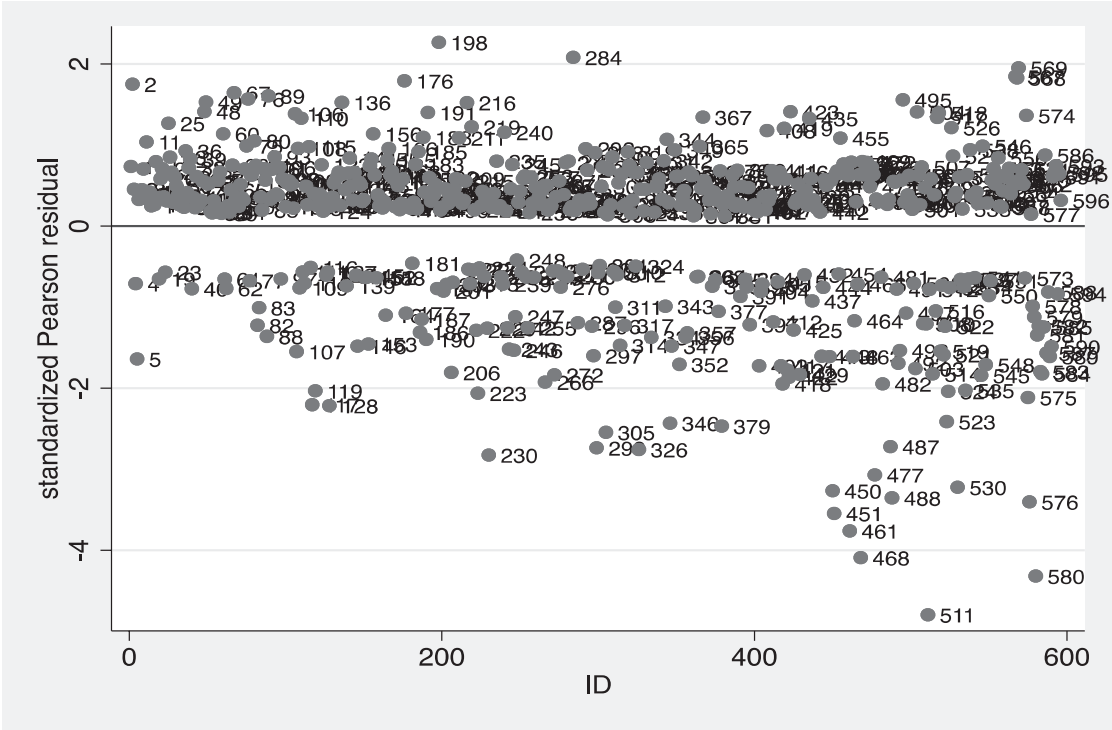

Figure 6.19. Index Plot of Standardized Pearson Residuals.

Source: Authors' own based on output of the analysis.

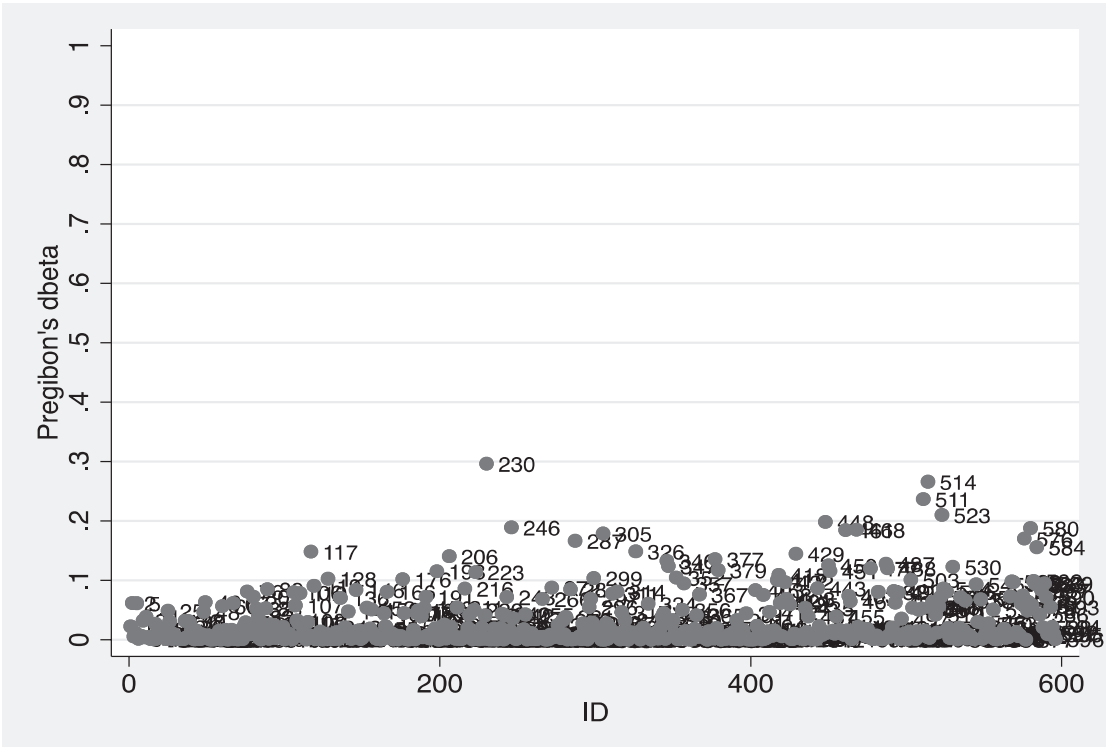

Figure 6.20. Index Plot of Pregibon's Delta Beta Statistic.

Source: Authors' own based on output of the analysis.

(2009), as well as Long and Freese (2001), the affected cases were not automatically deleted.

Next, the researcher then analyzed the calculated Pregibon's dbeta for all cases in an attempt to identify any observations with undue influence on the model. The index plot below provides an overview of the Pregibon's dbeta for all cases in the analysis.

Evidently, the figure above shows that, none of the observations in this analysis recorded a dbeta value in excess of the recommended threshold of 1. Therefore, it is reasonable to conclude that there are no individual cases that exert undue influence on the parameter estimates in the overall model.

6.2.2.3 *Robustness Checks*

To check for the robustness of the results presented in model 17, the researcher adopts the same procedure implemented in section 6.3.1.3.

First, the full empirical model (model 17) is re-estimated, replacing the variable "Poverty Exogeneous" with "Less Opportunity". The results are shown in model 19 in Table 6.6. Next, the researcher re-estimates model 17 again but this time substituting the variable "Trust in Public Authorities" with the perception index on institutional corruption (Corruption Index). The results for this estimation are also reported in model 20 in Table 6.6. As expected, the results from both models are largely in congruity with those of the fully specified model (model 17). The effect of the main variables of interest on support for social health insurance largely remain the same and consistent across both models.

In addition, the researcher estimates the fully specified using probit regression instead of logistic regression. As explained in the previous section, we do not generally expect any significant differences between the results of the fully specified logit model and those of the probit model, assuming all other factors remain constant. The results of the probit model are presented in model 21. Overall, they do not significantly differ from those contained in the fully specified logit model (model 17).

Lastly, the researcher re- estimates model 17 using an ordered logit model instead of a binary logit model. The results are reported in model 21

Table 6.6. Robustness Checks: Support for Social Health Insurance (NHIS).

Explanatory Variables	*Dependent Variable: Support for Social Health Insurance (NHIS).*			
	Model 19	**Model 20**	**Model 21 Probit**	**Model 22 Ologit**
Income(In)	–0.179 (0.156)	–0.126 (0.161)	–0.085 (0.091)	–0.162 (0.157)
Formal	–0.184 (0.319)	–0.165 (0.329)	–0.068 (0.184)	–0.148 (0.314)
Less Opportunity	1.616*** (0.225)			
Trust in Public Authorities	1.461*** (0.509)		0.780*** (0.302)	1.319** (0.514)
Knowledge of NHIS	1.885*** (0.489)	1.845*** (0.512)	1.102*** (0.285)	1.883*** (0.486)
Poverty Exogenous		1.451*** (0.234)	0.992*** (0.129)	1.661*** (0.223)
Corruption		–3.992*** (0.687)		
/cut1				1.658 (1.180)
/cut2				1.725 (1.180)
Constant	–1.757 (1.176)	1.682 (1.317)	–0.994 (0.668)	
Observations	579	579	579	579
Pseudo R-squared	0.220	0.284	0.228	0.212
Likelihood Ratio (df)	155.2(14)***	200.5(14)***	161.2(14)***	161.1(14)***

Note: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$. Standard errors in parentheses. All models contain the set of control variables as presented in table 6.4.The full table is presented in appendix 5.

in Table 6.6 above. Interestingly, the results from ordered logit model does not substantially alter the effect of the study's main variables relative to the baseline logit model. Given these findings, the researcher is confident that the empirical results presented are generally robust and reliable.

