Models of Social Welfare and Gender Equality:
USA, USSR and Sweden

by

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A Thesis Submitted in Conformity with the Requirements for the Degree of Doctor of Philosophy in the University of Toronto

Faculty of Social Work

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MODELS OF SOCIAL WELFARE AND GENDER EQUALITY: USA, USSR AND SWEDEN


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ABSTRACT

Although three distinctive models of social welfare have been identified in the comparative policy literature, no systematic attempt has been made to assess their implications for gender equality. This dissertation attempts this task. First, it considers the theoretical implications of residual, structural and institutional models of social welfare for gender equality. Second, it asks which of these major 20th century policy models has demonstrated the most potential to promote gender-sensitive policy and gender equality.

Chapters One and Two argue that heuristic models and developmental frameworks need to be seen as analytical tools which are helpful for generating hypotheses and criteria for comparative research. Noting the methodological guidelines and systematic biases of heuristic research, Chapter Two reviews theoretical developments in mainstream and feminist comparative social policy and in light of these
developments, proposes a 'gendered' framework based on prevailing assumptions about the role of the state and gender roles. The framework suggests that the residual premise of a minimalist state and dependent-housewife family has little potential to promote gender-sensitive policy and gender equality. The structural ideology of an interventionist state and earner as well as carer roles for women offers considerably more potential for gender-sensitive policy development. However the institutional premise of an interventionist state and earner and carer roles for both sexes appears to offer the most potential for gender-sensitive policy and gender equality.

Part Two of the dissertation examines this proposition in light of policy development in four areas which are crucial for gender equality: contraception and abortion, child care and child support, care leave, and income support and homecare. Taking the United States, the former Soviet Union and Sweden as elaborations of residual, structural and institutional policy approaches, Chapters Three to Six examine policy development in these four areas. Each chapter is organized under the following headings: Ideology, Policy development, Policy outcome and a short Summary of findings. Chapter Seven concludes with a discussion of the relevance of the findings in light of the disappearance of the Soviet
model and the difficulties of the Swedish model in the wake of globalization and rising neo-liberalism.
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CHAPTER ONE
INTRODUCTION

This dissertation examines the gender policy implications of three classical models of welfare in the social policy literature: residual, structural and institutional. Surprisingly, despite a large feminist debate on social policy, it is only very recently that some systematic attention is beginning to be paid to the gender implications of classical models. The reasons for this are many. The two main ones are: first, the tendency in feminist literature to stress the patriarchal nature of welfare states; and second, until recently, a distrust of models. The result has been a tendency to take a generic view of the welfare state and to overgeneralize from national findings (Sainsbury 1996: xiv).

A classic case of the tendency to overgeneralize is the British feminist charge that the welfare state policy of full employment excluded women (Dale and Foster 1986:135; Williams 1989:136,191). This may have been true for Great Britain, but it was never the case in the former USSR, which required all women to ‘work’ full-time alongside men from the time of the October Revolution. Nor was it true for Scandinavian countries, which extended full employment to women in the late 1960’s (Esping-Andersen 1990:173). On this continent feminists have also
tended to overgeneralize national findings and to play down the gender implications of different (i.e. egalitarian) types of policy regime, e.g. on the question of the feminization of poverty (Goldberg and Kremen 1990; Gordon et al. 1990). The problem is located in ‘the welfare state’ rather than in a particular (liberalist) type of welfare state.

Not only have some policy regimes extended full employment (including part-time employment) to women; others claim long histories of contraceptive and abortion services, national child care, enforced and supplemented child support, paid maternity or parental leave, and subsidized homecare services (not to mention national health care, family allowances and housing entitlements). The problem is that the view of the welfare state as an undifferentiated monolith prevents feminist policy analysts from taking full account of policy development in different types of welfare state. However, two developments are helping feminists to rethink their generic view of the welfare state. The first is the rise in women's labour force participation -- notably in the United States and Canada. Despite the absence of national childcare or paid leave, American women's participation curved steadily upwards from 26% in 1960 to 58.9% in 1995. Canadian rates show a parallel trend, rising from 35% in 1966 to 57% in 1995. In 1996 Canadian women's participation tied the American rate at 59% with well over 70%
of married women with young children in both countries in the labour force. British women's participation rate has also risen steadily, if more slowly from 50% in 1984 to 53.5% in 1990. In 1994 the British rate leveled out slightly at 53%.¹

The second demographic change is the rising number of lone-mother families in industrialized societies. By the mid-1980's between one fourth to one third of all families in industrialized countries were mother-led and therefore at risk of hardship and poverty (Norris 1987:80; Hobson 1994). With these changes have come renewed demands for improved contraceptive and abortion services, subsidized child care, enforcement of child support orders, paid care leave and subsidized homecare. In short the time is ripe for lesson-learning -- both positive and negative -- from those welfare states which have actively promoted gender-equal policies and gender equality, some of which are well ahead of North America in these areas (Sainsbury et al. 1994; 1996). But this lesson-learning requires a comparative approach. Herein lies the second problem.

Anglophone feminist policy analysis has tended not only to overgeneralize but also to be anti-comparativist, as evidenced by a pervasive distrust of policy models and typologies (which are virtually absent in North American feminist research). The result is the current

Exceptions to this tendency are the contributions of Ruggie (1984), Norris (1987) Dominelli (1991) and most recently, Sainsbury (1994; 1996). Ruggie, for instance argues that only a 'societal/corporatist -- liberal/welfarist' framework could explain major differences between Swedish and British postwar policy for women. Expanding upon Ruggie's social-democratic thesis, Pippa Norris proposes a 'left-wing/centrist/right-wing' framework within which she documents a positive correlation between left-wing political parties and the reduction of gender inequality in OECD countries. Although Ruggie and Norris' frameworks enable them to document the importance of egalitarian ideology for gender-sensitive policy in democratic-capitalist regimes, they do not examine Soviet state-socialist policy, e.g. in the area of women's full employment, paid maternity leave, national child care and universal abortion services. From the perspective of gender equality and feminist comparative social policy this is an important oversight,
given the strong claim of state socialist regimes to have achieved ‘full’
gender equality (Dolling 1991; Lapidus 1978).

Extending feminist comparative social policy beyond democratic-
capitalist societies, Dominelli (1991) examines Soviet and Chinese as
well as Swedish, British and North American gender-equal policy within
a framework of ‘capitalist/social-democratic/socialist’ policy regimes.
Unfortunately Dominelli’s prior concern appears to be to convince the
reader to reject welfare statism in favour of feminist ‘prefigurative’
services rather than to compare gender-equal policy across industrial
societies.

More recently, feminist comparativists have used Esping-
Andersen’s (1990) ‘clusters’ typology of ‘individualist/liberalist,
conservative/corporatist, social/democratic’ policy regimes to
compare specific gender-sensitive policies in Anglo-North American,
continental European and Nordic rim countries (Gustafsson 1994; Daly
instance proposes a ‘male-breadwinner--individualized’ policy
framework within which she compares women’s ‘bases of entitlement’ in
the United States, Britain, Holland and Sweden. Despite considerable
interest in ‘gendering’ mainstream concepts and formulating new
typologies, however, feminist comparativists have not so far ‘engendered’
the three classical social policy models, i.e. examined the theoretical implications of residual, structural and institutional models for gender equality. The purpose of the present research is to fill this gap in feminist comparative social policy.

Before addressing this research question it is necessary to elaborate our research approach. It is 'heuristic.' Hence we see policy models and frameworks as 'heuristic' devices or analytical tools which are helpful for the generation of propositions and comparative criteria. After stating the case for a heuristic, i.e. model-based approach, Chapter Two reviews theoretical developments in mainstream and feminist comparative social policy. Using these developments as a point of departure, a gender-sensitive framework is proposed which is based on prevailing assumptions about appropriate gender roles and the role of the state.

The proposed framework suggests that the residual ideology of a minimalist state and homemaker-wife family has little, if any potential to promote gender-sensitive policy and gender equality. Although the structural ideology of earner as well as carer roles for women provides the rationale for state intervention in reproductive services, paid maternity leave and child, disability and elder care, the assumption of earner roles only for fathers places them in a privileged position over mothers in the labour market and in retirement. This may be termed a
‘one-way integration’ approach (See Table 1 on page 8). By contrast the institutional ideology of earner and carer roles for both sexes appears to have the most potential to promote woman-friendly policy and gender equality. This may be termed a ‘two-way integration’ approach. Chapters Two to Five examine this proposition in light of policy development in three countries which more or less reflect residual, structural and institutional sex-role norms and state welfare: the United States, the former Soviet Union and Sweden. Taking each of these countries in turn, the empirical chapters focus on four policy areas which are central to gender role equality: namely, contraceptive and abortion services; child care and child support; temporary care leave; and income support and homecare services.

The empirical chapters fall under four headings: Ideology, Policy Development, Policy Outcome and a short Summary of major American, Soviet and Swedish policy developments in each area. Chapter Seven summarizes our empirical findings and discusses their relevance in light of the disappearance of the structural model and the weakening of the institutional model in light of globalism and the rise of neo-liberalism.
Table 1: A ‘Gender Roles’ Framework

<table>
<thead>
<tr>
<th>‘gendered’ models of social welfare</th>
<th>SEX-SEGREGATED (residual)</th>
<th>ONE-WAY INTEGRATIONIST (structural)</th>
<th>TWO-WAY INTEGRATIONIST (institutional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>type of society</td>
<td>patriarchal democratic</td>
<td>patriarchal undemocratic</td>
<td>patriarchal democratic</td>
</tr>
<tr>
<td>responsibility for social welfare</td>
<td>individuals</td>
<td>collective/state</td>
<td>shared between individuals &amp; state</td>
</tr>
<tr>
<td>role of the state</td>
<td>limited</td>
<td>interventionist</td>
<td>interventionist</td>
</tr>
<tr>
<td>dominant ideology</td>
<td>liberty</td>
<td>equality</td>
<td>liberty &amp; equality</td>
</tr>
<tr>
<td>distributive criteria</td>
<td>market</td>
<td>merit, need</td>
<td>market, merit, need</td>
</tr>
<tr>
<td>female roles</td>
<td>carers</td>
<td>carers and earners</td>
<td>carers and earners</td>
</tr>
<tr>
<td>male roles</td>
<td>earners</td>
<td>earners</td>
<td>earners and carers</td>
</tr>
<tr>
<td>GENDER POLICY IMPLICATIONS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>reproductive health care</td>
<td>selective, targeted</td>
<td>universal basic provision</td>
<td>institutionalized as a social right</td>
</tr>
<tr>
<td>child care</td>
<td>selective, targeted</td>
<td>universal, work-based</td>
<td>institutionalized as a social right</td>
</tr>
<tr>
<td>child support</td>
<td>unenforced</td>
<td>advanced by state</td>
<td>advanced and supplemented</td>
</tr>
<tr>
<td>care leave</td>
<td>none/unpaid</td>
<td>paid maternity</td>
<td>paid parental</td>
</tr>
<tr>
<td>income support</td>
<td>selective, work-based</td>
<td>universal, work-based</td>
<td>institutionalized, universal, work-based</td>
</tr>
<tr>
<td>homecare</td>
<td>selective, targeted</td>
<td>universal, work-based</td>
<td>institutionalized as a social right</td>
</tr>
<tr>
<td>potential of model</td>
<td>low</td>
<td>moderate</td>
<td>high</td>
</tr>
</tbody>
</table>
PART ONE

CHAPTER TWO: TOWARD A FEMINIST COMPARATIVE SOCIAL POLICY

2.1 The Research Problem

2.1.1 Feminist Policy Analysis Stalled  Late 20th-century feminist social policy is taken up with two problems: first and foremost is the lack of a gender dimension in mainstream comparative social policy (Sainsbury 1966:xiv). The second problem is the tendency of feminist policy analysis to be “set in the specific context of one country which has inadvertently reinforced a generic view of the welfare state” -- which prevents feminists from confronting the first problem (Sainsbury 1994:iv). As Sainsbury writes:

This tendency was also strengthened by [the view of the] state as an epi-phenomenon of patriarchy, thus ruling out ... variations between specific states...that might be beneficial to women. Furthermore, the specific contexts of these policy studies were overwhelmingly the English speaking countries. The concentration on the experiences of these countries led to the assumption that they were representative, and feminists dealing with other countries often adopted these assumptions in their analyses (1996:xiv) (emphasis mine).

Socialist feminists have accordingly called for the socialization of caring and for a new gender division of labour (Dale and Foster 1986:155; Williams 1989:82-84) while taking little notice of
parental/maternity leave provisions in social-democratic and state-socialist policy regimes (Lapidus 1978; Scott 1982, Ruggie 1984). Radical feminists have likewise called for the end of male control of reproduction while taking little notice of institutionalized contraceptive and back-up abortion services in Sweden since the mid-1970’s or universal free abortion in the USSR after 1968 (Scott 1982, Lapidus 1978). Ruling out the postwar welfare state as a forum for change, these feminists propose a grass roots feminist movement of autonomous groups (Rowbotham in Dale and Foster 1991:178; Dominelli 1991: 282-3). They cite British housing services and well-women clinics as well as American reproductive health clinics as innovative women-led models of welfare practice:4

Other services, we believe must be transformed as part of a broader strategy to make welfare services more democratic and less professionalized and bureaucratized (Dale and Foster 1991: 179).

There are two problems with this approach. The first is that it focuses on service delivery and organization without taking into account entitlement to services. Hence what are essentially administrative issues such as centralized versus decentralized service delivery are not viewed within the context of entitlement. The more fundamental issue of universal versus selective entitlement is thereby ignored. Secondly, these prescriptions assume a generic view of the welfare state as an
undifferentiated monolith -- patriarchal and bureaucratic. This perception has prevented feminists from taking account of policy development in different types of welfare state which have important implications for gender inequality. From a methodological perspective, the problem of overgeneralization translates into the problem of anti-comparativism, i.e. the failure to acknowledge the heuristic role of Weberian models and policy frameworks and as a result, the inability to generate hypotheses and criteria for comparative analysis.

Fiona Williams (1989), for instance, categorizes different policy perspectives and feminist critiques of the welfare state along a policy continuum but then rules out a model-based approach for feminist comparative social policy. Calling for “new directions” for feminist social policy, Williams acknowledges that “international comparisons are important for demonstrating that even within capitalism, the state may be shifted much further in meeting need than it has gone in Britain” (Williams 1989:209). Williams is adamant, however, that such research must not be model-based. Dangers attend the use of “models of achievement which are derived from countries with different social and economic histories” (1989:209). Williams concedes that Scandinavian welfare states have provided comprehensive health care, child care and elder care
services, making women’s position much stronger than that of women in Britain or the United States. Thus women in Scandinavian countries have achieved “significant improvements in their social and economic position which have enabled them to support themselves and their children independently through the labour market or the state” (Williams 1989:209). Rather than interpret such a statement as a working hypothesis to be tested against the evidence as does Ruggie (1984), however, Williams argues that postwar gains of Swedish social democracy have ‘shifted the locus of oppression’ from the private to the public sphere (from ‘family’ to ‘social’ patriarchy). According to this analysis redistributive corporatism has increased male domination in politics and work, thus reinforcing women’s double burden as mothers and workers. As a result working conditions continue to be negotiated according to male norms and on the assumption of women’s extra responsibilities (Borchorst and Siim in Williams 1989:209). Williams concludes that although policy models such as Mishra’s (1984) Integrated Welfare State have the potential to provide significant improvements in the lives of women, they are inadequate as ‘models of achievement’ as long as gender equality remains marginal to patriarchal/capitalist goals of economic growth and profits. The moral of the story is that mainstream policy
models and typologies must be rejected because they serve patriarchal, capitalist or imperialist ends (Williams 1989: 209-210). The consequence has been a plethora of descriptive cross-country studies, but very little by way of feminist comparative social policy. In short, feminist policy analysts have tended not to see heuristic models and developmental frameworks as analytical tools which can serve useful ends. Instead of rejecting models and typologies \textit{tout court}, the present research argues that what is needed are gender-sensitive policy frameworks. First, however, it is appropriate to state the case for comparative social policy.