6.3 Discussion of the Empirical Findings

Generally, the findings of this study provides some very interesting and valuable insights into the factors influencing public support for social protection programmes, such as cash transfers and social health insurance in a development context.

First of all, in line with the median voter theorem of Richards and Meltzer (1981), *Hypotheses 1 and 2* test whether or not income and labour market characteristics significantly influence support for cash transfers and social health insurance respectively. Consistent with Franko et al. (2013), the findings of this study provides empirical support for the canonical political economy self-interest argument (*homo economicus*), particularly regarding support for social cash transfers. The study finds that high income individuals are less likely to support the LEAP social cash transfer programme compared to low income individuals. Moreover, from a labour market perspective, the results further reveal that formal sector workers (i.e., non-poor) are less likely to support the LEAP social cash transfer programme compared to both poor and non-poor informal sector workers. Specifically, being non-poor in the formal sector reduces the likelihood of support by approximately 17%.

Importantly, the fact that the effect of non-support for cash transfers is significant only among the formal sector non-poor (and not the informal sector non-poor) clearly implies that, in addition to income, an individual's sector of employment (i.e., formal or informal sector) also plays a role in shaping their redistributive policy preferences. Moreover, given that level of education tends to be a very good correlate of income and formality (Perry et al., 2007), the statistically significant effect of higher education (i.e., secondary and tertiary levels) in reducing the

likelihood of supporting social cash transfers further bolsters the self-interest argument presented earlier. Altogether, the above findings are in line with the results of previous studies, such as Sznycer et al. (2017), Linos and West (2003), and Finseraas, (2009), all of whom argue that individual self-interest plays a key role in determining individual attitudes towards redistributive policies.

However, with respect to support for social health insurance (*Hypothesis 1b and 2b*), the findings do not show any evidence of economic self-interest. Differences in income, as well as the distinction between being poor or non-poor in the formal sector relative to the informal sector, have no statistically significant effect on support for the NHIS programme. The researcher speculates that the null effect of income and formality on support for social health insurance is likely due to two factors. First, a greater proportion of both formal and informal sector workers as well as individuals across different income levels, likely place a higher premium on health-related risk and therefore, are more willing to support programmes that address these risk regardless of self-interest. Second, unlike social cash transfers which specifically target only the poor and do not require any contributions from beneficiaries, social health insurance programmes generally involve some level of financial contributions from participants before they can access benefits of the scheme. Given that the NHIS programme in Ghana entails some form of contribution from all beneficiaries[77] (compulsory payroll deductions for formal sector works and voluntary contributions from informal sector workers) it is possible that a greater proportion of individuals including the formal sector non-poor are relatively more comfortable with such design features and as a result act in a less self-interested manner.

Moving further, the findings also provide empirical support for *Hypotheses 2a and 2b* which examine the effect of individuals' beliefs about causes of poverty on support for social protection. With regards to social cash transfers (*Hypothesis 2a*), the results of the study indicate

[77] Except for the exempt groups as already discussed in chapter 4.

that individuals who attribute poverty to external causes are more likely to support social cash transfers than those who do not. This effect is large and consistent across both formal and informal sector groups as depicted in figure 6.9. Similarly, concerning support for social health insurance (*Hypothesis 2b*), the effect of beliefs remains the same as stated above. Individuals who ascribe poverty to external factors are more likely to support social health insurance compared to those who attribute it to individual responsibility. This effect is also consistent across both formal and informal sector groups as shown in figure 6.15. Overall, these findings do not come up as very surprising given that they are consistent with previous studies (e.g., Moffitt, 2015; Duman, 2013; Toth and Keller, 2011; Alesina and Giulano, 2009; Alesina and Angeletos, 2005; Corneo and Gruner, 2002; Fong, 2001, Appelbaum, 2001), which also find that attributing poverty to structural or external factors rather than individual responsibility increases support for redistributive policies.

In addition, the results of this study confirm *Hypothesis 3* which examines the effect of institutional quality on support for social protection. Similar to Rothstein et al. (2012), Berens (2013) and Macdonald (2020), the results indicate that individuals with higher levels of trust in public institutions, including those responsible for the implementation of social protection, are more likely to support both social cash transfers (*Hypothesis 3a*), and social health insurance (*Hypothesis 3b*), compared to those with lower levels of institutional trust. This effect is also substantial and consistent across both formal and informal sector workers. The huge effect of trust in public institutions (institutional quality) is not very surprising given that external institutions in many low- and middle-income countries invariably tend to be relatively underdeveloped and frequently plagued with issues of corruption, clientelism and political patronage (Abdulai and Hickey, 2016). As a result, individuals may be willing to support social protection, only if they can trust the system to effectively and efficiently implement such programmes.

Furthermore, another key finding of this study concerns the effect of knowledge on support for social protection. The study hypothe-

sized that knowledge of policies (LEAP and NHIS) would significantly impact individual support for social cash transfers (*Hypothesis 4a*) and social health insurance (*Hypothesis 4b*) respectively. Undoubtedly, the results confirms both hypotheses. As expected, individuals with higher levels of knowledge about LEAP are more likely to support the LEAP social cash transfer programme relative to those with lower levels of knowledge. Likewise, those with greater knowledge of NHIS are more likely to support health insurance compared to individuals with less knowledge of the programme. Interestingly, the study also reveals that, the level of knowledge or familiarity with both programs differs significantly. The data indicates that, on the average, individuals in the sample are more knowledgeable or conversant with NHIS (mean knowledge level = 0.82) compared to the LEAP programme (mean knowledge level = 0.38). This considerable disparity in programme awareness may stem from the fact that the NHIS has received broader public exposure than LEAP, especially owing to its universal coverage.

Beyond the study's main hypotheses, the results from several control variables also provide additional insights into understanding individual preferences for social protection. As expected, age is positively and significantly associated with an increased likelihood of supporting both cash transfers and social health insurance. Given that older individuals generally fall into categories of welfare recipients and face high health-related risks (Rhem, 2005; Iversen & Soskice, 2001), the effect of age may potentially be driven by self-interest. In the specific case of Ghana, individuals above 70 years are exempted from paying NHIS premiums whilst those above 65years and with no means of financial support are considered eligible for the LEAP cash transfer programme. Thus, the statistical significance of age as a key determinant of support for both LEAP and NHIS may perhaps reflect self-interest considerations.

More so, the effect of gender also presents some very interesting findings. As shown, while being female increases support for social health insurance, it tends to be statistically insignificant in relation to support for cash transfers. This finding is quite intriguing given that previous

studies have widely linked being female with pro- redistributive behavior. However, a closer analysis of respondents knowledge about LEAP, disaggregated by gender, reveals that on the average women possess lower levels of knowledge about the programme (mean knowledge level for Females = 3.4) compared to their male counterparts in the sample (mean knowledge level for Males = 4.2). Consequently, the researcher speculates that the null effect of being female on pro- redistributive behaviors in the context of cash transfers could possibly be explained by the relatively lower levels of knowledge concerning the LEAP cash transfer programme by female respondents in the sample.

Also, although Neher (2012) argues that marriage reduces support for redistributive policies since it provides some form of "insurance" for the individuals involved, the results from this study do not corroborate or provide any empirical support for the "marriage as insurance hypothesis". Thus, compared to those who are not married, being married has a null effect in determining public support for both cash transfers and social health insurance.

Furthermore, the null effect of political affiliation on individual support for both social cash transfers and social health insurance provides valuable insights for policy makers in Ghana. Given that most government welfare policies and programmes are often highly politicized, this study's finding that individual preferences for LEAP and NHIS are not significantly determined by partisan colors is encouraging. However, it must be emphasized that, the lack of political polarization regarding support for these two programmes although surprising, is not entirely unexpected. The recent promulgation of the National Social Protection Policy mandates governments regardless of political party, to continue with the implementation of these programmes. Therefore, it is safe to posit that both the LEAP programme and the NHIS have almost assumed a national character since all governments from the year 2000 have in one way or another contributed to the extension of coverage and benefits under both programmes (Grebe, 2017).

Lastly, following the argument that individuals who belong to unions tend to hold strong views on social solidarity and therefore are more likely to

support social protection (Mosimann and Pontusson, 2017), the null effect of union membership on support for both cash transfers as well as social health insurance remains puzzling and requires further empirical investigation in future studies.

6.4 Chapter Conclusion

In sum, this chapter aimed at presenting the empirical findings of the study. Based on primary data collected, individual preferences for social cash transfers (LEAP) and social health insurance (NHIS) respectively have been analyzed and the results duly discussed in light of the study's main hypothesis. In the next chapter the author will briefly summarize the main findings of the study and reflect on their implications for future policy making regarding social protection reforms in Ghana.

7 General Conclusion and Policy Recommendations

7.0 Chapter Overview

The final chapter of this thesis presents a summary of the study's main findings and the overall conclusions. In addition, it presents a number of policy recommendations, outlines the study's main limitations and offers suggestions for future research.

7.1 Summary of Findings and Conclusion

As earlier stated, the main objective of this study is to analyze the determinants of public support for different social protection instruments in a low- and middle-income country context. Specifically, based on a comprehensive theoretical framework developed in chapter 3, and using data from a cross sectional attitudinal survey, the study sort to examine how different groups of factors—such as self-interest, beliefs, trust in public institutions and knowledge—determine public support or otherwise for both cash transfers (LEAP) and social health insurance (NHIS) in the Ghanaian context.

Overall, the findings of this study show that individual preferences for social protection are influenced by different factors, which differ either based on the type of programme being considered (e.g., design features, extent of redistribution, etc.) or the particular kind of risk being addressed.

With respect to social cash transfers (i.e., LEAP), the results provide empirical support that factors such as age, level of education, income, sector of employment, beliefs about exogenous causes of poverty, perceptions of institutional quality and knowledge of policies significantly influence public support. Specifically, being older, attributing poverty to external causes,

having a higher level of trust in public institutions and possessing greater knowledge about LEAP were found to significantly increase public support for cash transfers. Conversely, being in the formal sector, belonging to a high income group and having attained a higher level of education significantly reduced public support for social cash transfers.

Regarding support for social health insurance (NHIS), only gender (i.e., being female), ascribing poverty to external causes, having a higher level of trust in public institutions and possessing greater knowledge of NHIS were found to be statistically significant determinants of an individual's level of support.

Interestingly, the results of the study do not suggest that individual support for social protection programmes are driven by partisan lines. For both LEAP and NHIS, an individual's political affiliation did not significantly determine whether or not they support these policies. Consequently, the findings challenge the prevailing assumption that public support for social protection programmes are polarized along political party or ideological lines.

Additionally, this study found no empirical support for the argument that union membership increases pro-redistributive attitudes. With regards to both cash transfers and social health insurance, no significant differences were observed between union members and non-union members in relation to the likelihood of supporting either programme.

Furthermore, the study also established that the substantive effect of beliefs, institutional trust and knowledge (in terms of predicted probabilities) on support for cash transfers and social health insurance are similar and consistent across both formal and informal sector groups. Thus, irrespective of an individual's employment sector, those who attribute poverty to structural factors, have higher levels of trust in public institutions and possess greater knowledge of social protection programmes tend to be more likely to support both cash transfers and social health insurance policies respectively than those who do not.

Finally, the study also uncovered that the actual distribution of individual preferences for cash transfers and social health insurance in the study

sample differs significantly. As shown, a large proportion of individuals (approximately 70%) supported social health insurance (NHIS) than social cash transfers (LEAP) (44%). This difference in support for the two programmes reinforces the earlier argument that, individual preferences are not uniform across all social protection mechanisms. Instead, preferences tend to differ based on programme design features and the specific type of risk being addressed.

7.2 Policy Recommendations

In light of the study's main findings, the researcher proposes the following policy recommendations to help bolster public support for social protection measures in Ghana and perhaps in other contexts where these findings may be applicable.

First of all, as already highlighted, a key lesson from this study is that the quality of external institutions do matter for redistributive policy preferences. Citizens are more willing to endure progression taxation for the provision of social protection if they perceive external institutions to be very effective. That is to say, when voters trust public institutions to provide social protection and adequately address implementation issues in a fair, just and impartial manner, they tend to be more likely to support social protection, than when they do not trust the system. In light of this, it is therefore recommended that government and policy makers implement measures aimed at enhancing the trust of citizens in public institutions and governance structures, particularly in relation to the design and implementation of social protection programmes in the country. Considering that issues such as corruption erode public trust in state institutions, it is very important for policy makers to implement measures that reduce corruption and other forms of misconduct in the administration of social protection programmes. Efforts should particularly be geared towards ensuring both vertical and horizontal accountability, as well as transparency in all aspects of programme administration, for instance, in matters regarding the selection of beneficiaries, payments of benefits and the provision of

complimentary services to programme beneficiaries. Also, grievance redress mechanisms should be fair and impartial, and clear channels of communication established to ensure that citizens can easily access information and seek redress whenever necessary. Individuals responsible for the implementation of social protection who are found guilty of breaching programme rules or engaging in corrupt, fraudulent and illegal practices should be made to face the full rigors of the law, with the required penalties applied in an evenhanded manner.

More so, related to the above, efforts should also be made to improve the quality of social protection programmes currently being implemented since citizens' experiences generally feed into or affect their levels of trust in these programmes. Governments should also consider progressively expanding the benefits and coverage of targeted social protection programmes such as cash transfers to all eligible individuals. This could enhance public confidence in the ability of government to fulfill its social contract and improve citizens perceptions of the effectiveness of such programmes.

Furthermore, given that this study establishes a strong link between individuals level of knowledge and the likelihood of supporting social protection policies, it is highly recommended that policy makers strengthen efforts to provide citizens with more information on social protection programmes in Ghana. Raising public awareness and educating citizens on the importance of social protection programmes may help individuals better understand the need for such programmes and perhaps increase support for these programmes. Additionally, the provision of accurate information by social protection authorities can help dispel misconceptions and reduce the spread of misinformation about the implementation of social protection programmes in the country.

Also, in the specific context of social cash transfers, the finding that individuals in the formal sector are less willing to support taxation for the implementation of these policies compared to those in the informal sector possibly signals tax fatigue in the formal sector. This is likely because formal sector workers pay both direct and indirect taxes, whereas individuals in the informal sector typically pay only indirect taxes. As such, it may

be imperative for government to consider instituting mechanisms aimed at formalizing the large informal sector. Formalization would enable the government to expand its tax base, generate more revenue for social welfare programmes, reduce the huge tax burden on the relatively small formal sector and consequently minimize the conflict of interest that exist between formal and informal sector workers regarding tax-financed social protection programmes.

Finally, the finding that support for both social protection programmes (i.e., LEAP and NHIS) is not based on partisan affiliations presents an opportunity for government to pursue long term policy reforms aimed at institutionalizing these programmes. Given that the impact of some social programmes may only become visible in the long term, it is very important that mechanisms are kept in place to bind successive governments to continous implementation. A non-polarized citizenry creates opportunities for cross-party coalitions or the adoption of a multi-partisan approach to building political consensus on the future of social protection programmes in Ghana.

7.3 Limitations of the Study and Suggestions for Future Research

Although this study fulfills its basic aim of analyzing the factors influencing public support for both cash transfers and social health insurance, it is not without limitations, as is the case with many other scientific studies.

First, considering the general challenge in attaining a perfectly representative sample in studies of this nature, the researcher acknowledges that the sample size for this study may not be fully representative of the entire study population. As earlier explained, the choice of the study's sample size was largely influenced by pragmatic concerns such as time and budget constraints. However, given that the procedure for sampling was meticulously carried out, the researcher is confident that the diversity of individuals in the sample provides some very useful insights into understanding the factors determining individual preferences for social

protection in the Ghanaian context. Nonetheless, the results of this study should be interpreted with caution especially when generalizing beyond the sample.

Second, since the questions that measured the dependent variables (preferences for both cash transfers and social health insurance) included a tax stimulus, there is a possibility that respondents could have misinterpreted such questions as directly measuring preferences for taxation. However, anticipating this issue, the researcher ensured that the field assistants responsible for data collection were properly trained to fully understand the import of all questions in the survey instrument. As a result, field assistants were able to satisfactorily explain all questions to the understanding of respondents, minimizing such potential confusion.