2.1.2 The Case for Comparative Social Policy In making the case for comparative social policy, Mishra (1981) argues that

a cross national and generalizing perspective is important not only to throw light on the nature and development of social policy in particular national contexts, but also to counter ethnocentric and insular views of welfare and ad hoc explanations (Mishra 1981:ix,6).

A comparative perspective also suggests what might be done in response to particular issues or problems. Jones (1985) for instance argues that comparative research provides

lessons from abroad which enable us to assess how far policy problems are peculiar to one country alone, are more or less pronounced there than elsewhere, or are common to a number of similar states (Jones 1985:8).
By increasing the number of case studies, comparative research also furthers the development of theoretical constructs to an extent not possible on the basis of national experience or material (Jones 1985:8). Higgins (1981) adds that comparative social policy is not a field of enquiry but rather "a method which enables us to highlight key policy issues in different societies as well as evaluate and explain national policy" (Higgins 1981:6). These policy analysts clearly reject the "dire warnings of the anti-comparativists" (Higgins 1981:10). What are these dire warnings?

Anticomparativists rest their case on three points. One, available documentation is inadequate (this is especially true for gender-sensitive areas such as social care services for which "There are hardly any international comparative sets available" (Antonnen and Sipila 1996:87). Two, questions asked are culture-specific. Hence the term social policy varies in meaning and terms of reference from one country and language to another (Jones 1985:3). Three, social policy analysis is not amenable to controlled experiments, nor are relevant variables easy to identify, much less hold constant (the number of variables is another problem of 'nightmare proportions') (Jones 1985:3-8). To this objection Jones responds that:
those with an interest in systematic methods of exploration and explanation see them as making the enterprise awkward but not impossible....In the end theoretical and practical obstacles pale beside the greater dangers of widespread total ignorance in this area (Jones 1985: 8).

Anti-comparativists are most skeptical about cross-national theory building (as opposed to ‘constructive description’) which they see as “hopelessly premature given the present imperfect grasp of national and foreign policy” (Rogers in Jones 1985:8). To this objection Mishra argues that:

instead of viewing social policy as a pyramid-building exercise whose apex is set by its knowledge base, the work of generalizing, ‘model-building’, theorising and so on must go hand in hand with the accumulation of facts. One cannot gather facts meaningfully without having some sort of a theory (however implicit) or general idea of what to look for. The important point, then, is not to shy away from generalisations but to treat them as working hypotheses which need to be tested against the evidence (Mishra 1981: 10).

The next section argues that examining the gender implications of classical social policy models requires a heuristic rather than positivist paradigm of social work research and methodology.

2.1.3 Research Design and Methodology Social work research design and methodology appear to be in a state of ‘paradigm shift’ away from their current logical positivist foundations back to an earlier, so-called
‘heuristic’ paradigm of research (Tyson 1995:6; Schorr 1997:382-3). The principles (among others) which inform this earlier paradigm include:

a) commitment to the values of using research to advance social justice through advocacy for specific social reforms;

b) a non-restrictive approach to subjects that constitute legitimate topics for research; and;

c) methodological pluralism, i.e. the view that no one research design is inherently superior to any other design for testing theories (Tyson 1995:47-50; Schorr 1997:152-3, 412).

During the 1950’s and 1960’s these ‘first principles’ of social work research design and methodology were overruled by a set of beliefs about science which were derived from logical positivist prescriptions. The outcome was an “overly restrictive definition of social work research that relied on methodological criteria to demarcate social work research” (Tyson 1995:94). According to this positivist approach the purpose of social research was to generate a reservoir of ‘confirmed’ knowledge through a ‘hierarchy’ of research methods which saw experimental designs as “a privileged test of social work theories” (Tyson 1995:94). As a result, social work research problems now had to be operationalized and theoretical concepts tied to operational definitions and measurement procedures. More importantly, this approach assumed that social research could and therefore should be value-free and neutral with
regard to socio-political conflicts (Tyson 1995:95). According to Heineman (1982), this “preoccupation with method ...[has] led to neglect of significance and substance” in social work research.

In a misguided attempt to be scientific, social work has adopted an outmoded, overly restrictive paradigm of research. Methodological rather than substantive requirements determine the subject matter to be studied. As a result important questions and valuable data go unresearched (Heineman in Tyson 1995:109).

Taking into account more recent developments in the ‘hard’ sciences which invalidate logical positivist premises, Tyson calls for a return to a heuristic approach which is associated with a range of “simplifying and appropriate techniques” for solving ‘unmanageable’ research problems (Simon in Tyson 1995: 119). Such an approach recognizes that biases are inevitable in social research and therefore attempts to reduce rather than to eliminate them. Secondly, the recognition that observations and facts are theory- and value-laden does not rule out the possibility of appraising how well theories explain experience. On the contrary, “when researchers recognize the theory- and value-ladenness of research concepts, they can in fact improve how they appraise and generate knowledge” (Tyson 1995:156-157). Heineman, for instance, suggests that researchers can ensure that their assumptions are conceptually coherent, acknowledge systematic biases and more importantly, ask “how well theories explain the complex and
changing situations that social and behavioural scientists frequently encounter" (Heineman in Tyson 1995:158).

Taking these precedents and meta-level developments as a point of departure, we argue that insofar as the present research "involves a transformative politics committed to removing gender-based injustices and empowering women ... through public policies", it may be seen as using a feminist 'heuristic' (Phillips 1996:242). As a feminist analysis, the present research thus argues that policy problems cannot be taken as 'given' or 'absolute' but are perspective or context dependent. Hence it assumes that policy design must take into account its differential impact on gender (as well as race and other forms of arbitrary discrimination) (Phillips 1996: 243-44).

Insofar as the present research predicts or hypothesizes about the implications of different types of policy regime for gender equality and is thus based upon a series of propositions which may be validated or falsified by evidence, it may also be regarded as causative (Parsons 1995:66). However this does not mean that it should be evaluated like an experiment done in a laboratory where variables are controlled for. Rather it needs to be evaluated the same way one would judge a case of evidence submitted in a court of law. Hence the focus is not 'truth' or 'proof', as much as "how arguments are used or how well a case is
made" (Parsons 1995:66). An appropriate evaluation would therefore consider how far the proposed analytic framework is consistent with the available evidence or more specifically, how well it accounts for the divergence between American, Soviet and Swedish gender-sensitive policy (these issues are considered below in Chapter Seven). In sum:

[Although] the models and metaphors of public policy are not testable in a 'scientific' sense, they provide a way in which the values, assumptions and beliefs which frame the analysis of problems and processes can be made clear and open to critical understanding (Parsons 1996: 67).

Regarding the comparative dimension of our 'large-scale research design heuristic' (Tyson 1995: 64), Bennett argues that comparative policy research takes two forms: quantitative multi-case studies which use statistical measures of association, and qualitative studies which use a 'comparative cases' format (Bennett 1996: 301). The present research falls under this second category which involves a "more focused comparison of a policy area or sector between a selected number of comparable countries" (Parsons 1995: 40). It thus views policy development as an inherently complex, multidimensional, and dynamic phenomenon that cannot adequately be operationalized by surrogate indicators pulled from context in order to search for statistical measures of association (Bennett 1996: 302).
Such an approach takes into account "complex interactions between clusters of causal relationships rather than the singular causal links common to behavioural analysis" (Bennett 1996: 302). Applied to the present research, this means that statist and gender-role ideology are seen as 'interacting' in the context of patriarchal and economically-driven policy regimes. The strength of this approach is that it can provide a "rich, contextual case study ... [with] a more satisfying understanding of the causes, operation and impact of public policy" (Bennett 1996:302). Despite the heuristic nature of the present research, it is nonetheless a form of "scientific observation" whose intent is to "monitor or explicate some larger phenomenon and thus ...[is] planned under the impetus of theory" (Mennett in Bennett 1996:302).

In sum, we argue that our research problem on the gender policy implications of the three classical social policy models calls for a large-scale, feminist 'heuristic' which is based on Weberian 'ideal-types'.

Regarding the nature of 'ideal-types', their creator -- pioneer sociologist and political economist Max Weber (1864-1920) -- argued that these social constructs constituted a 'developmental scale' or continuum along which social phenomena could be located according to the extent to which they exhibited particular features. In order to generate propositions or hypotheses about what was characteristic about
constructs such as social welfare, Weber argued that researchers could 'crystallize' them into ideal-types (such as residual, institutional and structural) (see Table 2). These ideal-types could then be 'elaborated' or 'illustrated' with reference to empirical criteria (such as 'level of services' or 'range of population served' (see Table 2 and Burger, 1987:157). According to Weber these procedures implied that the relation between models and empirical reality was one of 'elaboration' or 'historical illustration' of the ideal-typical. Lack of correspondence or 'fit' between models and actual historical developments was therefore not a refutation of the ideal-typical hypothesis but needed to be seen as a 'deviation from the norm' (Burger 1987:139). Put differently, because heuristic ideal-types exist ontologically in 'closed' rather than 'open' (i.e. 'real life') systems, their function is to point to tendencies rather than offering absolute or 'water-tight' predictions (Tyson 1995: 141, 158).

According to later researchers such as Eldridge, a major limitation or 'systematic bias' of heuristic research was the tendency for actual historical developments and ideal-types to be so 'bound up together' that researchers distorted reality in order to prove the validity of the construct (Eldridge 1970:227). To minimize this bias and to maintain the 'heuristic' status of ideal-types, Eldridge suggested that they be 'sharply distinguished' from actual historical developments and 'clearly
posited as the means for imputing historical events to their most likely causes while ruling out other interpretations which seem less plausible (Eldridge 1970:227). In order to minimize this bias, the present research is therefore ‘sharply distinguished’ into Part One (the theoretical section) and Part Two (the empirical section).

With these methodological guidelines in mind, the rest of this chapter reviews theoretical developments in mainstream and feminist comparative social policy and in light of these developments, proposes a 'gender-roles' typology for comparative analysis of 20th century gender-equal policy development across industrial societies.
2.2 Models of Social Welfare and Gender Equality

2.2.1 Mainstream comparative social policy: an overview  By the mid-1980's social policy research was 'replete' with Weberian models and frameworks (Mishra 1986:33). Regarding this state of affairs, Mishra argues that the 'bewildering diversity' of ideologies and models then prevalent in policy sciences concealed common ground (1986:33). Thus, according to Mishra, policy frameworks proposed by Wilensky and Lebeaux (1958, 1965), Titmuss (1974), George and Wilding (1976, 1985) and Mishra (1977, 1981), among others, described points on a scale or continuum of social policy from minimal to maximum collective responsibility. Wilensky and Lebeaux (1958, 1965) for instance argued that:

Two conceptions of social welfare seem to be dominant in the United States today: the residual and the institutional. The first holds that social welfare institutions should come into play only when the normal structures of supply, the family and the market, break down. The second, in contrast, sees welfare services as normal, 'first line' functions of modern industrial society.... Not surprisingly, they derive from.... the values of economic individualism and free enterprise on the one hand, and security, equality and humanitarianism on the other...(Wilensky and Lebeaux 1965:138-9).

According to these authors, the 'older doctrines' of individualism, private property, the free market and minimum government provided a clear-cut definition of welfare as 'charity for unfortunates.' By contrast the 'newer values' of social democracy -- security, equality and
humanitarianism implied no stigma, emergency or abnormalcy. Social welfare was accepted as a proper and legitimate function of modern industrial society in helping individuals achieve self-fulfillment (1965:139-140).

Closely paraphrasing Wilensky and Lebeaux’s residual-institutional framework of analysis, Titmuss (1974) argued that the residual model assumed that individuals’ needs were ‘properly met through the private market and the family’ and came into play only when family and market economy broke down, and then only temporarily. Titmuss’ ‘institutional-redistributive’ model likewise saw social welfare as a “major integrative institution in society providing universal services outside the market on the principle of need” (1974:30-31). In between these two models, however, Titmuss added a third ‘mixed-model’ of residual and institutional models which he called ‘achievement/performance.’ This third social policy model incorporated a significant role for social welfare institutions as adjuncts of the economy and held that social needs should be met on the basis not of market or need but on merit, work performance and productivity. This model was derived from economic and psychological theories concerned with work incentives, effort, reward, and the formation of class and
group loyalties. Titmuss noted that Soviet and German policy resembled achievement-performance criteria for social welfare. Hence

Soviet Russia ... has fashioned a model of social welfare which is based, in large measure, on the principles of work-performance, achievement and meritocratic selection.... In the Russian system of public assistance, as in Germany and France, grandchildren and grandparents are responsible for relatives. ....Other Soviet services -- like the mental health services ... function to sustain and glorify the work ethic. In short the objectives and the result [of the social security system] are based on work performance and achieved work earnings (Titmuss1974:17-18).

Alternatively, policy analysts such as George and Wilding (1976, 1985) and Mishra (1977, 1981) examined what could be called the 'socialist hypothesis' (see Tables 2 and 3 on pages 27 and 35). George and Wilding for instance saw 'Anti-collectivist' and 'Collectivist' ideological perspectives as polar extremes between which were located 'Reluctant Collectivist' and 'Fabian Socialist' perspectives (George and Wilding 1976, 1985).

Elaborating this framework, Mishra (1977, 1981) argued that

...social administration has tended to operate within two basic models of social policy -- residual (conservative) and institutional (liberal/social-democratic) almost totally ignoring a third model of welfare which might be called 'structural'. This is a view of welfare based on Marxist analysis of the capitalist system and of its eventual supersession by socialism. Briefly, it proposes the institutionalisation of welfare as a central social value, but frankly admits that this cannot be achieved within the confines of capitalism..... [Without] the notion of a continuum of social policy ranging from the residual ...at one end to the structural
... at the other it is difficult to make sense of the so-called institutional model. The only logic discernible behind the institutional view is that it represents a mix -- a compromise between the residual and structural conceptions. But to ignore the structural view of welfare altogether and to conduct the policy debate in terms of residual versus institutional models is to obscure the real nature of the latter (Mishra 1981:14).

Mishra (1986) thus argued that the logic of a socialist-oriented framework reflected three principles; market, need and mixed-model. In a market (i.e. residual) model resources were distributed through the market with minimal collective responsibility for social welfare. In a need-based (i.e. structural) model resources were distributed on the basis of need and collective responsibility was total. In mixed-model (institutional) welfare states resources were distributed according to a pragmatic mix of market and need criteria. Each policy model thus reflected certain values: the market model, *liberty*, the need model, *equality*, and the mixed model, *equality and liberty*. Policies prescribed by each model tried to maximize their central values (Mishra 1986:33-34) (see Table 2 on page 27 and Table 3 on page 35).

Conceptualizing social policy in terms of a socialist-oriented framework inspired a spate of mainstream comparative research during the 1970's and early 1980's. However the ‘socialist hypothesis’ was never systematically examined with regard to its implications for *gender* equality. Some studies implied that the institutional model might have
more potential than the structural model for furthering gender equality (Lapidus 1978; Scott 1975, 1982). However this implicit feminist 'social-democratic' hypothesis was also never systematically tested. The purpose of the present research is to fill this gap in feminist (and mainstream) comparative social policy. The rest of this chapter accordingly asks: what are the theoretical implications of residual, structural and institutional models of social welfare for gender-sensitive policy and gender equality?