Third, although microeconomic theory assumes preferences to be stable, in reality, it is possible that individuals update their policy preferences over the cause of time due to multiple factors including new experiences or new information (Muller et al., 2019; Oppewal et al., 2010). However, owing to the fact that this study primarily relies on cross sectional data, it does not capture or provide any insights into the time dimension of individual preferences. Therefore, it is imperative for the results of this study to be interpreted with this limitation in mind. Given data availability, future studies should consider a longitudinal analysis of the factors determining individual preferences for social protection programmes in Ghana. Such an approach would provide deeper insights into the dynamics of individual preferences over time and contribute to the debate on the stability or otherwise of preferences.

Finally, as mentioned in the earlier sections of this thesis, several social protection programmes have been implemented in Ghana over the past two decades. While it would have been very interesting to examine public support for other social protection programmes beyond LEAP and NHIS, or preferences for various targeting mechanisms, this study did not cover these aspects as they were beyond its defined scope. To expand the body of knowledge on factors that shape redistributive policy preferences in Ghana, future studies should consider broadening their analysis to include additional programmes and dimensions outside those explored in this thesis.

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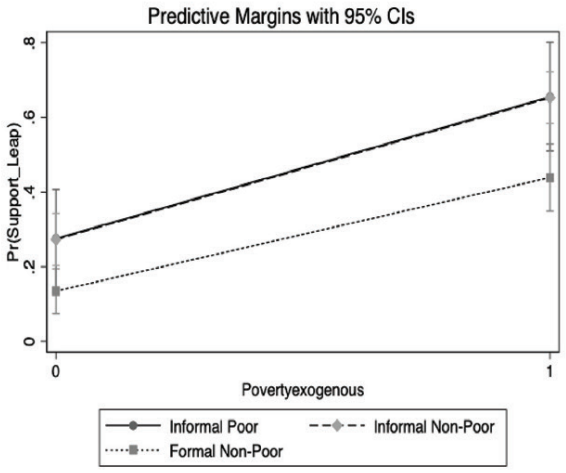
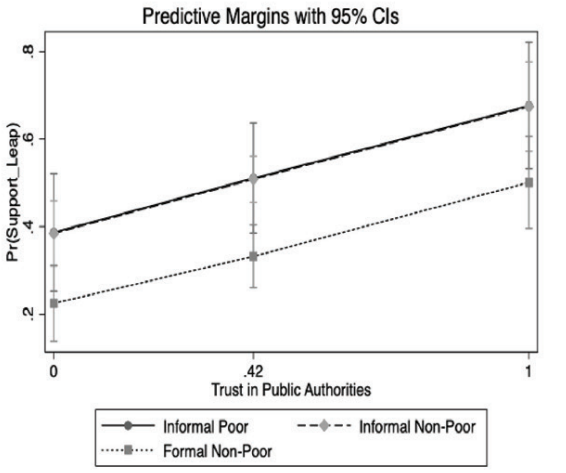
Appendices

Appendix 1. Results of Simulations for LEAP Based on Model 7.

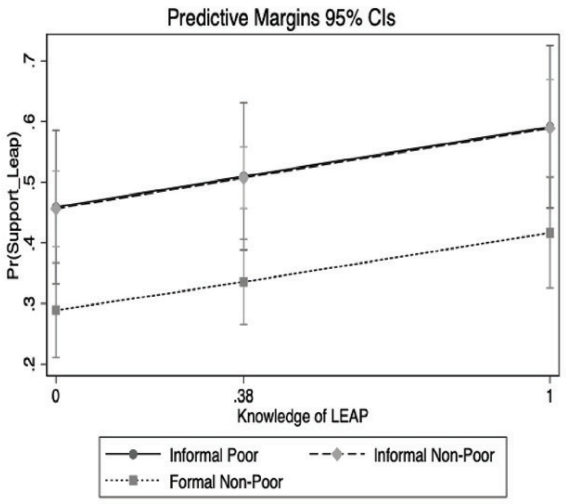
a. Effect of Beliefs by Employment Sector



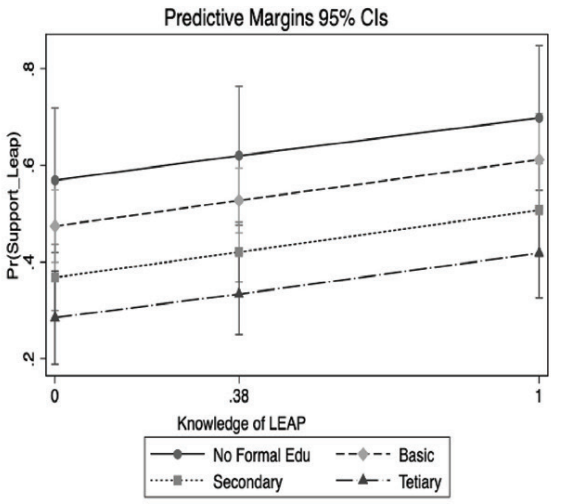
b. Effect of Institutional Trust by Employment sector



c. Effect of Knowledge by Employment Sector



d. Effect of Institutional Trust by Employment sector



Appendix 2. Robustness Checks: Support for Social Cash Transfers (LEAP)—Model 6 (Full Table).

Explanatory Variables	***Dependent Variable: Support for Cash Transfers (LEAP)***			
	Model 8	**Model 9**	**Model 10 Probit**	**Model 11 Ologit**
Age	0.065***	0.076***	0.037***	0.062***
	(0.011)	(0.012)	(0.006)	(0.011)
Female	0.107	0.150	0.034	0.022
	(0.241)	(0.261)	(0.139)	(0.236)
Currently Married	–0.313	–0.245	–0.131	–0.173
	(0.256)	(0.271)	(0.144)	(0.244)
(ref = No Formal Education) Basic Education	–0.808	–0.321	–0.353	–0.697
	(0.546)	(0.558)	(0.291)	(0.527)
Secondary Education	–1.324**	–1.060*	–0.708**	–1.215**
	(0.561)	(0.575)	(0.301)	(0.542)
Tertiary Education	–1.475**	–1.193*	–0.935***	–1.667***
	(0.643)	(0.671)	(0.352)	(0.621)
(ref = Other Political Party) NPP	0.287	0.128	0.101	0.195
	(0.285)	(0.307)	(0.163)	(0.277)
NDC	0.353	0.296	0.178	0.287
	(0.297)	(0.318)	(0.170)	(0.289)
Union Member	–0.260	–0.418*	–0.208	–0.413*
	(0.233)	(0.252)	(0.134)	(0.226)
Income (In)	–0.522***	–0.493***	–0.266***	–0.469***
	(0.173)	(0.182)	(0.094)	(0.168)
Formal	–0.982***	–1.137***	–0.481**	–0.823**
	(0.349)	(0.384)	(0.202)	(0.338)

(Continued)

Appendix 2. (Continued)

Explanatory Variables	*Dependent Variable: Support for Cash Transfers (LEAP)*			
	Model 8	**Model 9**	**Model 10 Probit**	**Model 11 Ologit**
Less Opportunity	2.275*** (0.287)			
Trust in Public Authorities	2.051*** (0.509)		1.095*** (0.296)	1.851*** (0.502)
Knowledge of LEAP	0.797** (0.351)	0.735* (0.382)	0.538*** (0.203)	0.887*** (0.343)
Poverty Exogenous		1.860*** (0.275)	1.182*** (0.144)	1.971*** (0.247)
Corruption		–4.645*** (0.627)		
/cut1				0.510 (1.160)
/cut2				0.621 (1.160)
Constant	–0.852 (1.188)	3.229** (1.309)	–0.518 (0.651)	
Observations	579	579	579	579
Pseudo R-squared	0.383	0.451	0.377	0.344
Likelihood Ratio(df)	304.7(14)***	358.5(14)***	299.4(14)***	302(14)***

Note: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$ Standard errors in parentheses.

Appendix 3. Robustness Checks: Support for Social Cash Transfers (LEAP)—Model 7.

Explanatory Variables	***Dependent Variable: Support for Cash Transfers (LEAP)***			
	Model 23	**Model 24**	**Model 25 Probit**	**Model 26 Ologit**
Age	0.063***	0.074***	0.035***	0.060***
	(0.011)	(0.012)	(0.006)	(0.011)
Female	0.193	0.232	0.082	0.101
	(0.235)	(0.254)	(0.135)	(0.230)
Currently Married	–0.385	–0.304	–0.164	–0.246
	(0.251)	(0.267)	(0.142)	(0.241)
(ref = No Formal Education) Basic Education	–0.721	–0.296	–0.333	–0.620
	(0.514)	(0.537)	(0.282)	(0.498)
Secondary Education	–1.335**	–1.136**	–0.745**	–1.233**
	(0.527)	(0.550)	(0.290)	(0.511)
Tertiary Education	–1.686***	–1.439**	–1.058***	–1.857***
	(0.599)	(0.633)	(0.334)	(0.582)
(ref = Other Political Party) NPP	0.384	0.212	0.129	0.276
	(0.282)	(0.305)	(0.161)	(0.275)
NDC	0.479	0.416	0.235	0.400
	(0.294)	(0.317)	(0.168)	(0.287)
Union Member	–0.266	–0.428*	–0.211	–0.414*
	(0.229)	(0.249)	(0.132)	(0.224)
(ref = Informal Poor) Informal Non-Poor	–0.070	–0.130	0.007	0.033
	(0.424)	(0.446)	(0.233)	(0.417)
Formal Poor	–1.371***	–1.562***	–0.649**	–1.107**
	(0.508)	(0.546)	(0.281)	(0.497)

(Continued)

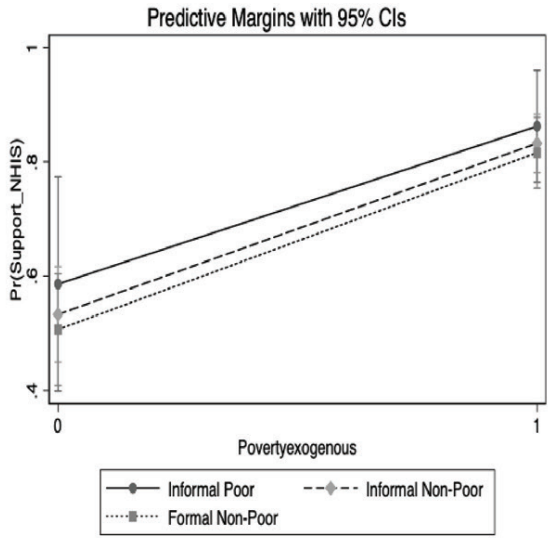
Appendix 3. (Continued)

Explanatory Variables	*Dependent Variable: Support for Cash Transfers (LEAP)*			
	Model 23	**Model 24**	**Model 25 Probit**	**Model 26 Ologit**
Poverty Exogenous		1.941*** (0.273)	1.233*** (0.142)	2.059*** (0.245)
Trust in Public Authorities	2.067*** (0.499)		1.093*** (0.290)	1.863*** (0.492)
Knowledge of LEAP	0.701** (0.345)	0.622* (0.375)	0.480** (0.199)	0.821** (0.338)
Less Opportunity	2.340*** (0.283)			
Corruption		–4.728*** (0.625)		
/cut1				3.305*** (0.772)
/cut2				3.413*** (0.774)
Constant	–3.862*** (0.806)	0.576 (0.907)	–2.048*** (0.437)	
Observations	583	583	583	583
Pseudo R-squared	0.371	0.444	0.366	0.335
Likelihood Ratio(df)	297.5(14)***	355.5(14)***	293.3(14)***	295.8(14)***

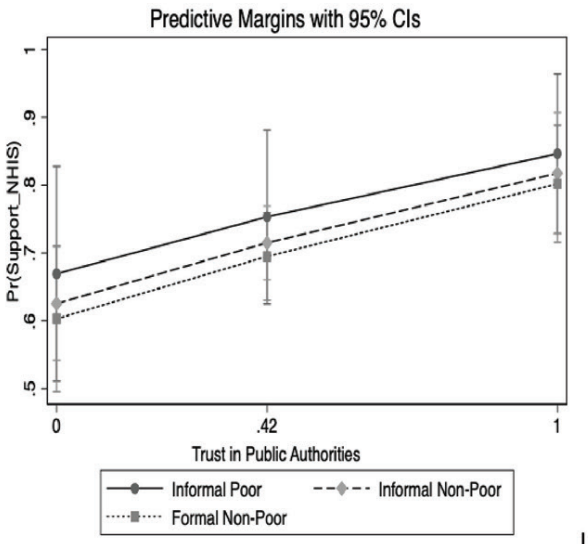
Note: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$ Standard errors in parentheses.

Appendix 4. Results of Simulations for NHIS Based on Model 18.

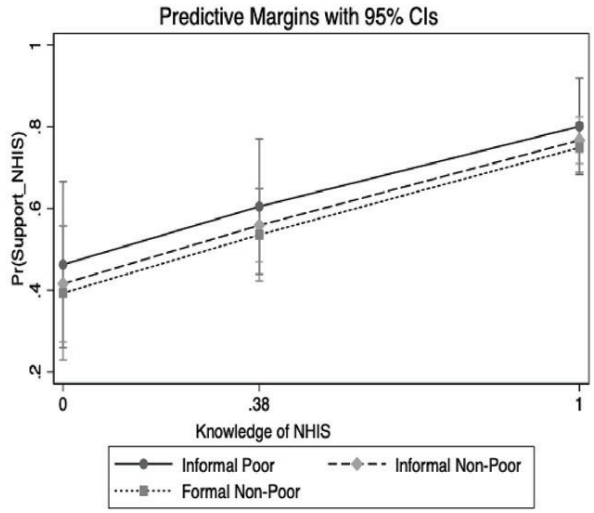
a. Effect of Beliefs by Employment Sector



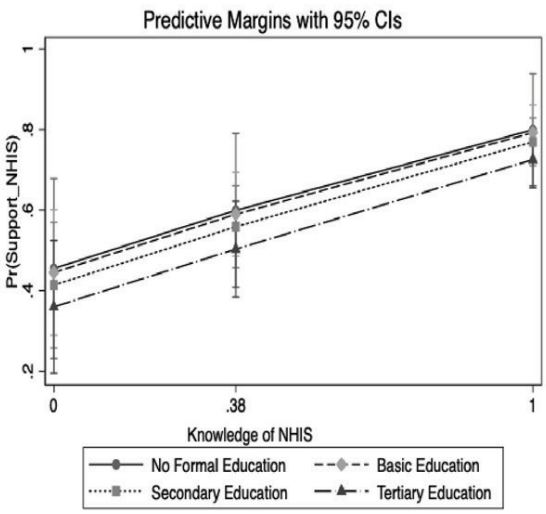
b. Effect of Institutional Trust by Employment Sector



c. Effect of Knowledge by Employment Sector



d. Effect of Institutional Trust by Employment Sector



Appendix 5. Robustness Checks: Support for Social Cash Transfers (LEAP)—Model 17 (Full Table).

Explanatory Variables	***Dependent Variable: Support for Social Health Insurance (NHIS)***			
	Model 19	**Model 20**	**Model 21 Probit**	**Model 22 Ologit**
Age	0.020*	0.021*	0.011*	0.022**
	(0.011)	(0.011)	(0.006)	(0.011)
Female	1.233***	1.290***	0.699***	1.198***
	(0.233)	(0.241)	(0.133)	(0.232)
Currently Married	–0.390	–0.283	–0.196	–0.295
	(0.240)	(0.247)	(0.137)	(0.238)
(ref = No Formal Education) Basic Education	–0.292	0.080	–0.173	–0.271
	(0.580)	(0.607)	(0.326)	(0.576)
Secondary Education	–0.442	–0.102	–0.251	–0.397
	(0.587)	(0.615)	(0.334)	(0.584)
Tertiary Education	–0.457	–0.210	–0.356	–0.539
	(0.647)	(0.676)	(0.369)	(0.641)
(ref = Political Party) NPP	–0.013	–0.208	–0.060	–0.036
	(0.256)	(0.270)	(0.150)	(0.255)
NDC	0.260	0.200	0.116	0.197
	(0.279)	(0.293)	(0.163)	(0.279)
Union Member	–0.024	–0.138	–0.072	–0.151
	(0.226)	(0.235)	(0.131)	(0.225)
Income(In)	–0.179	–0.126	–0.085	–0.162
	(0.156)	(0.161)	(0.091)	(0.157)
Formal	–0.184	–0.165	–0.068	–0.148
	(0.319)	(0.329)	(0.184)	(0.314)
Less Opportunity	1.616***			
	(0.225)			

(Continued)

Appendix 5. (Continued)

Explanatory Variables	*Dependent Variable: Support for Social Health Insurance (NHIS)*			
	Model 19	**Model 20**	**Model 21 Probit**	**Model 22 Ologit**
Trust in Public Authorities	1.461*** (0.509)		0.780*** (0.302)	1.319** (0.514)
Knowledge of NHIS	1.885*** (0.489)	1.845*** (0.512)	1.102*** (0.285)	1.883*** (0.486)
Poverty Exogenous		1.451*** (0.234)	0.992*** (0.129)	1.661*** (0.223)
Corruption		–3.992*** (0.687)		
/cut1				1.658 (1.180)
/cut2				1.725 (1.180)
Constant	–1.757 (1.176)	1.682 (1.317)	–0.994 (0.668)	
Observations	579	579	579	579
Pseudo R-squared	0.220	0.284	0.228	0.212
Likelihood Ratio (df)	155.2(14)***	200.5(14)***	161.2(14)***	161.1(14)***

Note: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$ Standard errors in parentheses.