Table 2: The Socialist Hypothesis

(Adapted from Mishra, 1981: 101, 134)

<table>
<thead>
<tr>
<th>Model of Social Welfare</th>
<th>Residual</th>
<th>Institutional</th>
<th>Structural</th>
</tr>
</thead>
<tbody>
<tr>
<td>role of the state in meeting needs</td>
<td>non-interventionist/undeveloped</td>
<td>interventionist/developed</td>
<td>interventionist/highly developed</td>
</tr>
<tr>
<td>ideology of distribution</td>
<td>market</td>
<td>market and need</td>
<td>need</td>
</tr>
<tr>
<td>range of statutory services</td>
<td>narrow</td>
<td>comprehensive</td>
<td>extensive</td>
</tr>
<tr>
<td>population served by statutory services</td>
<td>minority</td>
<td>majority</td>
<td>all</td>
</tr>
<tr>
<td>potential of model to reduce social inequality</td>
<td>low</td>
<td>moderate</td>
<td>high</td>
</tr>
</tbody>
</table>
2.2.2. The residual model and gender inequality The residual perception of welfare statism as 'creeping totalitarianism' implies that in the final analysis human well-being must be an individual (read male breadwinner) and family (read dependent housewife) rather than a societal responsibility. In this paradigm the role of the state is to meet the subsistence needs of those few (i.e. lone mothers) who are demonstrably incapable of providing for their own welfare and that of dependents. This position sees social policy as selective in scope and targeted at the worst off rather than the majority or all of the population. Recipients of residual welfare (i.e. Aid to Families with Dependent Children in the United States) are perceived as objects of pity or scorn and are stigmatized as irresponsible or incompetent. Welfare levels are kept low to discourage recipients from becoming dependent on state handouts and to reinforce the work ethic and work incentives (Wilensky and Lebeaux 1965; Titmuss 1974; Mishra 1981, 1984; Sainsbury 1996).

Because the residual model accepts social inequality as legitimate, gender conflict and gender inequality are not perceived as policy problems. Hence the economic dependence and inequality associated with dependent-housewife families is not seen as problematic (Dale and Foster 1986:44). Nor does a residual approach intervene in the market to equalize the life chances of minority or impoverished groups such as
lone mother families. That said, the right of self-determination of needs and demands and freedom to form interest groups are highly regarded by those who hold a residual view of welfare. Social change in a residual welfare state tends, therefore, to be decentralized and participatory (i.e. civil rights, poor peoples' and feminist movements). As a result social development is seen as driven by interest groups (such as radical feminists) with a reactive role for the state (Piven and Cloward 1979; Wineman 1984; Dominelli 1991).

2.2.3 The structural model and gender equality. Up until the early 1980's many socialists assumed that the structural model -- which would socialize the economy and overcome class constraints -- had the most potential to promote social and gender equality. Hence socialist feminists argued that capitalist imperatives to increase efficiency and profits undermined gender-sensitive policy in market-driven regimes (Williams 1989). In the end inadequate child and homecare services left women disadvantaged in the labour market. Capitalist imperatives also undermined attempts to promote shared roles -- as shown by private sector resistance to paternity leave in Sweden. These priorities maintained women's status as a reserve army of labour willing to work part-time at dead-end jobs. A more recent version of this thesis is the
social patriarchy thesis which argues that even in advanced welfare states such as Sweden, redistributive corporatism engenders a shift from family to social patriarchy (see above page 12). From this socialist feminists argue that social welfare and gender equality require the abolition of the market-private property system. This perspective implies that only the structural model has the potential to promote gender equality since only it abolishes private ownership of the means of production, thereby making possible the production and distribution of resources on the basis of egalitarian principles (Williams 1989; Dominelli 1991:21).

There are two problems with this thesis. First, the structural model's assumed transcendence of class conflict made it a consensus model. As such, it tended to be associated with the suppression of interest group conflict, including feminist interest-group formation and articulation of needs and demands (Hansson and Liden 1983; Noonen 1988). A second problem was the tendency to see individual rights and freedom of self-determination as redundant in socialist society. Assumptions such as these prevented Soviet feminists from confronting the shortcomings of actually existing socialism, as feminists were able to do in capitalist democracies (Lapidus 1978:336). In retrospect the chief limitation of an analysis based on economic determinism was its
exclusive focus on the production and distribution of resources and neglect of issues related to the distribution of power and division of labour between men and women. In short, the expectation that nationalization of the means of production, the abolition of classes and a general commitment to equality would result in gender equality was not fulfilled (Dominelli 1991).

2.2.4 The institutional model and gender equality The view of the institutional model as a ‘mixed model’ or ‘half-way house’ between capitalism and socialism (see Table 2, 3) implied that the institutional approach had more potential to promote gender equality than a residual approach since it was not ideologically opposed to women's employment or state intervention. Hence institutional policy regimes such as Sweden viewed gender-equal policy as an adjunct to the market, complementing rather than superseding the market system of distribution (Mishra 1981: 134-36). Despite their institutional or ‘mixed’ nature, most comparative policy analysts agree that these welfare states have made major advances in the promotion of gender-equal policy development (Borchorst 1994; Bussemaker and van Kersbergen 1994; Esping-Andersen 1990, 1996; Mishra 1984, 1990; Norris 1987; Ruggie 1984; Sainsbury 1994, 1996).
Mishra (1984, 1990) for instance, argues that the attempt of Integrated Welfare States such as Sweden to replace class conflict and market forces with class collaboration has enabled them to promote the interests of the non-propertied and disadvantaged -- *in particular, women and children*. Social-democratic principles of full employment, universality and a national minimum also benefit women disproportionately (Mishra 1990:88,119). Hence the primary beneficiaries of full employment are those who in an open market situation are most likely to be unemployed -- ethnic minorities, unskilled workers, older workers, the disabled, female-headed families -- and, Mishra adds, “women in general” (1990:58). Second, universality of public education, health care, social security (which in Sweden has a universal component) and family allowances benefit those least able to purchase services from the market -- such as lone mothers and lone elder women. Third, a generous national minimum standard of living or social safety-net empowers women by giving them alternatives (i.e. to marriage) as well as raising mother-led families out of destitution (Mishra 1990:56). Taking up this thesis, Fox-Piven argues that even in the American residual welfare state, lone mothers dependent on the social safety net are ‘far from powerless’ (Fox Piven 1990). By the same token women and children are the ‘greatest losers’ and suffer
disproportionately from the retrenchment of safety net programs such as AFDC, food stamps and Medicaid in the United States (Mishra 1990:28).

Extending this line of analysis, Esping-Andersen (1990) argues that unlike social-democratic Sweden, liberalist America and corporativist Germany have shown little interest in gender-equal policy development (1990:159). His analysis suggests that the Soviet Union was not the only welfare state to promote full employment for women:

One of post-war capitalism's most remarkable events was the [Scandinavian] broadening of the base for full employment to encompass also all women and, indeed, anyone who wishes to work (1990:149).

According to Esping-Andersen Scandinavian social democracy produced an "active and deliberate social service expansion" which in turn provided

a phenomenal multiplier-effect for female employment: social services both allowed women to work, and created a large labour-market within which they could find employment (1990:150).

This 'nexus of government and services' was decisive for women's employment opportunities during the 1970's and 1980's:

Sweden constitutes one extreme, in which social-welfare services in the public sector dominated everything, indeed women account for 87 percent of total health-education-welfare employment growth. The result has been a unique feminisation of the welfare state (1990:150).
Esping-Andersen stresses that Sweden's gender-inclusive full employment policy "was made possible by its institutional approach to childcare and parental leave" (1990: 150). Although the American free market has also provided employment opportunities for women, American employers have done little, if anything, to promote child care or paid care leave. Nor is it in their perceived self-interest to promote women's trade union participation. By contrast Swedish women have been integrated into a trade union movement that includes the vast majority of employees (Esping-Anderson 1990:209). Despite the extreme sex-segregation of Swedish public and private sectors, Esping-Andersen concludes that Swedish women have experienced a "significant degree of occupational upgrading and unionization". By comparison American liberal welfare statism has been a 'passive force' in women's employment and post-industrial development (Esping-Anderson 1990: 209-210).

These theoretical developments suggest that the socialist hypothesis of 'residual/institutional/structural' as a continuum of progression from inequality to equality (as reflected in Dominelli's 1991 framework) was at odds with reality. What was needed was a policy framework which made sense of the progressive nature of the Swedish welfare state and the regressive nature of Soviet welfare in light of
institutional and structural models. What was the contribution of feminist comparative social policy to this theoretical problem?

**Table 3: The Structural View**  
(Adapted from Mishra 1986: 101,134; Dominelli 1991: 12)

(These typologies suggest that the structural model has the most potential to promote policy development for social and gender equality).

<table>
<thead>
<tr>
<th>Model of Social Welfare</th>
<th>RESIDUAL</th>
<th>INSTITUTIONAL</th>
<th>STRUCTURAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>George and Wilding</td>
<td>anti-collectivist</td>
<td>reluctant collectivist institutional</td>
<td>socialist</td>
</tr>
<tr>
<td>(1976/1985)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Taylor-Gooby &amp; Dale</td>
<td>liberal-individualist</td>
<td>social-democratic-reformist</td>
<td>Marxist-structuralist</td>
</tr>
<tr>
<td>(1981)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dominelli (1991)</td>
<td>(Capitalist)</td>
<td>(Social-democratic)</td>
<td>(Social) Collectivist</td>
</tr>
<tr>
<td></td>
<td>Anti-collectivist</td>
<td></td>
<td>reformist revolutionary</td>
</tr>
</tbody>
</table>
|                         | residual mercantilist | (Social-democratic) | (Social) /
|                         |                   |                     | (Marxist, democratic)   |
|                         |                   |                     | (feminist)              |
2.3 Social Policy and Gender Role Equality

2.3.1 Feminist comparative social policy: an overview  Mary Ruggie (1984) ‘launched’ feminist comparative social policy with her thesis that only an analysis based on social-democratic and liberal paradigms could explain major differences between Swedish and British postwar policy for women. Ruggie argued that a positivistic analysis (Kamerman and Kahn 1978) ignored class and gender constraints on policy formation, while socialist and radical feminist views of capitalist patriarchy did not account for Sweden’s postwar policy for women which entailed a “declining manifestation of patriarchy” (1984:20-24). The Swedish experience suggested, alternatively, that the state could be composed of a “viable coalition of class actors” and that it could act “within historically conditioned limits to the mutual benefit of all social classes” (1984:26).

Regarding economic growth theories of women’s employment, Ruggie argued that Sweden’s higher postwar economic development should have been associated with a higher proportion of employed women. But this did not happen until the mid-1960’s, when Sweden’s economic growth in fact slowed down. What led to the increase in women’s employment was “an act of government, an increase in public sector spending that increased the number of service sector jobs” (1984:85).
In sum, "state action enhanced women's opportunities to work, thus contributing to one aspect of social equality" (1984:29).

Ruggie proposes a 'liberal/welfarist--societal/corporatist' framework for comparing British and Swedish policies promoting women's employment. In an ideal-typical liberal-welfarist policy regime, inequalities produced by market forces drive state intervention. The focus on problems in economic rather than social terms produces a particularistic segmentation of society into different economic groups with a resulting fragmented structure. In a social-corporatist policy regime, by contrast, the quest for social equality conditions the play of market forces. The state intervenes to lead the market, not to compensate for inequality (1984: 13-15). Within this heuristic framework Ruggie asks how far labour market and childcare policies in Sweden and Great Britain promoted women's postwar employment. Ruggie's thesis is that a societal corporatist approach allowed Sweden to pursue a set of social and economic policies that "[happened] to benefit women" (1984:xiv). By incorporating the divergent interests of capital and labour, social democrats were thus able to undertake a comprehensive approach to economic and social problems (Ruggie 1984:144-45). The social-democratic strategy of full employment for economic growth also provided a universalistic framework within which
national childcare and parental leave were seen as ensuring similar opportunities for all adults (Ruggie 1984:6). Attempts by the social-democratic labor movement to improve conditions for low-paid workers likewise helped to change public attitudes about traditional sex roles.

Although Ruggie’s findings document the superiority of Swedish societal-corporatism over British (and American) liberal-welfarism, she leaves open the question whether societal-corporatism was superior to state socialism -- which also provided gender-inclusive full employment, national childcare, paid maternity (though not paternity) leave and universal abortion services (Lapidus 1978). From the perspective of gender equality and feminist comparative social policy this is an important oversight given the strong state-socialist claim to have done more to promote gender equality than any capitalist democracy (Dolling 1991; Lapidus 1978).

Expanding upon Ruggie’s societal-corporatist thesis, Pippa Norris (1987) outlines a ‘left-wing, centrist and right-wing’ policy framework to test the thesis that left-wing governments have done more to reduce gender inequalities than more right-wing governments (Norris 1987:4). In ‘left-wing’ Norris includes western (i.e. democratically-elected) political parties which were members of Socialist International (i.e. the full range of social-democratic, labour and socialist governments in 24
OECD countries) (Norris 1987:44-45). Norris thus asks: "Amongst capitalist democracies, where did sexual stratification alter most radically and in particular, how far did [democratic] socialist parties have a significant impact on the situation of women?" (Norris 1987:2). Like that of Ruggie (1984), Norris' view of gender equality reflects the classical socialist view of 'dual roles' (earner plus carer) for women without taking account of male roles. Hence her analysis centres around economic indicators related to women's labour force participation (Chapter 4), social indicators such as growth of childcare spaces and criteria for legal abortion (Chapter 5), and political indicators such as proportion of women in political parties and national legislatures (Chapter 6).

Although Norris' framework enables her to substantiate her thesis, viewed from a wider comparative perspective it assumes that socialist and social-democratic perspectives have similar views about male caregiving and like Ruggie's research, excludes state-socialist gender-sensitive policy development despite its strong record in these areas. It is well known, for instance, that the Soviet Union had the highest rate of female labour force participation of any industrialized society (Dominelli 1991:92). It was also the first country in the world to legalize abortion (1920) and provided free (if rudimentary) abortion.
services upon request after 1968 (Goldman 1991:244; Buckley 1989:156; Kremen 1990:171). With regard to Norris’ indicator regarding the growth of childcare spaces from 1960 to 1980, Soviet spaces increased from 8 to 14 million during this period, in numerical and proportional terms far exceeding that of any English-speaking or European social-democratic provision (Norris 1987:101; Lapidus 1978:130; Kremen 1990:166). Soviet paid maternity leave likewise far exceeded that of most capitalist democracies. Judged on the basis of Ruggie and Norris’ equality indicators, Soviet state-socialism would have come a close second to Scandinavian social democracy, and in fact was ahead (at that time) with respect to gender-inclusive full employment.

In sharp contrast to Ruggie’s and Norris’ social-democratic thesis, Lena Dominelli (1991) argues that economic ‘exigencies’ rather than political parties have shaped social policy in industrial societies and that these exigencies emphasize traditional male breadwinner roles. Taking a broad-brush and historically-rooted approach, Dominelli examines this (implicit) radical feminist thesis in light of capitalist (American, British, Canadian), social-democratic (Swedish), and state socialist (Soviet and Chinese) policies with special reference to income maintenance, the family and health care (1990:31-32). Dominelli’s radical analysis of the patriarchal essence of policy regimes provides an important corrective to
Ruggie and Norris' social-democratic thesis which tends to 'assume away' patriarchal economic and demographic priorities (even in enlightened Scandinavia). That said, Dominelli does not explicate the gender implications of her 'capitalist, social-democratic and socialist' framework (moreover her models are not mutually exclusive -- the social-democratic model is also capitalist). Instead she elaborates a second simplified version of George and Wilding's (1977, 1985) 'Anti-collectivist - Collectivist' framework (see Table 3) which implies that the socialist model should have more potential to further gender-sensitive policy than social-democratic or capitalist models -- but as Dominelli herself acknowledges at the outset, it does not (1991:13-26). Without confronting this problem, Dominelli reverts back to her unexplicated 'capitalist/social-democratic/socialist' typology within which she proceeds to frame her empirical chapters.