Appendix 6. Robustness Checks: Support for Social Cash Transfers (LEAP)—Model 18.

Explanatory Variables	***Dependent Variable: Support for Social Health Insurance (NHIS)***			
	Model 27	**Model 28**	**Model 29 Probit**	**Model 30 Ologit**
Age	0.020*	0.022**	0.011*	0.022**
	(0.011)	(0.011)	(0.006)	(0.011)
Female	1.293***	1.339***	0.728***	1.257***
	(0.232)	(0.240)	(0.132)	(0.231)
Currently Married	–0.431*	–0.308	–0.215	–0.336
	(0.239)	(0.247)	(0.137)	(0.237)
(ref = No Formal Education) Basic Education	–0.159	0.177	–0.105	–0.133
	(0.551)	(0.589)	(0.315)	(0.548)
Secondary Education	–0.340	–0.016	–0.197	–0.281
	(0.556)	(0.595)	(0.322)	(0.555)
Tertiary Education	–0.475	–0.226	–0.359	–0.539
	(0.608)	(0.645)	(0.351)	(0.602)
(ref = Other Political Party) NPP	–0.031	–0.224	–0.073	–0.055
	(0.255)	(0.270)	(0.150)	(0.255)
NDC	0.255	0.183	0.113	0.192
	(0.280)	(0.294)	(0.163)	(0.280)
Union Member	–0.066	–0.170	–0.095	–0.197
	(0.225)	(0.235)	(0.131)	(0.225)
(ref = Informal Poor) Informal Non-Poor	–0.259	–0.342	–0.122	–0.237
	(0.464)	(0.494)	(0.259)	(0.465)
Formal Non-Poor	–0.508	–0.514	–0.220	–0.437
	(0.526)	(0.557)	(0.296)	(0.523)

(Continued)

Appendix 6. (Continued)

Explanatory Variables	*Dependent Variable: Support for Social Health Insurance (NHIS)*			
	Model 27	**Model 28**	**Model 29 Probit**	**Model 30 Ologit**
Poverty Exogenous		1.467*** (0.232)	1.004*** (0.128)	1.685*** (0.222)
Trust in Public Authorities	1.464*** (0.505)		0.780*** (0.300)	1.317*** (0.511)
Knowledge of NHIS	2.049*** (0.490)	1.929*** (0.512)	1.187*** (0.285)	2.043*** (0.487)
Less Opportunity	1.635*** (0.224)			
Corruption		–4.021*** (0.685)		
/cut1				2.628*** (0.840)
/cut2				2.696*** (0.840)
Constant	–2.796*** (0.842)	1.133 (1.034)	–1.490*** (0.477)	
Observations	583	583	583	583
Pseudo R-squared	0.222	0.288	0.231	0.215
Likelihood Ratio (df)	157.2(14)***	204.2(14)***	163.5(14)***	163.4(14)***

Note: *** $p < 0.01$, ** $p < 0.05$, * $p < 0.1$ Standard errors in parentheses.

Appendix 7. Questionnaire.

Questionnaire

Introduction (Consent):

Good day. I am conducting to understand the views of citizens regarding their preferences for social protection programmes in Ghana. Please be informed that this study is solely for academic purposes and all responses gathered will be treated as utmost confidential. The interview will last between 20–30 minutes. I will kindly like to seek your consent to administer the questionnaire.

NB: Please proceed **only** if respondent provides his/her consent to answering the questionnaire. If not, skip household and move to the next sampled household.

Identification

Date:	**Questionnaire ID #:**
Enumeration Area ID:	**Locality/Community:**
House Number #:	**Name of Respondent:**
Name of Enumerator:	**Time of Interview:**
Supervisor:	

Section A: Demographics

1. Sex of Respondent

Male	1
Female	2

2. Age of Respondent (in years)

3. Marital Status of Respondent

Single	1
Married	2
Divorced	3
Widowed	4
Don't Know	–1

4. What is your highest level of Education?

No Formal Education	1
Basic School (Primary & JHS)	2
Senior High/Secondary School	3
Tertiary (Diploma, Under-graduate & Post-graduate, PhD)	4
Don't Know	–1

5. What is your Religion if any?

Christian- Catholic/Orthodox	1
Christian- Protestant	2
Muslim	3
Other (Specify)	4
Don't Know	–1

6. Which sector are you are predominantly employed in?

Formal Sector (jobs with a formal employment contract, involves payment of income taxes & SSNIT)	1
Informal Sector (Jobs not registered with the state, does not involve payment of income taxes & SSNIT) including the unemployed.	2
Don't Know (Don't read this option)	–1

7. What is your main Occupation? (If retired or disabled, what was your last main occupation?

Housewife/Housemaker	1
Trader/Hawker/Vendor	2
Farmer/Fisher folk	3
Unskilled Manual Worker (e.g., cleaner, laborer, domestic help, unskilled factor worker etc.)	4
Artisan or skilled manual worker (e.g., hairdresser, electrician, mechanic, carpenter etc.)	5
Clerical/secretarial/Administrative staff	6
Supervisor/Foreman	7
Mid-level professional (e.g., teacher, nurse, mid-level government officer)	8
Upper-level professional (e.g., banker/finance, doctor, lawyer, engineer, accountant, professor, senior-level government officer)	9
Other (Specify)……..	12
Don't Know (Don't read this option)	–1

8. What is your current employment status?

Unemployed	1
Temporarily not working	2
Retired	3
Part-time employed	4
Full-time employed	5
Don't Know (Don't read this option)	–1

9. Do you work for yourself, for someone else in private industry, non-governmental sector, or for government? (If currently not working, please refer to last employment).

Self Employed	1
Someone else in Private Industry	2
Non-Governmental Organization/Civil Society	3
Government	4
Don't Know (Don't read this option)	–1

Section B: Support for Social Protection

Now I will like to ask a few questions concerning your support for social protection in Ghana

I. *Support for Social protection in General*

10a. On a scale of 1 (strongly disagree) to 5 (strongly agree), please tell me the extent to which you disagree or agree with the following statement:

	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know (DNR)*
Government must take measures to reduce income differences between the rich and the poor in Ghana	1	2	3	4	5	–1

(DNR)* = Do not read out but code when respondents mentions it.

11. On a scale of 1(strongly disagree) to 5 (strongly agree), Please tell me the extent to which you disagree or agree with the following statement:

	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know (DNR)*
Government should continue to implement and expand coverage of Social Protection programmes in Ghana.	1	2	3	4	5	–1

(DNR)* = Do not read out but code when respondents mentions it.

12a. On a scale of 1 (strongly disagree) to 5 (strongly agree), Please tell me the extent to which you disagree or agree with the following statement:

	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know (DNR)*
Government should increase its contributions to Social Protection programmes in Ghana.	1	2	3	4	5	–1

(DNR)* = Do not read out but code when respondents mentions it.

12b. On a scale of 1 (strongly disagree) to 5 (strongly agree), Please tell me the extent to which you disagree or agree with the following statement:

	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know (DNR)*
Government should increase income taxes to enable it increase its contributions to Social protection programmes in Ghana.	1	2	3	4	5	–1

(DNR)* = Do not read out but code when respondents mentions it.

II. *Support for Non-Contributory SP Programmes (Cash Transfers)*

Now let me ask you a few questions concerning your preferences for non-contributory programmes (programmes that give entitlements to the poor without requiring any direct contributions e.g. LEAP cash transfers).

13. On a scale of 1 (strongly disagree) to 5 (strongly agree), Please tell me the extent to which you disagree or agree with the following statement:

	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know (DNR)*
Government should provide income support to the poor via cash transfer programmes such as LEAP.	1	2	3	4	5	–1

(DNR)* = Do not read out but code when respondents mentions it.