Several problems haunt her empirical sections as a result of these conceptual difficulties. The most serious are: a strong tendency to take an all-or-nothing approach to policy development; and secondly, to overgeneralize from the experience of English-speaking countries. Looking at income maintenance in the six countries, for instance, Dominelli's analysis implies that women's career patterns were interrupted by child and elder care work to the same degree in
Scandinavian and Soviet regimes as they were in English-speaking regimes, thus discounting Swedish and Soviet paid leave and national child care provisions which led to much shorter work interruptions in these countries (Dominelli 1991:27-28). Dominelli's analysis also underestimates major differences in the magnitude of problems in the three different types of policy regime. For instance the proportion of women without paid employment who could therefore not access social security in their own right was far lower in Sweden and the former USSR than in Great Britain, USA and Canada. This in turn discounts the importance of Scandinavian and Soviet gender-inclusive full-employment policies which greatly reduced the magnitude of this problem compared with English-speaking countries (1991:28). Moreover all-or-nothing statements such as "All systems' [negated] the value of women's domestic labour" --ignore the fact that in Scandinavian 'social care' states, the status of domestic was raised to the level of pensionable, public-sector employment (Dominelli 1991:119-20). Dominelli also makes general statements about income maintenance without noting important differences in provision in the different types of policy regime. For instance she states (without any reference to her findings) that

In none of the countries examined did the income maintenance systems achieve equality for all members of the

Dominelli concludes that "The experience of both Chinese and Soviet women reveals that socialism (accepting these countries' own definitions of themselves) does not in and of itself emancipate women" (1991:268). From this it follows that gender equality requires "overcoming the subordination of social policy to economic policy and integrating them on an equal footing" (Dominelli 1991:269). Dominelli thus calls for the integration of social and economic policy, but ignores Sweden’s ‘Integrated Welfare State’ (Mishra 1984) and ‘famed social pacts’ (Ruggie 1984; Esping-Andersen 1990, 1996) which for several decades came close to achieving this goal. Sidestepping the issue, Dominelli disavows herself of welfare statism -- whether socialist, social-democratic or capitalist -- in favour of feminist grassroots ‘prefigurative’ services (Dominelli 1991: 26). How prefigurative services are to be funded and whether they should be public or private is left unclear. The issue of entitlement or provision of services as social rights is also not dealt with.

Although Dominelli’s empirical chapters provide an exhaustive (if at times unsubstantiated) account of income maintenance, family-related and health policy in the six countries, the combination of an
unelaborated framework, a 'country-studies' format, lack of appropriate chapter summaries and conclusions which do not derive from findings make it extremely difficult (indeed impossible) to adequately analyze much less compare what seems like masses of information accompanied by a general commentary.

Issues of entitlement and social rights figure much more prominently in the work of more recent feminist comparativists who are also beginning to 'engender' mainstream typologies or alternatively, to devise new typologies for feminist comparative policy analysis (Sainsbury et al. 1994). Challenging anti-Weberian analysts such as Williams (1989), Ann Shola Orloff for instance argues that in order to compare women's social rights and entitlements in different types of policy regime, feminists need a 'conceptual scheme' (1992:4).

Rather than developing such a scheme in isolation from the body of comparative research developed by mainstream researchers,... it will be more fruitful to directly engage the conceptual frameworks of mainstream literature and propose needed amendments...Feminist researchers can thereby incorporate the advances that have been made in the mainstream literature while contributing to its needed transformation to take account of gender (1992:4).

Jane Lewis and Iona Ostner (1991) argue, alternatively, that the incorporation of gender into comparative social policy requires the formulation of new rather than 'refitted' models and typologies. Lewis
(1992) and Ostner and Lewis (1995) accordingly propose a gender-sensitive typology of 'strong', 'moderate' and 'weak' male-breadwinner policy regimes. At one polar extreme are 'weak' male-breadwinner regimes which actively promote women's labour force participation and a dual-earner society. At the other polar extreme are 'strong' male-breadwinner regimes which provide minimal services to encourage women's labour force participation. Arguing that this framework ignores solo mothers who are also family breadwinners and views woman-friendly welfare states in negative terms, Diane Sainsbury (1996) proposes a second typology of 'male-breadwinner - individualized' policy regimes within which she compares women's bases of entitlement in four countries.

As the name suggests, a 'male breadwinner' policy regime prescribes carer roles for women and earner roles for men. Husbands' entitlements derive from their breadwinner status and maintenance of dependents. Wives' entitlements derive from their status as dependents and from their husbands' entitlements. In this model caring and reproductive tasks are unpaid and located in the private sphere. This model is reflected in the 'social doctrine' of Roman Catholicism (Borchorst 1994). By contrast an 'individualized' policy regime requires women as well as men to be responsible for their own maintenance.
Parents share the tasks of financial support and care of the children. The primary basis of entitlement is citizenship or residence. This model does not privilege earning over caring and accommodates the shared tasks of earners and carers. Unit of benefit, contributions and taxation are based on the individual. Reproductive tasks are provided by both public and private sectors. Care work in the home can be paid and provides entitlement to social security.

Within this framework Sainsbury compares American, British, Dutch and Swedish women's social rights or entitlements as wives, mothers and workers. Her findings suggest that 'male-breadwinner' regimes such as the USA, Britain and Netherlands reward married couples and penalize single individuals. In 'individualized' Sweden, by contrast, single parents receive the same tax advantages as married couples. While benefits and services are restricted to those with proven need in the other three countries, they are provided as universal social rights in the Swedish 'social service' state (Sainsbury 1996:59) (See Table 1 on page 8). In sum Swedish women enjoy strong entitlements based on citizenship and the principle of care, whereas labour market status and the principle of maintenance play a much larger role in determining eligibility for benefits in the USA, Britain and Holland (1996:126).
Sainsbury’s ‘male-breadwinner - individualized’ typology is a highly sophisticated (and conceptually challenging) framework for comparative analysis of women’s entitlements. However it says nothing (surprisingly) about contraceptive and abortion services which are central to gender equality. A second semantic problem (at least in English) is that the ‘individualized’ policy model sounds like Esping-Andersen’s (1990) individualist/liberalist model, which is the polar opposite of ‘individualized’ social welfare. A third problem is that the focus on women’s bases of entitlement tends to downplay the equal importance of transforming male as well as female roles. The present research therefore argues that ideological assumptions about appropriate gender (rather than female) roles and the role of the state are very important for gender-sensitive policy and gender equality. Secondly, we argue, following Dominelli (1991) that to be comprehensive, feminist comparative social policy must take into account the full range of gender-sensitive policy development, i.e. in structural as well as in residual and institutional policy regimes. The concluding sections of this chapter elaborate this thesis.

2.3.2. A Sex-roles framework for feminist policy analysis In an attempt to locate Soviet gender-sensitive policy development in a wider
comparative perspective, Gail Lapidus (1978) proposes a sex-roles framework which assumes that different types of policy regime are associated with different patterns of sex-role norms. A market-driven (residual) policy regime promotes traditional or differentiated sex roles. A state-socialist (structural) policy regime tries to assimilate female to male roles, while a social-democratic (institutional) policy regime tries to transcend gender as the basis for the allocation of social roles.

If we were to arrange sex-role norms along a continuum -- at one end of which male and female roles are viewed in dichotomous and stereotypical terms and social roles are typed on the basis of sex, while at the other end sex is transcended as the basis for allocating social roles -- it would be apparent that Soviet sex-role norms ...are generally not found at the extremes, but are concentrated ... near the center of this continuum (Lapidus 1978:324)(emphasis mine)

Lapidus argues, secondly, that how sex-roles are structured is important for gender-relevant policy and gender equality. A residual policy regime premised on carer roles for women and earner roles for men will have little interest in furthering policy development which undermines women’s traditional carer role. By contrast a structural policy approach which prescribes earner as well as carer roles for women will be much more likely to provide maternity leave and universal child, disability and elder care which are seen as enabling
women to fulfill their 'dual roles'. On the other hand an institutional policy regime which accepts carer and earner roles for both sexes will be more likely to provide institutionalized contraceptive as well as abortion services, parental rather than maternity leave, and developmentally-oriented rather than custodial child, disability and elder care to enable both sexes to fulfill their dual roles. The next three sections elaborate this thesis.

2.3.3 Residual social policy and segregated gender roles Lapidus' analysis suggests that a residual policy regime both presupposes and reinforces segregated sex roles. In this model male activities are in the public domain while female activities center on the family and household. Taking the United States as an historical illustration of a residual model, one sees the classic Parsonian rationale for segregated sex roles:

Women are logically more suitable for expressive roles, given their biological tie to childbirth and nursing, roles which already include expressive components. Instrumental roles are therefore best suited to males who do not have a 'pre-established' relationship to the familial role (Parsons in Saunders 1988: 251).

What Parsons fails to acknowledge is that segregated sex roles are the sine qua non of a residual welfare state which only intervenes in the
event of family (or market) breakdown (Wilensky and Lebeaux 1965). Hence a welfare state which is dependent on homemaker-wives to care for the young, disabled and frail is unlikely to provide accessible and affordable contraceptive and abortion services which enable women to be earners as well as carers. A national childcare policy is likewise seen as irrelevant in a policy regime which assumes that young children should be cared for at home by their mothers. As more and more mothers enter the labour force, responsibility for childcare thus remains a family and private-sector responsibility. Taking the United States as an historical illustration of a residual policy regimes, one reads how

Quality day care centres are still expensive or unavailable to most working women; most employers have not reached the point of viewing day care for children as a valuable mechanism for increasing worker performance (Larwood and Lutek in Davidson and Cooper 1984: 258) (emphasis mine).

Instead of a national childcare policy, a residual policy regime is therefore associated with a patchwork-quilt of expensive private-sector daycare centres (and nannies) for the affluent, with unregulated and informal arrangements for the working poor.

Regarding child support, a residual policy regime is ambivalent. While the enforcement of child support for custodial mothers is seen as promoting individual and family responsibility for child welfare, it is
also seen as strengthening mother-led families and hence as undermining the 'traditional' dependent-housewife family. A residual welfare state is much less ambivalent about maternity or family leave. Hence the belief that mothers should withdraw from the labour force at childbirth is used to legitimate state non-intervention in maternity (not to mention paternity or family) leave. Finally, a residual policy regime which sees social welfare as an individual and private-sector responsibility prefers individual retirement savings plans and private-sector pensions over national compulsory social security schemes. Homecare, community-based and congregate services are also seen as the responsibility of families and the private-sector rather than the state.

2.3.4 Structural social policy and semi-integrated gender roles Lapidus' second model for the allocation of social roles is characterized by the assimilation of women into male roles in economic domains and the retention of traditional female responsibility for human care. Both residual and structural models see women's traditional childbearing and breastfeeding functions as "conclusive evidence for their primary and exclusive responsibility for childrearing and the household" (Lapidus 1978:323). Taking the former Soviet Union as an historical illustration of a structural welfare state, one sees, accordingly, that:
a member of the Presidium of the Committee of Soviet Women argued: "woman by her biological essence is a mother -- a teacher-trainer (vospitatel'nitsa) [who has] an inborn ability to deal with small children, an \textit{instinctive pedagogical approach}. The refusal to admit girls to 135 of 1,100 professions taught in technicums [was thus defended] on the basis of the need to consider girls' 'motherly mission' (Atkinson et al. in Lapidus 1978: 323)(emphasis mine).

Neither model distinguishes between reproduction as a biological fact and childrearing and housekeeping as socially learned roles (Lapidus 1978: 323). However the structural approach also tries to assimilate women into previously male roles. The problem is accordingly defined in terms of the conditions that enable women to fulfill their 'dual roles' while men continue to perform earner roles without caregiving obligations. Again taking the former Soviet Union as an elaboration of a structural model, one sees how the problem is defined in terms of women's rather than gender roles:

\ldots women's two functions stand in significant contradiction to each other: the participation of women in social production \ldots to a certain degree limits maternity, and maternity [in turn limits] the involvement of women in production. Of course, it should not be concluded from this fact that in order to obtain a higher level of reproduction of the population it is necessary to tie women once again to the hearth. The problem is confined to the need for society to provide women with a still greater possibility of combining joyous maternity with creative participation in social labor (Slesarev in Lapidus 1978:324).
As an egalitarian model, a structural approach thus argues that biological differences should not prevent women's full participation in educational, economic or political arenas. Just as complementary sex roles are the *sine qua non* of a residual model which only intervenes in the event of family or market breakdown, so the 'one-way integrationist' structural model provides the rationale for extensive state intervention in women's reproductive health, paid maternity leave and child, disability and elder care -- which are necessary to enable women to perform their 'dual roles'. Again taking the former Soviet Union as an historical illustration of a structural policy approach, we find that the *assumption* of universal entitlement to daycare and maternity leave was seen as 'irrefutable evidence' that the Soviet Union had achieved full gender equality. Indeed reading the *1977 Soviet Constitution*, one is informed that

> Women and men have equal rights in the USSR.... [They have] equal access with men to education and vocational and professional training; equal opportunities in employment, remuneration and promotion, and in social, political, and cultural activity.... [Women also have] special labour and health protection measures; [such as] ...conditions enabling mothers to work [including]... legal protection and material and moral support for mothers and children, including paid leave... and gradual reduction of working time for mothers with small children (Article 35 of the 1977 Fundamental Law of the USSR [Konstitutsia SSSR, 1977] Attwood and McAndrew in Davidson and Cooper 1984: 281).
Such a policy regime is much more likely than a residual one to be associated with a wide range of publicly-funded childcare arrangements as well as collective provision for elders and the disabled. More important, women in a gender-inclusive full-employment policy regime earn the right to social security (like men) unlike the dependent-housewives of the residual policy regime. Nevertheless the absence of democratic rights or civil liberties such as the freedom to articulate needs and demands and to form interest-groups tends to stifle pressure for improved services (i.e. developmentally-oriented over custodial child care and contraceptive along with abortion services). Finally, a welfare state which accepts earner and carer roles for women but earner roles only for men will tend to provide paid maternity but not paternity leave.

2.3.5 Institutional social policy and integrated gender roles  The assumption that men as well as women can and therefore should perform carer as well as earner roles distinguishes the institutional policy regime from those which emphasize the assimilation of female to male roles or sex-role segregation. "The very notion of sex roles is virtually transcended here in what amounts to an androgynous conception of human roles that are fundamentally alike for both men and women." (Lapidus 1978:333)
Taking social-democratic Sweden as an historical illustration of an institutional model of social welfare, one thus reads that

a decisive and ultimately durable improvement in the status of women cannot be attained by special measures aimed at women alone; it is equally necessary to abolish the conditions which tend to assign certain privileges, obligations or rights to men (Sandlung 1968).

Unlike residual and structural models, this model makes the analytical distinction between childbearing and care work, thus challenging the assumption that only mothers or surrogate mothers can be carers. Hence the planning, care and upbringing of children are seen as a shared responsibility of both parents. The role of the state is therefore seen as enabling all individuals, male and female, to share responsibility for family planning and caring as well as to make a contribution to the labour force. Again taking social-democratic Sweden as an historical illustration of a two-way integrationist institutional model of social welfare, one sees how:

Swedish policy for sex-role equality is formulated on the basis that each individual, irrespective of sex, should have the right to an education, to work and to self-support....responsibilities for the children and the upkeep of the home should be shared between both parents. The government should through youth and adult education, labour market policies, family support, public day care and other measures, actively promote a division of labour built on equality between the sexes (Jonung, 1978).
As a policy regime which accepts shared carer and earner roles, an institutional approach therefore provides paid parental (as opposed to maternity) leave and institutionalized contraceptive as well as back-up abortion services for the sexually active population. Institutionalized childcare and advanced and supplemented child support is likewise seen as enabling married and custodial parents to fulfill their responsibilities to their children and to society. Such a policy regime also provides universal income support and a wide range of homecare and assisted-living services for the disabled and functionally impaired to enable earning carers to retain their foothold in the labour market. Finally, a ‘two-way integrationist’ regime which upholds democratic rights and freedom to form interest-groups will also tend to provide high quality, developmentally-oriented child, disability and elder care (See Table 1). These considerations suggest why the ‘two-way integrationist’ institutional model of social welfare should have more emancipatory potential than ‘one-way integrationist’ structural or ‘sex-segregated’ residual models.