14. On a scale of 1 (strongly disagree) to 5 (strongly agree), Please tell me the extent to which you disagree or agree with the following statement:

	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know (DNR)*
Government should increase income taxes to enable it better provide income support to the poor in Ghana poor via cash transfer pro-grammes such as LEAP.	1	2	3	4	5	–1

(DNR)* = Do not read out but code when respondents mentions it.

III. *Support for Contributory SP Programmes (Health insurance)*

Let's talk about your preferences for Contributory programmes (programmes where all individuals including the poor have to make some compulsory contributions before they can qualify to enjoy any benefit. E.g. Health Insurance)

15. On a scale of 1 (strongly disagree) to 5 (strongly agree), please tell me the extent to which you disagree or agree with the following statement:

	Strongly disagree	Disagree	Neither Agree nor Disagree (DNR)*	Agree	Strongly Agree	Don't Know (DNR)*
Government should increase its contributions to the NHIS to improve access to health services	1	2	3	4	5	–1

(DNR)* = Do not read out but code when respondents mentions it.

16. On a scale of 1 (strongly disagree) to 5 (strongly agree), please tell me the extent to which you disagree or agree with the following statement:

	Strongly disagree	Disagree	Neither Agree nor Disagree (DNR)*	Agree	Strongly Agree	Don't Know (DNR)*
Government should increase income taxes to enable it better fund the NHIS in order to improve access to quality health services for all.	1	2	3	4	5	–1

(DNR)* = Do not read out but code when respondents mentions it.

17. Which of the following statements comes closest to your view. Please choose statement 1 or statement 2. For your choice please tell me if you agree or very strongly agree.

Statement 1: The provision of health insurance to Ghanaians should be in the hands of government		**Statement 2**: The provision of Health insurance to Ghanaians should be left into hands of private firms	
Very Strongly Agree 1	Agree 2	Agree 3	Very strongly Agree 4
Agree With Neither [Do not read]			5
Don't know[Do not read]			–1

18. Which of the following statements comes closest to your view. Please choose statement 1 or statement 2. For your choice please tell me if you agree or very strongly agree.

Statement 1: With regards to payment of insurance premiums, the rich should pay more to cross subsidize the poor.		**Statement 2**: Each individual must pay an insurance premium reflecting his/her income and risk profile	
Very Strongly Agree 1	Agree 2	Agree 3	Very strongly Agree 4
Agree With Neither [Do not read]			5
Don't know[Do not read]			–1

19. Which of the following statements comes closest to your view. Please choose statement 1 or statement 2. For your choice please tell me if you agree or very strongly agree.

Statement 1: With regards to payment of insurance premiums, everybody (both rich & poor) should contribute into the same pool.		**Statement 2**: The rich and the poor should contribute to separate insurance pools.	
Very Strongly Agree 1	Agree 2	Agree 3	Very strongly Agree 4
Agree With Neither [Do not read]			5
Don't know[Do not read]			–1

20. Please tell me the extent to which you disagree or agree with the following statement:

	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know (DNR)*
Government should provide a universal non-contributory pension for all individuals above 60 years in Ghana	1	2	3	4	5	–1

(DNR)* = Do not read out but code when respondents mentions it.

21. Should Government increase its contributions more to Non-contributory programmes (LEAP) or Contributory Programmes (NHIS)?

Non-contributory programmes (LEAP)	1
Contributory Programmes (NHIS)	2
Both	3
Don't Know [Do not read]	1

Section C. Income/Perceptions about Inequality

Now, let us talk about income and your perception about inequality in Ghana.

22. On the average, how much income do you earn in a month?

23. Adding the monthly incomes of all individuals above 18 years in your household, how much will you say is the total monthly income of this household altogether?

24. Please take a look at this card (Show Card B-Income Ladder). It represents 5 different levels of incomes attainment in Ghana. Individuals at level 5 are considered very rich and those at level 1 are considered very poor. Some others are in-between the two levels.

Now looking at your own income and that of your household in comparison to others, on which level will you place yourself or your household?

5th Quintile- Very rich	5
4th Quintile - Rich	4
3rd Quintile- Middle class	3
2nd Quintile - Poor	2
1st Quintile- Very poor	1
Don't Know[Do not read]	–1

25. During the past one year, how often if any have you or any member of your household experienced the following:

	Never	Just a few times	Several times	Always	Don't Know
Gone without any food to eat	0	1	2	3	–1
Gone without enough clean water for home use	0	1	2	3	–1
Gone without medicines or medical treatment	0	1	2	3	–1
Gone without enough cooking fuel to cook your food	0	1	2	3	–1
Gone without a cash income?	0	1	2	3	–1

26. Please tell me the extent to which you disagree or agree with the following statement:

	Strongly disagree	Disagree	Neither Agree nor Disagree (DNR)*	Agree	Strongly Agree	Don't Know (DNR)*
The **differences in income** between the rich and the poor in Ghana is too large.	1	2	3	4	5	–1

(DNR)* = Do not read out but code when respondents mentions it.

Section D. Labour Market Vulnerability

Now let us talk a little bit about your participation in the Labour market and the perceptions of risk therein.

Q27. Over the past one year have you lost a Job?

Yes = 1	NO = 2

28. In your own view, how would you describe the unemployment situation in Ghana today?

Very low (very good) 1	Low (Good) 2	High (Bad) 3	Very High (Worse) 4
Neither High nor Low [Do not read]			5
Don't know[Do not read]			–1

29. Please tell me how easy it is to experience the following conditions:

	Never Easy	A little bit Easy	Easy	Very Easy	Don't Know
a. To find Job in Ghana today	0	1	2	3	–1
b. To lose a Job or remain unemployed	0	1	2	3	–1
c. To move from a relatively low paying Job to a more better or high paying Job	0	1	2	3	–1
d. For an individual in the formal sector to experience long interrupted periods of employment, fall into informal employment or lose his/her job. **[Formal sector individuals only]**	0	1	2	3	–1
e. For an individual in the informal sector to find job in the formal sector **[Informal sector individuals only]**	0	1	2	3	–1

Section E. Beliefs about the causes of Poverty/Wealth

Now let us talk a little bit about your beliefs about why some people are poor and others rich.

30. Some people say that there are no opportunities in Ghana today and that the average person really does not have a chance to move ahead in life. Others also say that there are lots of opportunities and that anyone at all who works hard can go as far as they want. Which one of these two opinions comes closest to how you feel?

Plenty Opportunity	1
Not much Opportunity	2
Don't know	–1

31. In your opinion, why are some people poor? Is it because of lack of effort/hard work on the part of individuals or it is because of circumstances beyond their personal control?

Circumstances beyond personal control	1
Lack of Effort/Hardwork	2
Don't know	–1

32. In your opinion, why are some people wealthy? Is it because of strong effort/hard work on the part of individuals or it is because of luck/external factors?

Strong Effort/hard work	1
Luck/External factors	2
Don't know	–1

33. In your opinion, how important are the following for getting ahead in life.

	Very Important	**Fairly Important**	**Not very Important**	**Not Important at all**	**Don't Know**
Coming from a wealthy/rich family	0	1	2	3	–1
Having strong political connections	0	1	2	3	–1
Having personal ambitions	0	1	2	3	–1
Strong personal effort	0	1	2	3	–1

34. Please tell me the extent to which you disagree or agree with the following statement:

	Strongly disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know (DNR)*
Inequality **(large differences in income between the rich and the poor**) is morally wrong	1	2	3	4	5	–1
Inequality leads to high crime rates in society	1	2	3	4	5	–1

(DNR)* = Do not read out but code when respondents mentions it.

Section F. Quality of External Institutions

Now let us talk a little bit about the institutions or rules governing the implementation of social protection programmes in Ghana.

35. On a scale of 0 (Never at all trust) to 3 (Trust a lot) please tell me how much you trust each of the following institutions in this country or you haven't heard enough about them to say?

Trust	Never at all	Almost Never	Somewhat	Alot	Don't Know
Civil service/ Government Ministries	0	1	2	3	–1
Law Courts	0	1	2	3	–1
Police	0	1	2	3	–1
Tax office (Ghana Revenue Authority)	0	1	2	3	–1
Political Leadership/ Ruling Party	0	1	2	3	–1

36. On a scale of 0 (Never at all trust) to 3 (Trust a lot) please tell me how much you trust the government bureaucracy to fairly and impartially execute the following task related to implementation of social protection programmes.

Trust	Never at all	Almost Never	somewhat	A lot	Don't Know
Select beneficiaries according to the stipulated criteria and in a transparent manner	0	1	2	3	–1
Provide the right stipulated benefit package to beneficiaries	0	1	2	3	–1
Punish or sanction any individual/official who is caught engaging in any negative behavior.	0	1	2	3	–1

37. Generally, in your opinion on a scale of 0 (Not corrupt at all) to 3 (Very Corrupt) how do you perceive officials in the following institutions or you haven't heard enough about them to say?

Corruption	Not Corrupt at all	Just a bit Corrupt	Somewhat Corrupt	Very Corrupt	Don't Know/ haven't heard
Civil servants/ Government Officials	0	1	2	3	–1
Judges and Magistrates	0	1	2	3	–1
Police Officers	0	1	2	3	–1
Tax officers (Ghana Revenue Authority)	0	1	2	3	–1
Political Leaders/ Ruling Party	0	1	2	3	–1

Section G. Information/Knowledge of social protection policies in Ghana

Now I will like to ask you a few questions concerning your knowledge of social protection policies in Ghana. Q35–38 (LEAP) & Q39–42 (NHIS).

38. What is the LEAP social cash transfer about? And why was it initiated by government?

[Code 1 if the respondent explains that LEAP cash transfer entails giving money to the extreme poor to help them meet their basic needs and was initiated by government to help reduce poverty and vulnerability in Ghana. Code 0 if otherwise].

Correct answer	1
Incorrect answer/Don't know	0

39. How is the LEAP programme financed?

[Code 1 if the respondent explains that LEAP is mainly financed from government revenues and also supported by donor funds. Code 0 if otherwise].

Correct answer	1
Incorrect answer/Don't know	0

40. Which category of individuals are eligible to receive LEAP?

[Code 1 if the respondent is able to mention at least 2 of the following: Aged above 65 years without any support, Orphans and vulnerable children, severely disabled without any productive capacity, extremely poor households with pregnant women and mothers with infants. Code 0 if otherwise].

Correct answer	1
Incorrect answer/Don't know	0

41. How much do LEAP beneficiaries receive per payment cycle?
[Code 1 if the respondent explains that payment amount differs based on number of eligible beneficiaries in the household and mentions at least one of the following: One eligible member = 64 GHC, Two eligible members = 76GHC, three eligible members = 88 GHC, Four or more eligible members = 106GHC. Code 0 if otherwise].

Correct answer	1
Incorrect answer/Don't know	0

42. What does the NHIS entail?
[Code 1 if the respondent explains that the NHIS provides financial access to quality healthcare for its card holders when they are sick. Code 0 if otherwise].

Correct answer	1
Incorrect answer/Don't know	0

43. How is the NHIS financed?
[Code 1 if the respondent is able to mention at least 2 of the following sources: 2.5% of VAT on goods and services, 2.5% of SSNIT contributions per month for formal sector workers, payment of premiums by informal sector workers and government allocations. Code 0 if otherwise].

Correct answer	1
Incorrect answer/Don't know	0

44. What are the categories of beneficiaries under the NHIS?
[Code 1 if the respondent mentions any 4 of the following: SSNIT contributors, pregnant women, Children under 18 years, indigents (extremely poor), SSNIT pensioners, Aged above 70 years, Informal sector workers. Code 0 if otherwise].

Correct answer	1
Incorrect answer/Don't know	0

45. How much do informal sector workers pay as annual premium under the NHIS?

[Code 1 if the respondent mentions any amount between 7.2 GHC to 48GHC. Code 0 if otherwise].

Correct answer	1
Incorrect answer/Don't know	0

Section H. Altruism

46. In making a decision some people think that it is important to think about yourself first whilst others. Where do you place yourself with regards to these views?

Put yourself first and leave others to do same	1
Put yourself first but also consider other people's needs and interest	2
Consider everyone's needs and interest equally, including your own	3
Put other people's needs interest above your own	4
Don't know	–1

Section H. Other Variables

47. Do you belong to any voluntary organizations including social groups, faith-based organizations or trade unions?

NO	0
YES	1
Don't know	–1

48. Generally, do you agree that most people in your community can be trusted to offer help to you when you need it?

Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Don't Know (DNR)*
1	2	3	4	5	–1

49a. Are you currently enrolled under any health insurance scheme?

NO	0
YES	1
Don't know	–1

49b. If yes are you enrolled with the NHIS or you are enrolled onto private scheme?

NHIS	0
Private	1
Both	2
Don't know	–1
Not Applicable	–9

50. Are you a recipient of LEAP or any other type of cash transfer?

NO	0
YES	1
Don't know	–1

51. In Ghana today, although a number of political parties exist the two main ones are the NPP and NDC. Which of these two parties do you feel more associated with?

NPP	NDC	Neither of the two	Don't know
1	2	3	–1

52. Which Ethnic group in Ghana do you belong to?

Akan	1
Ewe/Anglo	2
Dagomba	3
Ga/Dangme	4
Other	5
Don't know	–1

Thank you so much for your time. End of Interview.

NB: Please ask respondent if he/she is willing to give mobile contact so that she/he can be contacted should any further clarifications be required.

Mobile Number of Respondent	

Comments/Observations by Enumerator

Do you have any other comments on the interview? For example, did anything else significant happen during the interview?

No	
Yes (Explain)	

Curriculum Vitae

Agbaam, Callistus Akachabwon

Office Address: IEE (Etage 2), Universitatstr. 105, 44789, Bochum, Germany.
Email: Callistus.Agbaam@rub.de or Cagbaam@gmail.com
Nationality: Ghanaian
Current Position: Social Protection Specialist (Consultant)- World Bank Headquarters, Washington, D.C., USA.

Education	
12/2014 – 05/2022	Ph.D. International Development Studies (Magna Cum Laude)
	Ruhr University Bochum, Germany.
05/2010 – 12/2011	Master of Arts in Development Management (1.5)
	Ruhr University Bochum, Germany.
01/2010 – 09/2013	Master of Arts in Development Studies (Cum Laude)
	University of the Western Cape, Cape Town, SA.
08/2004 – 06/2008	Bachelor of Arts (Honors) in Sociology with Philosophy
	University of Ghana, Accra, Ghana.

Some Academic Awards

- **[2014] - German Academic Exchange Division (DAAD) GSSP-Merit Scholarship** for Ph.D. in International Development Studies, Ruhr University Bochum, Germany.
- **[2011] - Overall Best Graduating Student**, Bochum Programme of Development Management (MA), Cape Town Group (Ruhr University Bochum, Germany).
- **[2010] - Dean's Merit Award for outstanding Academic performance** (First semester 2010 & Second semester 2010), Faculty of Arts, University of the Western Cape, South Africa.
- **[2009] - German Academic Exchange Division (DAAD) Merit Scholarship** for Masters in Development Studies, University of the Western Cape, South Africa.

Research Interest

- Social Protection and Jobs
- Poverty and Health Equity
- Climate Change
- Public Policy and Inclusive Development
- Rights-based Approaches to Development
- Conflict, Violence and Fragility (FCV)
- Gender and Social Inclusion

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Callistus Akachabwon Agbaam is an International Development Expert with over 15 years of experience in leading research, project design, implementation, and monitoring and evaluation. He holds a PhD in International Development Studies from Ruhr University Bochum, Germany. His research interests include social protection reforms in developing countries, jobs, poverty and health equity, gender and social inclusion, climate change and inclusive development. Currently, he is a Social Protection Specialist (consultant) at the World Bank in Washington, D.C.

In recent years, social protection reforms have gained significant traction, particularly in low- and middle-income countries. However, the dynamics shaping these reforms, including factors that influence public support or otherwise, remain relatively understudied. Focusing on Ghana, this book investigates the factors that influence citizen's support for two key social protection initiatives: the Livelihood Empowerment Against Poverty (LEAP) cash transfer programme and the National Health Insurance Scheme (NHIS). Using data from an attitudinal survey, the author finds that economic self-interest, poverty attribution beliefs, institutional trust, and knowledge are key determinants of public support for the LEAP cash transfer programme. However, in the case of the NHIS, public support is predominantly shaped by poverty attribution beliefs, trust, and knowledge alone. Collectively, these findings emphasize the importance of programme-specific factors in shaping public attitudes towards social protection. They also underscore the need for targeted policy interventions, particularly efforts to strengthen institutional trust and improve citizen awareness of these initiatives, in order to foster broader and more sustained support for social protection policies and programmes in Ghana.

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