2.3.6 USA, USSR and Sweden as illustrations of policy models The next step is to examine this proposition against actual policy
development in three countries which by and large reflect residual, structural and institutional policy approaches, namely, the United States, former Soviet Union and Sweden. This requires, however, a prior statement of rationale for the use of these particular countries as historical illustrations of residual, structural and residual policy models.8

Our rationale is as follows: to the extent that it can be said that the dominant American ideology favours the dependent-housewife family, individual and private-sector responsibility for social welfare and market distributive criteria, it may be seen as a historical illustration or elaboration of a ‘sex-segregated’ residual model of social welfare as outlined by Wilensky and Lebeaux (1965); Lapidus (1978), Titmuss (1974); Mishra (1981, 1986, 1990) and Sainsbury (1996). Insofar as the former Soviet Union could be said to have promoted the ‘one-way’ assimilation of females into male roles, collective responsibility for social welfare and non-market (i.e. achievement/performance and need) distributive criteria, it may likewise be seen as an historical illustration of a ‘one-way integrationist’ structural model of social welfare as outlined by Titmuss (1974); Lapidus (1978); Mishra (1981, 1986); Taylor-Gooby and Dale (1981) and Dolling (1991). Finally, insofar as Nordic countries such as Sweden promote earner and carer roles for both sexes, shared responsibility for social welfare, and market and need
distributive criteria, it may be seen as a historical illustration of a ‘two-way integrationist’ institutional model of social welfare as outlined by Wilensky and Lebeaux (1958, 1965); Titmuss (1974); Lapidus (1978), Mishra (1981, 1984, 1986, 1990) and Sainsbury (1996) (see Table 1 on page 8).

Data collection and data sources The four empirical chapters which follow focus on the divergence between American, former Soviet and Swedish policy in the areas of contraception and abortion, child care and child support, care leave, and income support and homecare services. Unlike socialist and radical conceptions of gender equality which stress female roles and say little about male roles, the present research takes the social-democratic position that gender equality implies gender role equality, i.e. that women must have the same right to self-support i.e. to be earners that men have historically taken for granted. By the same token men must have the same right to be carers, i.e. to be ‘human’ that women believe is their inalienable right (Scott 1982; Makkai 1994; Borchorst 1994).

From this perspective contraceptive and abortion services and quality child care are seen as giving women (and men) the right to earn, while paid parental leave and childcare allowances give fathers as well
as mothers the right to care. Enforced and supplemented child support increases custodial mothers’ choices around whether to care or earn (like non-custodial fathers) and thus equalizes opportunity between custodial mothers and non-custodial fathers. The following quotation suggests the rationale for including income support and homecare services.

While the average length of women’s career breaks for child care has been reduced in recent years, the potential burden of caring for parents and grandparents has increased as parents live longer and as official care policies emphasize the centrality of informal care (Nixon and Williamson 1993: 117).

To the extent that income support, i.e. universal age pensions and means-tested benefits compensate women in part for their unpaid care work in their old age, they help (however inadequately) to equalize outcomes between male and female elders. Subsidized home care services enable functionally impaired elders and the disabled to be independent from families and thus enable ‘earning carers’ (usually daughters) to continue earning and therefore to access social security in their own right (Sipila 1997:3). Hence these services help to equalize opportunity and outcome between two generations of men and women. In sum, these four sets of benefits and services help to equalize gender roles, thus promoting more egalitarian gender relations.
In order to maintain a parallel approach in the empirical section, each of these policy areas is structured under the following headings: Ideology, Policy Development, Policy Outcome and a Summary of findings. Such an approach may accordingly be seen as an appropriate method of testing hypothesized empirical relationships among variables on the basis of the same logic that guides the statistical method, but in which the cases are selected in such a way as to maximize the variance of the independent variables and to minimize the variance of the control variables (Lijphart in Parsons 1996:302).

In the present research the independent variables, i.e. gender-role and statist ideology are thus 'maximized' by taking into account the full range of 20th century approaches to social welfare (i.e. structural as well as residual and institutional ideal-types).

As Bennett (1996) observes, the problems associated with achieving a similar level of analysis in different types of policy regime in a number of areas are enormous and generally seen as almost insurmountable (Bennett 1996: 308-313). What made the present study seem manageable was the plentiful supply of excellent single- and cross-country studies of gender-sensitive policy developments which greatly facilitated such a task. With regard to data concerning the USSR: as it turned out earlier sources of Soviet writers were almost entirely invalidated by post-Soviet contributions. A second problem encountered
in the area of homecare services was that in huge federal states like USSR and USA, such data were difficult to obtain. As a result the treatment of this area is necessarily brief.

The data collection procedure was to outline major American, Soviet and Swedish policy developments in each of the four areas which were observed or empirically studied by professional policy analysts. This was done primarily through archival (library) searches assisted by computer-generated searches (Gebremedhin and Tweeten 1994:118-123). Regarding the issue of parallel levels of analysis: three contributions in particular provided an excellent overview of gender-sensitive policy development in each country. Gail Lapidus (1978) provided a deeply contextualized overview of Soviet gender-sensitive policy development which was corroborated by other (sometimes edited) contributions by researchers such as Heitlinger (1979), Hansson and Liden (1983), Buckley (1988, 1989, 1992), Engelstein ed. (1991), Clements, Engle and Worobec eds. (1994), Posadskaya ed. (1994) and most recently, Marsh ed. (1996). Hilda Scott (1982) provided an insightful and deeply contextualized overview of Swedish gender-sensitive policy development which was corroborated by contributions by Heclo (1987), Olsson (1990), Gould (1993) and most recently, Sipila (1997). In the United States, McBride Stetson (1990) provided a

The data collection process also included a survey of policy-related journals, including Feminist Review, Social Services Review, Women and Politics, The Journal of Social Policy, Social Work, Acta Sociologica, Scandinavian Political Studies and The Journal of European Social Policy among others. A number of government and quasi-government background documents rounded out the data collection process. The researcher also had the opportunity to travel to Sweden and the USSR in 1988 (and also to the USA more recently) to observe conditions first-hand as well as to talk to social workers and other professionals.
ENDNOTES

Chapter One: Introduction


2. By ‘institutional’, we mean a welfare state which tries to integrate not only social and economic policy but also male and female roles. Thus a policy regime such as Austria which chooses not to extend its ‘integrated’ approach to social and economic policy to the problem of unequal gender roles would be seen as deviating from the IWS ideal-type (See Mishra 1984:109-115).

Chapter Two: Toward a Feminist Comparative Social Policy

3. The feminist critique of mainstream social policy also argues that it ignores the sexism and racism inherent in conservative, mixed-model and socialist perspectives. Thus (male) conservatives tend to view wives and children as “part of the comforts and decencies of the British workman’s standard of life” (Rathburne in Pascall 1986:8). Moderate collectivists such as Beveridge proposed social security schemes which “encased the concept of the dependent married woman within social security practice” (Pascall 1986:8). T.H. Marshall’s ‘final crown of citizenship and social rights’ rested on unequal gender relations and women’s dependent status (Pascall 1986:9). Titmussian social democrats promoted a Parsonian functionalist model of the family as a solidary unit in which the communistic principle of each according to his needs prevailed (Pascall 1986:12). Although Marxist collectivists such as Ginsburg and
Braverman documented the way social security reinforced the subordinate position of women, they did not ask why mothers and not fathers had ‘two roles’ or why mothers and not fathers made up capital’s reserve army of labour. Mainstream social policy also subsumes women under gender-neutral concepts such as single parents and elders, thus ignoring the fact that these groups are primarily women and that more women than men lack access to paid work or an independent income. Nor is the lack of access of dependent housewives to breadwinner husbands’ incomes seen as problematic (Pascal 1986:10). In short, “Increasingly invalid assumptions about marriage and work have produced welfare schemes that treat women badly...[issues such as wife battery] are banished to a footnote” (Wilson in Pascal 1986:12).

4. This is not to say that Dale and Foster, for instance, accept socialist and radical feminists’ rejection of welfare statism: “Whilst fully understanding and sympathizing with feminists’ despairing retreat from conventional political campaigning, [we] believe that it is essential for all feminists to.... keep fighting for reforms to existing welfare institutions...” (1986:155).

5. Mishra’s (1984) second framework (for the first see Table 2) includes Integrated and Differentiated Welfare States (IWS and DWS). Unlike state-socialist welfare states, these have a market economy and parliamentary forms of government with full civil and political liberties. In the IWS social and economic policy are ‘integrated’ through trade-offs between representatives of labour, capital and the state. Policy-making takes the form of ‘bargaining’ between ‘peak associations’ and representatives of major economic interests. Interdependence between major economic groups is thereby ‘institutionalized’ through class cooperation and societal consensus-building. In sum, the IWS tries to pursue social objectives without weakening the economic base (Mishra 1984:105) (This model corresponds to Esping-Andersen’s social-democratic ‘cluster’ of policy regimes (1990).

By contrast in the DWS, policy-making takes the form of ‘interest-group pluralism.’ Social welfare is therefore a ‘differentiated’ or relatively autonomous realm which is distinct from the economy. State provision is through selective programmes and services for the residue of society whose needs
are not met through the family or free market. As self-contained, delimited areas, social and economic policy are thus seen as negatively correlated and mutually dysfunctional (1984:103; 1990:19).

6. This theme is picked up by others such as Persson (1990) who argues that the expansion of public sector day care, parental leave and separate taxation of spouses represent a continuation and application of the institutional principle of Swedish welfare policy.

7. Lapidus states that these three policy orientations are "analytical constructions or ideal-types rather than specific social systems which are extrapolated from the underlying premises of public policy in a wide range of contemporary societies". Although they may be conceived as three stages in a developmental sequence, the boundaries between them may also overlap. Thus the third *transcendent* policy orientation represents "the logical outcome of immanent trends in contemporary Western societies which are not actually manifested in comprehensive or coherent form in any particular one" (i.e. even in social-democratic Sweden) (Lapidus 1978:340).

8. From a global perspective the designation *welfare state* connotes a modern industrialized society with relatively high average life expectancy, low fertility rates, relatively low infant and maternal mortality rates and high adult literacy rates (Sivard 1985).
PART TWO

GENDER-SENSITIVE POLICY DEVELOPMENT:
USA, USSR AND SWEDEN

Introduction

Part Two of this study compares policy development in three countries which illustrate residual, structural and institutional tendencies: United States, the former Soviet Union and Sweden. Specifically, our focus is American, Soviet and Swedish gender-sensitive policy in the crucial areas of contraception and abortion; child care and child support; maternity, parental and family care leave; and income support and homecare. Our time-frame is wide-ranging and takes account of policy development in the 20th century, with an emphasis on the second half of this century.

Given the longitudinal span of our study, one would be surprised not to find some degree of variation in policy and political ideology within each of our three policy regimes, especially in the case of the much more populous United States and the Soviet Union. Hence American Democratic and Republican regimes differ on issues such as the role of the state in reproductive health and childcare provision.
Taking a wider cumulative view, however, we see that even under Democratic regimes, service provision tends to be *selective* and under *private* rather than public auspices in the United States. Hence American *gender-sensitive* policy (at least) seems to be driven by and reflects a residual ideology of individual and market rather than collective responsibility and provision for social welfare.

Seven decades of state socialism under Bolshevik, Stalinist, Khrushchev, Breznev and Gorbachev regimes also show marked deviation in policy orientation from one other. Nonetheless until the late 1980’s policy development under all of these dictators reflected an unquestioned ideology of *collective* provision of social welfare and a policy of full employment for women (and men).

Unlike the United States and the Soviet Union, Sweden represents a much more homogeneous policy regime. Social Democrats were in office without break from 1932 to 1975. Although the last two decades have seen major challenges to institutional ideology from centrists and conservatives, *gender-sensitive* policy seems to be holding its own despite a precipitous economic downturn. At any rate Sweden’s long social-democratic reign and broad consensus around universalistic social welfare policies make for a stable and coherent policy regime.
As indicated in Chapter Two (see page 16-17), the present research is by nature heuristic, i.e. model-based. Hence its purpose is not to prove conclusively that gender-role and statist ideology are primary or even the sole determinants of gender-sensitive policy, or alternatively, to minimize the importance of other factors such as economic priorities, patriarchal institutions, democracy and race for policies. Rather its objective is to use these classical social policy models -- with an emphasis on their gender-role and statist ideologies -- to make sense of the divergence between American, Soviet and Swedish gender-sensitive policy. Put differently, the present research suggests that ideological assumptions about appropriate gender roles and the role of the state -- as well as other factors -- are more or less important in accounting for variations between American, Soviet and Swedish gender-relevant policy. That said, the four empirical chapters which follow lend considerable support to the nature of the relation between gender-role and statist ideology and gender-sensitive policy which is suggested by the models.
CHAPTER THREE

REPRODUCTIVE HEALTH CARE

It is impossible to overstate the importance of reproductive rights for gender equality. The enormous emancipatory potential of universal sex education and preventative reproductive services arises from the simple fact that they enable the sexually active population to exercise control over their reproductive lives, i.e. over the timing, spacing and number of children they want and are able to raise and educate. From the perspective of gender roles, reproductive rights also enable women to be earners (like men) and hence promote more equal gender relations. The ability to be self-supporting thus gives women leverage within marital relationships and makes it easier to leave abusive relationships (Orloff 1993; Hobson 1994). Women’s increased labour force participation also raises fundamental questions about the role of the state and men in sharing responsibility for care of the young, disabled and frail.

At least as far back as the time of Hippocrates women have tried to exercise control over their reproductive lives, as attested by the Hippocratic oath requiring physicians not to aid a woman to secure an
abortion (O’Connor 1996:17). By the 19th century it was taken for granted that propertied classes used contraceptives, working classes used abortion and peasants used infanticide to control family size (see below pages 91-92). Moreover as historical records everywhere document, criminalization of abortion never stopped desperate girls and women from opting for abortion. All it did was to put them at the mercy of backstreet abortionists, as is documented by high maternal morbidity and mortality in countries where abortion has been either illegal or unaffordable.

Because the subject of abortion is contested and emotionally charged, it is important to state why girls and women resort to it. Aside from lack of accurate and timely birth control information and accessible and affordable contraceptive services (Luker 1996; Zabin and Hayward 1993), areas characterized by an abortion culture cite poor living conditions (i.e. lack of decent housing), financial difficulties, child care problems and alcoholism of putative fathers as the most frequent reasons for aborting (Williams 1996:138).

Chapter Three argues that the American ideology of a minimalist state and traditional ‘family values’ ensured that the American reproductive debate would never move beyond a residual approach. By contrast the Soviet requirement that women ‘work’ full-time as well
assume responsibility for family care required some form of reproductive provision to enable them to fulfill their two roles. Nevertheless factors such as the prior concern to replenish a population decimated by two global wars and a revolution, Marxian anti-Malthusianism and the lack of democratic institutions ensured that the issue of contraceptives would never reach the policy table.

Sweden was the first country in the world to recognize reproductive control as a basic human right at the same time as it recognized the right of wives and mothers to be employed. As part of its national population control policy, ruling Social Democrats instituted a preventative sex education programme in the public schools and later overhauled its 1938 legislation legalizing contraceptives and abortion.
3.1 USA

Abortion

_Ideology_ Until fairly recently, the conventional American wisdom was that women’s rightful place was in the home while men’s ‘place’ was in the workplace as full-time family breadwinners. In this regard access to contraceptives and abortion was seen as threatening women’s traditional caregiving role (O’Connor 1996:82). This ideology was reinforced by patriarchal religions which argued that women (and men) did not have the right to make decisions about their reproductive lives. Hence conservative theology taught that the right to decide who was to be born inhered in God rather than women (or men). Young girls and women who became pregnant -- even through incest or rape -- were therefore required to carry their pregnancies to term since two wrongs did not make a right (Dornblaster and Landy 1982:218). According to this view contraceptives tempted teenagers into premature sexual activity and so were responsible for high teen pregnancy rates. Legalizing abortion ‘removed all restraint’ (Dornblaster and Landy 1982:218). The proper role of the state was therefore to restrict teen access to contraceptive information and services (O’Connor 1996:116) and to promote teen abstinence. Extreme conservatives accordingly demand that abortion
clinics be closed down and that abortion be recriminalized. They also reject divorce, homosexual rights and equal rights for women (as represented by the Equal Rights Amendment) (Dornblaster and Landy 1982:216-219; McBride Stetson 1991:90). These beliefs and convictions represent the prevailing ideological climate surrounding 20th century American reproductive policy development.

Policy development Up until the mid-1850's the practice of abortion was tolerated, if not condoned in the United States in the absence of ways to prevent conception (McBride Stetson 1991:80). Common law viewed pregnancy in two stages: before 'quickening' (up to the third or fourth month of pregnancy) and after 'quickening'. Abortion was a crime only after 'quickening' (McBride Stetson 1991:80). This policy changed as the United States became industrialized and urbanized and as lay abortions gradually spread from the poor to the middle classes. Alarmed by their frequency, the rising A.M.A. (American Medical Association) organized a lobby to criminalize the practice (Mohr in McBride Stetson 1991:81). The AMA's decision was part of a concerted effort to monopolize the market in women's health concerns, ...outlawing abortion was linked to the struggle to exclude lay practitioners such as lay healers, midwives and folk doctors from health care (Mann 1986:228).
The lobby was successful. By 1880 early abortion was a criminal act 'almost everywhere' (McBride Stetson 1991:81; Mann 1986:228-30; O'Connor 1996:20). Although lay abortions were now illegal, medical doctors retained the right to perform abortions at their discretion for those who could afford their high fees (the very rich continued to go out of the country for abortions). The next seven decades passed with little change to this status quo.

Access to legal abortion for middle-classes improved during the 1950's with the inclusion of psychiatric indications such as the threat of suicide by pregnant girls and women. Calling for the liberalization of century-old abortion laws, the American Law Institute argued that:

A licensed physician is justified in terminating a pregnancy if he believes that there is substantial risk that the continuance of the pregnancy would gravely impair the physical or mental health of the mother or that the child would be born with grave mental or physical defects or that pregnancy resulted from rape, incest, or other felonious intercourse (McBride Stetson 1991:82).

Pressure for law reform came from other sources. Anti-racist feminists attribute abortion reform at this time to the rise of:

...neo-Malthusian ideology towards population control, which increasingly supported abortion as a means of controlling the fertility of poor people and ethnic minority people.... After a century of medical and eugenicist domination of reproductive politics, abortion became legal ...
because ... social need, feminist activism and populationist ideology came together (Petchesky in Ginsburg 1992:122).

The precipitating factor was the 1962 thalidomide scandal in which thousands of women with deformed fetuses from prescribed medication were refused legal abortions. In response to this tragedy, Colorado was the first state to legalize abortion in cases of anticipated fetal defects, incest, rape and mental or physical imperilment such as a girl or woman's threat of suicide (McBride Stetson 1991:83). By 1972 abortion was decriminalized on these grounds in thirteen states.

Abortion policy development culminated with the 1973 Supreme Court decision known as Roe versus Wade. Under this ruling states could no longer prohibit nor interfere with a woman's constitutional right to choose abortion in the first trimester of pregnancy. Roe versus Wade thus invalidated 19th century state-level abortion laws on the grounds that a woman's constitutional right to privacy included the decision, in consultation with her physician, to terminate an unwanted pregnancy (Rodman 1986:182; McBride Stetson 1991:83-87). With this decision early abortion was now legal up to twelve weeks of pregnancy. Between twelve and twenty-four gestational weeks, states continued to regulate abortion in the interests of maternal health. After
twenty-four weeks states could prohibit abortion except where the life or health of the woman was threatened (Ginsburg 1992:122).

Predictably, *Roe versus Wade* was met with a powerful neo-conservative backlash headed by Roman Catholic Bishops.¹ Through paid lobbyists, R.C. Bishops won a series of legislative delaying tactics, including a requirement for waiting periods before abortion; a requirement for informed, spousal or parental consent and clinic regulation statutes.²

Influenced by anti-abortionists, the new Reagan administration undertook to reverse *Roe versus Wade*. In pre-election campaigns Republican Presidents Reagan and Bush affirmed their commitment to a *Human Life Amendment* and opposition to the use of public funds to support the International Planned Parenthood Association (IPPA) and feminist clinics. Once elected, President Reagan stacked the Supreme Court with judges who “[respected] traditional family values and the sanctity of innocent human life” (O'Connor 1996:88). The Supreme Court also upheld state-enacted anti-abortion legislation (Bush in Rodman 1986:182-183) and passed Amendments to Appropriations Bills between 1976 and 1981. These reduced and then eliminated Medicaid abortion funding for poor incest and rape victims.³
By 1988 the abortion debate had permeated both Republican and Democratic national conventions as a feminist presence reemerged (Freeman in O’Connor 1996: 116). Ignoring testimony from Republican pro-choice women that the party’s anti-abortion campaign would alienate women voters and that an emerging gender gap could make the difference in a close race, the Republican Party promised to cut funding for pro-choice organizations and to legislate parental consent requirements for minors for birth control as well as abortion (O’Connor 1996:116). President Bush’s close 1988 victory was followed by a 1989 Supreme Court challenge to Roe versus Wade in Webster and Reproductive Health Services. Under the new ruling states were permitted to ban abortions in publicly funded facilities and to restrict access to legal abortion. By 1990 close to half of all states had recriminalized abortion (Ginsburg 1992:123).

In response to the growing threat to abortion rights, NARAL (National Abortion Rights Action League), NOW (National Organization for Women) and the Fund for a Feminist Majority transformed the debate by asking ‘Who Decides?’ Their strategy included a massive print and television campaign, letter writing campaigns to the Supreme Court and a march of 300,000 women on Capital Hill in April, 1989 in which NARAL director Kate Michelman warned that “the Court has left a
woman’s right to privacy hanging by a threat and passed the scissors to the state legislatures” (Areff in O’Connor 1996:132). On the other side of the debate pro-life activists formed ‘life chains’ in 700 communities, escalated clinic violence and boycotted corporations which contributed funds to Planned Parenthood.

**Policy Outcome** 19th century anti-abortion legislation did not stop working class and poor women from terminating unwanted pregnancies. What it did was to put them at risk of permanent injury or death at the hands of unscrupulous street abortionists. Thus New York 1925-29 hospital records of botched abortions suggest that in the absence of contraceptives (which were also illegal), working class and poor women had no alternative but to use early abortion as a method of birth control (McBride Stetson 1991:81). By the 1960’s illegal abortion was the most frequent cause of maternal death in the United States, accounting for one-third of these deaths in New York and California (Mann 1986:230). This changed with the thalidomide-driven liberalization of state abortion laws in late 1960’s and early 1970’s. Those who could pay now traveled to New York, California, the District of Columbia and Colorado (the fifth state was Alaska) for safe legal abortions (Dornblaster and Landy 1982:21).
In the absence of a national health care system, abortion provision remained in the hands of private clinics, which underwent rapid expansion in the 1970's. By 1980 over 200 clinics were affiliated with the National Abortion Federation (a self-monitoring agency) (Dornblaster and Landy 1982:234-270). The mid-’80’s saw the centralization of major clinics with smaller branches in 3,000 metropolitan centres. By the late 1980’s most abortions were performed by a small number of very large providers.

As a result of the 1989 Supreme Court challenge to Roe versus Wade, the number of states offering abortion services fell to less than half. The cutting of Medicaid abortion funding for indigent incest and rape victims and for family planning clinics effectively put reproductive health care out of reach of young, poor, single and ethnic Americans (Mann 1986:233). AFDC mothers were forced to pay for abortions out of food and rent allocations (private abortions cost a welfare mother’s food budget for 3 months) (Alan Guttmacher Institute in Mann 1986:234).

Despite the election of a Democratic President in 1992, access to abortion decreased in the 1990’s. President Clinton immediately overturned earlier Republican administration restrictions on abortion such as the ‘gag rule’ banning abortion counselling for publicly-funded
agencies, the ban on importation of RU-486 (the ‘early abortion pill’) and the order barring US aid to international family planning programmes which included abortion counselling. However Medicaid funding for poor incest and rape victims was not reinstated. Instead the Clinton administration turned its attention to the more immediate problem of escalating clinic violence, including the murder of a number of abortionists and clinic workers. Although the 1994 passage of the F.A.C.E. (Freedom of Access to Clinic Entrance) Act made it a federal crime to block access to clinics or to harass or use violence against women seeking reproductive health care or to those providing it, by 1996 selective abortion funding for poor women had not been reinstated. President Clinton did, however, appoint two pro-choice judges to the Supreme Court.

In sum, lay abortions were criminalized in the late 1880’s, while doctors retained the right to perform abortions for middle and upper-class women. This implied a class system of access in which rich women went out of the country for abortions and middle class women had limited access to safe and legal abortion. Working class and poor women seeking abortions were forced, however, to resort to illegal backstreet abortionists. With the passing of Roe versus Wade legislation in the early 1970’s, access to abortion services increased albeit under
private auspices which meant that it was out of reach for young, single, poor and ethnic Americans. In 1989 a second Supreme Court decision (Webster versus Reproductive Health Services) left half of the states without abortion services. Although President Clinton reversed the ban on RU 486 (the early 'abortion pill') and other anti-abortion legislation, his first term was preoccupied with passage of the Freedom of Clinic Entrance Act (1994) to deal with escalating clinic violence. A 1996 Republican senate majority ruled out reinstatement of Medicaid reproductive health funding for the poor and the proposed Freedom of Choice Act. As a result of continuing clinic violence and the failure of medical schools to teach doctors how to perform abortions, only 15% of American counties had abortion clinics by 1996 (O'Connor 1996:172).
Contraception

**Ideology** Systematic attempts by Europeans to control the birth rate of poor and non-white races began in the late 1700's with the early Malthusians. Unlike Marxists, who attributed poverty and environmental degradation to capitalist exploitation, Malthusians attributed these social evils to rapid population growth. This implied that what was needed was to curb 'excessive' growth among the populous lower classes to prevent them from threatening the established order and laying claim to a larger share of the earth's resources. Although early Malthusians advocated sexual restraint and abstinence to prevent overpopulation, neo-Malthusians called for public contraception information campaigns and improved contraceptive technology. By the 1830's tracts advocating birth control found their way across the Atlantic (McBride Stetson 1991:72; Field 1983:82).

**Policy development** The rising demand for American contraceptives was blocked by a fundamentalist lobby "for moral regeneration and social purity" led by Reverend Anthony Comstock (McBride Stetson
Comstock claimed that contraception was "vile interference with the divine scheme for procreation" which involved:

unnatural acts such as withdrawal or intercourse without ejaculation, or chemicals such as douches [and] devices such as condoms with ... names such as 'French letter', or 'English ridingcoat' (Gordon in McBride-Stetson 1991:72).

Comstock thus played on public fears that contraception would encourage premarital and extramarital sex which he equated with increased pornography, prostitution and rape. His lobbying efforts led to the passage of the 1873 Act for the Suppression of Trade in and Circulation of Obscene Literature and Articles of Immoral Use "in fifteen minutes without opposition" (McBride-Stetson 1991:72). As articles of immoral use, contraceptives and information about them could no longer be bought, sold, mailed or imported into the United States.4

One woman broke rank with mainstream feminists who advocated abstinence or abortion. Margaret Sanger argued that every girl had the right to know how to control her reproductive life. Following her release from imprisonment for disseminating her manual What Every Girl Should Know about Contraception, Sanger organized the American Birth Control League (ABCL) to lobby for the repeal of the Comstock Law (McBride-Stetson 1991:73). Her successful lobby resulted in the 1938 Supreme Court decision that contraceptives were not obscene articles
and so could therefore be imported and sold in the United States under medical supervision (McBride Stetson 1991:74). This meant that progressive states could now provide birth control services through public clinics.

Sanger next undertook to remove control over contraceptives from the male medical establishment. First she changed the name of the American Birth Control League to the Planned Parenthood Federation of America (PPFA). Unlike the term *birth control* which placed control over contraceptives in the hands of doctors, *family planning* and *planned parenthood* implied that final decisions over birth control should be made by individuals rather than the church or state. These terms also reinforced the neo-Malthusian idea that what was needed was social planning and public provision of services to limit population growth (McBride Stetson 1991:74)

The 1950’s and 1960’s saw the mass dissemination of information on human sexuality by American psychologists and sociologists. Paperbacks such as the *Kinsey Reports* of 1948 and 1953 redefined sexual expression as vital for physical and mental health. Experts advised that removing fears about unwanted pregnancy would enhance sexual expression in marriage and increase family happiness. Influenced by this information, many Protestant and Jewish reform
congregations and the medical community came out in support of family planning and the *PPFA* (Roman Catholics and other fundamentalist churches continued to oppose family planning, even within marriage) (Dornblaster and Landy 1982:221; McBride Stetson 1991:75).

For Republican President Dwight Eisenhower, the subject was a matter of private rather than public interest. This left final control over contraceptives in the hands of male doctors and private clinics (Ginsburg 1992:124). It was not until the late 1960's and early 1970's that contraceptive services became available to AFDC mothers and then to the general public. Supporting the work of the PPFA, Democratic President Kennedy amended the Social Security Act to include provision of contraceptive services for AFDC recipients. The 1967 Amendment thus allocated project grants for *privately run* family planning services at the state level (Kennedy also promoted family planning as part of his foreign-aid policy) (McBride Stetson 1991:76). Extending Kennedy's contraceptive policy, President Johnson repealed the *1873 Comstock Act* as part of a major federal program of family planning services. Under Johnson's *Great Society* legislation, a Commission on Population and Family Planning was set up to promote contraceptive services and research. The resulting *1970 Family Planning Services and Population Research Act* provided federal allocations to enable public health and
Planned Parenthood clinics to dispense contraceptive information and services to the public.\(^5\) An Office of Population Affairs was also set up in the National Institutes of Health to allocate funds for family planning services and programmes. Nevertheless "funding levels remained controversial and subject to shifts in the contraceptive debate" (McBride Stetson 1991:76).

These policy developments were eclipsed by the rise of the American new right. Elected on a mandate to cut welfare expenditures, President Reagan withdrew federal allocations for family planning and returned responsibility for contraception back to the states. Alarmed by reports of one million new teen pregnancies each year (teen mothers depended heavily on AFDC), the Reagan administration diverted $13.5 million from family planning services for new programmes to discourage premarital sex (Levitan 1986:95). This policy reversal could not have come at a worse time.

By 1981 the average age of first intercourse was 16 for girls and 15.7 for boys (Rodman 1986:169) Longitudinal studies showed a downward trend toward earlier sexual activity in the United States as elsewhere. Experts argued that one in ten teenaged girls was impregnated each year along with 30,000 ten, eleven and twelve-year olds. By 1980 one in three or 12 million American teens were sexually
active, producing one million new pregnancies a year (Alan Guttmacher Institute in Rodman 1986:179). News of the epidemic of teen pregnancies motivated (Democratic-controlled) Congress to veto Reagan's proposal to make a teen pregnancy program block-funded (block funds could be used for any purpose) (Levitan 1986:96).

**Policy Outcome** The passing of the *Comstock Act* meant that contraceptives were inaccessible to the American population between 1873 and 1938, at which time the Supreme Court ruled that contraceptives were not obscene articles and so could be imported under medical supervision. Despite this ruling contraceptives did not become widely accessible until the election of a Democratic Presidency -- that of John Kennedy. As a result of legislation passed by the Kennedy and Johnson Administrations, federal expenditures for contraception and population control research rose from $8.4 million to $92 million annually (Levitan 1986:95). At the time of President Reagan's inauguration, federal funding supported 5,000 privately-based family planning clinics. Between 1968 and 1983 the population served by these clinics increased from one to 4.5 million (Rodriguez-Trias in Ginsburg 1992:124).
As a result of the subsequent withdrawal of funding for private clinics, poor and marginalized Americans lost access to reproductive health services.\textsuperscript{6}
3.2 USSR

Abortion

**Ideology** Early socialists such as Vladimir Ilyich Lenin (1870-1924) claimed that women were 'doubly oppressed,' both as family caregivers and as capital's reserve army of workers under the capitalist economic system. Lenin therefore demanded the overturn of pre-Revolutionary 'capitalist' laws which kept women in a position of inequality. Secondly, he called for the creation of new laws to guarantee women equal rights with men (Lenin in Buckley 1989:25). By 1919 Lenin was able to argue that "apart from Soviet Russia there is not a country in the world where women enjoy full equality.... [Hence only socialism could provide] complete equal rights for men and women" (Lenin in Buckley 1989:26).

Lenin also argued that in order to be *fully* equal, women must participate in common productive labour. This could only come about if the state provided public dining rooms, nurseries and kindergartens. To ease the 'stresses of personal life' Lenin also advocated easy divorce, access to abortion and the distribution of material on birth control. Only policy development along these lines would enable women to participate in the economy and in politics (Lenin in Buckley 1989:26).

Despite early support (from Lenin at least) for accessible and affordable contraceptive and abortion services, prospects for a national
contraceptive policy quickly faded as a consequence of mass starvation, disease, civil war, the precariousness of the new state and lack of commitment on the part of Bolshevik leaders. The priority of the new dictatorship was thus to replenish a population decimated by global war and the revolution (Buckley 1989:19). The new Soviet regime was not only strongly pronatalist; it was also deeply anti-Malthusian.

Soviet anti-Malthusianism came about as a consequence of Karl Marx's denunciation of the eugenics movement begun by the Reverend Thomas Malthus (1766-1834). According to Malthus populations grew geometrically while food supplies grew arithmetically. This differential was a major force behind wars, starvation and plagues:

Population, when unchecked, increases in a geometrical ratio. Subsistence (food) increases only in an arithmetical ratio. A light acquaintance with numbers will show the immensity of the first power in comparison of the second. By that law of nature which makes food necessary to the life of man, the effects of these two unequal powers must be kept equal (Field 1983:82).

Because Poor laws increased the population without increasing the food supply, Malthus therefore rejected them along with artificial control of conception. For Malthus the solution to the problem of overpopulation was 'moral restraint' (i.e. late marriages).

Marx's response to Malthus and later neo-Malthusians (who advocated state intervention in population control) was as follows:
“Every special historic mode of production has its own special laws of population, historically valid within its limits alone” (Field 1983:83). So-called ‘overpopulation’ was the outcome of capital's need for a large reservoir of unemployed and underemployed workers to keep wages down. Without that need, as in socialist society, a rapidly expanding population would not be seen as problematic. Marx’s thesis provided a rationale for subsequent Soviet repudiation of birth control and population control. Nevertheless tension between anti-Malthusians and revolutionary feminists left the new regime with a modified position which accepted abortion but opposed population control and family planning (Field 1983:83).

The expectation that peasant and working class women should work in the fields and factories as well as be responsible for family caregiving catapulted pre-Revolutionary Russia into a serious abortion crisis. Under the Czars abortion and infanticide were treated as two forms of murder. Progressive intellectuals, however, saw abortion as an attempt by working class women to adopt upper-class habits of family regulation for economic reasons (Engelstein 1991:195). Hence at the time of the Revolution it was taken for granted that the upper classes used contraception, industrial working women used abortion and peasant classes used infanticide to limit family size. Contraception,
abortion and infanticide were accordingly seen as a *continuum of methods* of population control (Engelstein 1991:197). As pro-choice advocate Dr. Natan Vigdorchik put it:

No sooner does the first ray of consciousness penetrate into this dark life, than women begin to look for some way to lighten the double load imposed on them by nature and society (public-health physician Dr. Natan Vigdorchik in Engelstein 1991:197).

At the time of the revolution early abortion was therefore "endemic and accepted in the early stages of pregnancy as an everyday occurrence, without feelings of remorse" (Engelstein 1991:198).

**Policy development** Following the October 1917 Revolution Bolshevik leaders drew up decrees and proclamations to reconstruct Russian society on new foundations. This 'radical reconstruction' included the wholesale rejection of pre-Revolutionary institutions such as the Russian Orthodox Church as well as legislation and legal practices which implied the subordination of women (Lapidus 1978:58). Deluged by letters describing the horrors of illegal abortions in factories (and keen to gain the support of doctors and jurists who were lobbying for decriminalization), Commissariats of Health and Justice legalized abortion in 1920. The 1920 *Decree on the Legalization of Abortion*
stated that repression was useless and forced girls and women underground where they were ‘mutilated by greedy and ignorant abortionists’. The 1920 legislation therefore permitted women free abortions to be performed by state-appointed doctors in prescribed hospitals. Babke (peasant midwives) and professional midwives continued to face criminal sanctions for performing abortions. Although the Decree recognized that harsh conditions made pregnancy and child rearing difficult, it nevertheless saw abortion as a “serious evil to the community which would be fought with propaganda among working women” (Goldman 1991:244; Lapidus 1978:60-61). In combination with other decrees which proclaimed gender equality, the 1920 legislation was touted by Lenin to legitimate the new undemocratic regime:

In the course of two years of Soviet power in one of the most backward countries of Europe more has been done to emancipate woman, to make her the equal of the ‘strong’ sex, than has been done during the past 130 years by all the advanced, enlightened, ‘democratic’ republics of the world taken together (Lapidus 1978:59).

What Lenin did not state was that women’s new rights and freedoms did not include the right to abortion or contraception (Goldman 1991:244). Fifteen years later abortion was again criminalized by Stalin in response to a sharp decline in fertility rates.
Stalin’s policy was implemented under the cover of a pro-natalist ‘cult of motherhood’ which awarded maternity medals for women with large families (Goldman 1991:244). Stalin prohibited abortion for first pregnancies (the majority of abortions) in 1935 and in 1936 outlawed abortion altogether. Heavy penalties were levied on doctors caught performing abortions who became liable to one to two-year prison terms. Regarding the right to choose whether or not to bear a child, Stalin stated:

The factors which in the capitalist countries drive women to abortion have here been abolished. Therefore mass abortions, resorted to for egoistic reasons are not to be tolerated. The Soviet state cannot countenance the fact that tens of thousands of women ruin their health and delay the growth of a new generation for socialist society (Schlesinger in Buckley 1989:131).

The futility of criminalizing a universal practice -- especially in the absence of a national contraceptive policy -- was recognized by the new Khrushchev regime, which enacted partial decriminalization in 1956 (Buckley 1989:156). Abortions continued to be banned within six months of a previous birth and after the first trimester. Twelve years later the futility of enforcing these restrictions was recognized and on June 27, 1968 the Khrushchev regime passed The Basic Principles of
Law. With this law abortion services became free upon request (Kremen 1990:171; Buckley 1989:156).

Policy outcome Although the Soviet Union was the first country in the world to legalize abortion, women seeking legal abortions had to contend with degrading and time-consuming formalities, including appointments with Abortion Commissioners and long waiting periods. Married mothers with three or more children living in crowded conditions were routinely rejected and were forced to resort to illegal abortions at exorbitant fees (up to 35 rubles) (Heitlinger 1987:125-126). The legalization of abortion was nevertheless followed by reports of falling birthrates and abortion complications which, however, ignored situational factors such as famine in the countryside, rationing in the cities and the forced dispossession of millions of peasants (Goldman 1991:263). Ironically, most women who sought abortions were not teens, single or the unemployed, but married mothers in the prime of their childbearing years (these women were the target of Stalin's pronatalist drive). Although the 1936 prohibition resulted in an increase in the birthrate, by 1940 the birthrate had returned to the 1935 level. Women “resorted to the underground practices of willing doctors, midwives and babke”. The decline of the birthrate two years after Stalin's
policy reversal thus “signaled women's success in reconstructing the networks for illegal abortion” (Goldman 1991:266).

In mass defiance of the state, women refused to return to the childbearing practices of the patriarchal peasant family. They seized the new opportunities offered by mass education, industrialization and urbanization. These developments unwittingly created a new woman whose consciousness of her choices severely undermined the state’s increasing emphasis on the social function of reproduction. [Despite Stalin's attack on reproductive freedom],... women braved back-alley abortions and dangerous home remedies to be masters of their own sexuality (Goldman 1991:266).

Women voiced their opposition to abortion criminalization through letter-writing campaigns. Although the 1920 Decree stated that abortion was not a right of citizenship, these letters suggest that Soviet women had appropriated it as such. The official response was that “A basic mistake is made in every case by those women who consider ‘freedom of abortion’ as one of their civil rights” (Goldman 1991:267). In exile, Trotsky condemned Stalin's anti-abortion policy, stating that it reflected the 'philosophy of the priest' and 'enslaved women with the powers of a gendarme'. Gender equality was a 'myth' in the USSR. The loss of abortion rights was 'legislation [by men] against women' (Buckley 1989:157).

In the absence of contraceptive education and services, the Khrushchev regime’s partial (1956) and then full (1968) legalization of
abortion produced a sharp rise in the number of legal abortions. Although no abortion statistics were published in the post-Stalinist period, estimates suggest that the annual number greatly exceeded that of live births (Heitlinger 1987:151-2). By the mid-70's it was estimated that 8 million abortions were performed annually in the Soviet Union (Lapidus 1978:299). 1990 estimates suggest that the average number of abortions per women was between 4 to 5 (Kremen 1990:171). More recent estimates since the collapse of the USSR place the number per woman as high as 20 (Sixty Minutes: March 19, 1992). Although abortions were now accessible and affordable (i.e. free), lack of anaesthetics and chronic problems of infection paved the way for the growth of private (formerly underground) abortion clinics for the educated and affluent. These clinics were described as 'highly preferable' to state abortions for reasons of accessibility, quality of care and confidentiality (Kremen 1990:171).

Dramatic shifts in late and post-Soviet gender-role and statist ideology have had important repercussions for abortion (and child care) policy. Hence the mid-1980's saw a renewed campaign, reflected in President Gorbachev's book Perestroika (1987) calling for women to return to their 'purely womanly mission' involving 'housework, the upbringing of children and the creation of a good family atmosphere'
which had suffered on account of 'the sincere and politically justified desire to make women equal with men' (Posadskaya in Marsh 1996:287). However it was not until the socialist system was replaced by a capitalist democracy that the campaign to remove women from production had any real chance of success, as is suggested by the fact that 80% of the post-Soviet unemployed were women (Marsh 1996:287). Hence the new Yeltzin regime closed down huge outdated factories which employed women, while new factories set up in their place hired men rather than women (Filtzer 1996:224). As part of this policy to remove women from production and to raise the sharply falling birth rate, a bureaucratic directive removed most abortions from medical insurance coverage (Sargeant 1996:281). In light of historical developments between the 1930's and the 1960's, however "Women are hardly likely to bear children because of abortion fees, but will instead opt for illegal abortions which are already the cause of death of many women" (Sargeant 1996:281).
Contraception

Policy Development  According to the scarce literature on Soviet contraceptive policy "Debates about contraception are absent from official Communist juridical, theoretical and programmatic discussions of women's liberation" (Goldman 1991:245). Nor did revolutionary feminists such as Inessa Armand and Nadezhde Krupskaia call for contraceptive education and services to resolve the country's endemic abortion crisis (Goldman 1991:245). It was left to women doctors and health officials (who saw firsthand the crippling consequences of abortion) to speak out about the desperate need for contraception in a society which required women to work full-time as well as perform family caregiver roles. Medical journals thus demanded a national contraceptive policy to reduce the widespread reliance on abortion. As early as 1927 the Kiev Conference of Midwives and Gynecologists also stated that contraception was a "vital moral measure which should be incorporated into the practice of midwifery" (this proposal was taken up in Sweden half a century later) (Goldman 1991:245). The new OMM (the Soviet Physician's organization) also proposed that birth control information be dispensed at clinics and gynecological stations as an 'essential means of struggle' against the increase in abortion. Women themselves "far outstripped party and state officials in their
understanding of the relationship between reproductive control and liberation” (Goldman 1991:246). According to Zhenotdel (the Soviet women’s caucus) representatives in rural villages, “women thirst for lectures on abortion and contraception” (Goldman 1991:246). Indeed there was a “desperate eagerness among women themselves to find a safe, painless and reliable means of limiting birth.” Abortion patients begged doctors for help: “Give us the means to prevent pregnancy and we will stop showing up in the hospital” (Goldman 1991:246). However even relatively liberal Soviet dictators such as Khrushchev condemned abortion and other forms of birth control as a ‘cannibalistic theory’ (Field 1983:85).

It was not until the late 1980’s with Gorbachev’s policy of perestroika (reconstruction in Soviet economics, politics and society) and glasnost (openness, self-criticism or publicity) that the Soviet leadership publicly acknowledged the connection between scandalous abortion rates and the lack of Soviet contraceptive policy (Buckley 1989:193). In 1988 Senior Soviet official Dr. Yevgeny Chazov, Minister of Health, finally broke official Soviet silence about the astronomical number of abortions carried out in the Soviet Union annually. Dr. Chazov thus stated that unconscionable abortion rates were the result of chronic shortages of contraceptives. “Even when supplies of the pill are
available they are so erratic as to make its use impracticable” (Hosken 1988). Soviet-made condoms, produced in only one factory for a population of 280 million were of “appalling quality and also rarely available”. Because of the lack of drugs (for which the Soviet health care system was notorious), abortions in rural areas were performed without anesthetics and so were horribly painful procedures. Secondary infection caused by poor sanitary conditions in hospitals was an additional hazard confronted routinely by Soviet women. Chazov outlined the larger crisis crippling the Soviet Health Service, whose condition he described as “alarming.... in more than half of the country's medical establishments there is no hot water or mains drainage”. Dr. Chazov summed up the health care situation in the Soviet Union as ‘catastrophically inadequate’ (Hosken 1988).

**Policy Outcome** Despite the Soviet policy not to make contraceptives accessible to the sexually active population, a ‘significant number’ of couples practiced contraception. Reports as far back as the 1920’s state that up to 40% of women knew about and 18% practiced contraception (most douched with water or vinegar). However crowded living conditions made contraception (other than coitus interruptus) difficult. Without contraceptive education or services (and without the possibility
of market provision) most couples had to depend on traditional folk practices such as coitus interruptus, douching and barrier methods to prevent conception. Under these conditions sexually active women had no alternative but to use early abortion as their primary back-up method of birth control. In short, the Soviet policy not to provide preventative contraceptive education and condoms, diaphragms, birth control pills and intrauterine devices to the sexually active population meant that in a non-market society, these basic and cheap birth control devices were totally inaccessible. Despite official pronouncements about the nation's endemic abortion crisis, pro-natalist Party members held fast to their disapproval of family planning. Thus Gorbachev noted in 1987 that one element of perestroika entailed:

debating how women's 'truly female destiny' could be fully returned to her since socialist development [had] not left her sufficient time for housework, childrearing and family life (Gorbachev in Buckley 1989:194).

Abortion thus remained a 'necessary evil' which was seen as detrimental to women's health and subsequent pregnancies and which entailed expensive hospital care (Heitlinger 1987:148). That said, the late 1980's witnessed an eleventh hour attempt to reduce the incidence of abortion through greater reliance on contraceptive services. While pronatalist proposals continued to call for restrictive access to abortion
facilities and incentives for larger families, official concern about the impact of multiple abortions on women's fertility and health thus led to the decision to reintroduce family life education in the schools (Kremen 1990:171). The dying days of Soviet state-socialism also saw an attempt to disseminate contraceptive information to teenagers (Holland and McKevitt in Kremen 1990:171).

Summarizing Soviet reproductive policy development, we find that although contraceptive services were supported in principle by early revolutionaries such as Lenin and Trotsky, early Marxist anti-Malthusianism and Bolshevik pronatalism resulted in strong official antipathy toward birth control and population control. In the absence of market provision, contraceptive services were thus inaccessible to the Soviet people for almost 70 years. Abortion was however legalized in 1920 as a practical measure and made accessible though under restrictive conditions. Between 1936 and 1956 abortion was again criminalized and thus became inaccessible until 1956. That year abortion was partially legalized and in 1968 was provided free upon request to Soviet women. Although it was now widely accessible and affordable, the procedure was nevertheless unsafe and painful as a result of lack of anaesthetics and sterile conditions.
Regarding policy development in the post-Soviet period: the decision of the new Yeltzin regime to remove most abortions from medical insurance coverage and also to end imports of contraceptives had the effect of lowering the number of legal abortions, although the ratio of abortions to births remained the same (at 3 to 1). It seems that as well as turning to illegal abortion networks, “women have started avoiding both childbirth and abortions and using contraceptives” (Sargeant 1996:182).
3.3 SWEDEN

Abortion and Contraception

**Ideology**  Sweden’s world-class reproductive health care is deeply indebted to the contribution of two outstanding Social Democrats: Alva and Gunner Myrdal. Confronted with a serious population crisis as a consequence of high emigration and illegal abortions, the Myrdals convincingly argued that to be effective, a population control policy must a) recognize women’s basic rights as individuals; b) encourage *but not force* parenthood, and c) be based on collective responsibility for the pre- and post-productive. Hence they argued that partial (read residual) policies had complex side effects which canceled each other out unless they were ‘integrated’ into a coordinated, i.e. ‘institutionalized’ policy with stated goals and values. The Myrdals thus “blended socialist [interventionist] proposals with conservatives’ eugenic concern for the preservation of the Swedish racial stock” (Scott 1982:14).

Taking up the Myrdal’s proposals, the Social Democratic Party (SDP) swept to power in alliance with the Agrarian Party on a platform of a comprehensive population control policy (among other things). Departing radically from the racially-motivated eugenics movement and
also from socialist pronatalism, the SDP argued that unless its population control policy was based on women's basic rights as individuals, they would be 'submerged' as happened in countries (such as the USSR and the USA) which "stressed women's procreative duty to society" (Scott 1982:14).

The principle that women had rights implied that one of these rights was to control their reproductive life. This in turn implied that the role of an interventionist and egalitarian state was to implement a policy of easy access to birth control information and contraceptives -- to enable women to exercise this right. Consensus that women had reproductive rights also implied that they had the right to terminate an unwanted pregnancy, at least on certain grounds.

Policy development Influenced by the Myrdals, the new SDP proposed a national family planning policy as part of its party platform preceding the 1935 national election (Field 1983:59). Following the election, the SDP appointed the first of numerous Commissions to draw up population control legislation, most of which was eventually incorporated into law.12

The Population Commission produced an extensive proposal to promote family formation. First it called for state-funded maternity
clinics, delivery care and maternity grants. Next it proposed public loans for married couples, tax exemptions for families with children, public housing schemes for families with three or more children, and rent reductions for large families. Thirdly, it proposed subsidies for school meals, children's clothing and play schools. Of primary interest in the context of this research was the Commission's proposal for the legalization of contraception and abortion. Under this proposal the Commission called for the legalization of contraceptives and compulsory sex education in the schools (which was implemented in 1956) (Scott 1982:14). It also argued that the assumption that women had reproductive rights implied that they had the right to terminate a pregnancy -- at least on eugenic, humanitarian or medical grounds (Scott 1982:14).

Following the recommendations of the Population Commission, the SDP passed the 1938 Abortion Act which stated that although abortion was in principle forbidden, it would be permitted for eugenic, humanitarian or medical reasons. With the approval of the National Board of Health and Welfare or two doctors, abortion was now legal prior to the 20th gestational week in the presence of incest, rape, multiple previous childbirths, hereditary diseases or diseases such as tuberculosis. After the 12th week a girl or woman had to consult with a
social worker. Requests after the 18th week were subject to approval from the National Board of Health and Welfare and required special grounds. Abortion was not permitted once the fetus was judged to be viable. The procedure could only be performed by a qualified physician at a hospital or approved medical institution. In response to continuing high maternal morbidity and mortality from illegal abortions, the SDP amended the Abortion Act in 1946 for socio-medical indications such as physical or mental risk (of suicide) or the prediction of such risks. A third Amendment in 1963 added injury to the fetus as a further indication for legal abortion.

The liberalization of sexual mores during the 1950's and 1960's in Sweden, as elsewhere, produced a rapid (400% in eight years) increase in abortions to young girls. Growing interest in the newly discovered birth control pill and IUD's resulted in the call for a national contraceptive policy to deal with the epidemic of teen abortions. (Scott 1982:85-86). Responding to its teen abortion crisis, the SDP appointed a Parliamentary Committee with a mandate to revise the 1938 abortion law and propose a national strategy to promote contraception over abortion as the normal method of birth control.

The Committee's The Right to Abortion (1971) document argued that although every woman had the right to decide whether or not to
have an abortion, what was needed were extensive family planning services to promote contraception as the preferred method of birth control. Although contraception had been legal since 1938, the Committee identified two barriers to its use: a) the refusal of (male) doctors to prescribe contraceptives to young and single women; and b) the high cost of contraceptive services in both the public and private health care sectors (Scott 1982:86).

Accepting the Commission's Report, the SDP passed the 1975 Revised Abortion Act. This legislation removed abortion from the criminal code and made it free on demand up to the 18th week of pregnancy (Sundstrom-Feigenberg 1987:400). A companion act, the Act Concerning Compensation for Certain Birth Control Activities made funds available from the National Health Insurance System for free contraceptive services through public education and health care systems as well as private organizations and clinics. With this legislation diaphragms and IUD's became free upon request (oral contraceptives were subject to the same criteria as other prescribed medicines) (Sundstrom-Feigenberg 1987:400). In keeping with the SDP's pragmatic policy approach, the 1975 legislation also provided free contraceptive services for all sexually active teenagers (Scott 1982:88).
To ensure the implementation of the new legislation, the SDP bypassed its patriarchal education system and trained midwives and school nurses to deliver contraceptive services to teens. A Family Planning course was set up for midwives who were then licensed to operate independent family planning clinics. In 1978 contraceptive legislation was amended to enable midwives to prescribe contraceptive drugs, including injectibles. The National Board of Health and Welfare also set up a Sexuality and Human Relations Commission in 1975 to revise contraceptive education in line with changing mores (Scott 1982:82).

As part of its national contraceptive policy, Sweden instituted universal sex education in its schools in 1956. With the 1975 legislation, sex education was taken back to the nursery level where the very young were taught basic information about their bodies and childbirth. From the age of 13 to 16, teens studied biological, psychological, ethical and social aspects of human sexuality. These were integrated into the humanities and science curricula. Sex education was also expanded to include the psychological dimensions of heterosexual and homosexual relations, one-parent families and communal living. Teachers were instructed to provide a ‘fair representation’ of conflicting views on birth control, abortion and premarital sex. In order to
normalize contraceptive use, the Commission invited national theatre groups to present plays on sex roles and contraception to Swedish youth (Scott 1982:87-93).

A national program of community-based contraceptive services was also set up in each of Sweden's 24 counties. Initial opposition was neutralized by seminars to enforce local responsibility for enforcing the new law (Sundstrom in Scott 1982:87). A Health Education Committee thus presented information sessions for head physicians of community health centres to explain changes in the abortion law. The Committee also provided information packages for teachers, parents, youth leaders and the media. As part of its mandate, the Health Committee organized a three year pilot project to promote contraceptive use on the island of Gotland (population 55,000) which was without contraceptive services and had high teen abortion rates.

Predictably, the 1975 Revised Abortion Act was met with a fundamentalist backlash. In response, the Coalition Government in power appointed a Parliamentary Committee to assess the impact of the 1975 legislation and preventative contraceptive services on Sweden's teen abortion rates. A year after the 1982 reeelection of the Social Democrats, the Committee published its findings in Family Planning and Abortion (June 1983). The Report found that teen pregnancy, birth and
abortion rates continued to fall after the 1975 legislation (and were later said to be the lowest of any OECD country). Their findings silenced prolifers (Sundstrom-Feigenberg 1987:453).

Policy outcome Although abortions were legalized in 1938 on humanitarian, eugenic and medical grounds, formal procedures were humiliating and drawn out. Aborting women had to find a sympathetic doctor and a social worker who provided referrals in the event of refusal (Scott 1982:85). Most girls and women with unwanted pregnancies continued to have illegal abortions. Those who could afford the cost went abroad to Eastern European countries such as Poland (Sundstrom-Feigenberg 1987:440). With the Abortion Amendments of 1946 and 1963, this trend was slowed as more women opted for Swedish legal abortions. As a consequence of the 1974 legislative reforms which included funding for contraceptives for sexually active teens, teen abortion rates fell from 28% to 20% of total abortions (Scott 1982:92). Births to teens also decreased.15

Implementing the 1975 revised sex education program was difficult. Ten years after the publication of the Revised Teachers' Manual on Sexuality and Personal Relationships, a survey found that most teachers had still not received it. Thus although:
children in Sweden have the official right to be informed about sexuality and personal relationships, sex education is not taught in teachers' colleges, and what is taught [continues to be] left to the discretion of the individual teacher (Trost 1986:158).

As a result the primary deliverers of contraceptive information and services to teens were school nurses, who dispensed contraceptives (foam and condoms) and referred girls requesting oral contraceptives, IUD's or diaphragms to midwives at local Community Health Centres (Scott 1982:88). Despite 'stiff resistance' on the part of educators, theatrical performances were effective in promoting contraceptive use among teens (Olsson in Scott 1982:89).

The Report assessing the impact of the 1975 Abortion Act stated that as a result of the new legislation, the procedure for an abortion was greatly simplified with less strain for women. Early outpatient abortions were less stressful for health care personnel and patients and also incurred much lower public expenditure. Of particular relevance was the decision of the Coalition Government to include within its Terms of Reference that neither the principle of abortion as a woman's right nor the time limits of the Act were to be questioned. This instruction along with the Report's findings suggest that contraceptive and abortion
services were now taken for granted as a right of citizenship (Sundstrom-Feigenberg 1987:453).

In sum, the SDP legalized contraceptives and abortion (under restrictive conditions) in 1938. In the mid-'50’s it instituted a national preventative sex education programme in the public schools which it updated in the mid-70’s along with a complete overhaul of reproductive health legislation. The implementation of this legislation made contraceptives and back-up abortion services fully accessible and affordable, especially for sexually active teens.
3.4. SUMMARY

Despite significant differences between Democratic and Republican parties in the United States, and also between successive policy regimes in the former Soviet Union, the overall evidence bears out our sex-roles and statist thesis as outlined on Table One (see page 8). Hence widespread fears that access to contraception and abortion might undermine ‘American family values’ helped to legitimate the Republican Party’s reversal of earlier reproductive health reforms in the early 1980’s. These reversals included restrictions on contraceptive services (especially for sexually active teens), the cutting of funding for very poor rape and incest victims, and stacking of the Supreme Court with anti-choice judges. Despite more recent ‘counter’ reversals by Democratic President Clinton, (most notably its reversal of the ban on imports of RU 486, the so-called ‘abortion pill’) and new laws to deal with clinic violence, the Clinton Administration has been unable to reinstate clinic funding for poor incest and rape victims or to move reproductive health care beyond a residual and privately based approach.

By contrast the Soviet requirement of earner as well as carer roles for women clearly required some form of universal reproductive provision to enable women to fulfill their dual roles. Gender-role and
statist ideology do not, however explain why seven decades of Soviet leadership did not provide cheap contraceptives to the sexually active population. Moreover 1920 abortion legislation stated that abortion services would be provided not as a social right (like childcare and paid maternity leave) but as a necessary evil to reduce the morbidity and mortality associated with illegal abortions of women factory workers (see above page 93). These qualifications suggest that extraneous factors such as the desire to replenish a population decimated by two global wars and Marxian anti-Malthusianism took precedence over demands for preventative contraceptive services in the minds of Bolshevik, Stalinist and post-Stalinist dictators. Certainly the totalitarian nature of the Soviet Union and the lack of genuine democratic institutions meant that successive regimes were able to ignore with impunity ongoing demands for contraceptive services -- in sharp contrast to the situation in the United States, where a pro-choice policy was seen as decisive in recent close Democratic electoral victories. That said, American and post-Soviet reproductive policy development suggests that democracy is a two-edged sword which can be used by anti-choice as well as pro-choice sides of the debate.

Swedish contraceptive and abortion policy corresponds to what might be expected in accordance with an institutional model of social
welfare. Strongly influenced by the work of Alva and Gunner Myrdal, Social Democrats passed legislation to end workplace discrimination against married and pregnant women in the late 1930’s and at the same time recognized reproductive health care as a human rights issue.¹⁶ As part of its population control policy, Social Democrats instituted and two decades later updated its preventative sex education programme in the public schools. Swedish women’s organized trips to Poland for abortions in the 1960’s motivated the overhaul of the country’s 1938 abortion law and also the decision to institutionalize contraception as the normal method of birth control. Bypassing the country’s patriarchal educational system, Social Democrats utilized midwives and nurses to provide free contraceptives to sexually active teens and institutionalized a community-based system of preventative reproductive health care in every county. By 1990 births to teen mothers aged 15 to 19 had fallen to 16 per thousand compared with 54 per thousand in the United States (Jones et al. in Rosenthal 1990:140). In sum, very different assumptions about gender roles and the role of the state engendered American residualist, Soviet structuralist and Swedish institutionalist reproductive policy development.
American Reproductive Policy Development

1. Roman Catholic Bishops formed a Committee to draw up a Pastoral Plan for Pro-Life Activities. This was a "grass-roots political action plan on how to educate and activate the Catholic constituency and participate in the electoral process to bring about A Human Life Amendment (HLA) to the 1973 Supreme Court decision" (i.e. Roe versus Wade) (Dornblaster and Landy 1982: 220).

2. Roman Catholic Bishops also organized a National Committee for a Human Life Amendment which raised millions from Catholic dioceses to reverse Roe versus Wade. Third, they set up the National Right to Life Committee (NRLC), an umbrella organization of local coalitions whose membership was drawn largely (70%) from the conservative wing of the Republican Party who were practicing Catholics (Jaffee, Lindheim and Lee in Dornblaster and Landy 1982: 220-221)

3. Ten states continued to fund Medicaid abortions on demand and another four where they were deemed medically necessary, but most poor women knew nothing about such arrangements (McBride Stetson 1991: 86

4. The total absence of debate or feminist opposition to this draconian law is attributed to the conservative feminist focus on sexual abstinence rather than contraception as the path to women's emancipation. A second factor was radical feminists' view that contraception 'artificially [inhibited] the free and natural expression of sexual pleasure' (this position implied the use of abortion in the event of unwanted pregnancy) (McBride Stetson 1991: ).

5. State-wide eugenic laws enacted between 1907 and 1940 had permitted the forced sterilization of thousands of poor, mentally ill and minority women with perceived social inadequacies or hereditary disorders (ten states seriously considered compulsory sterilization of welfare applicants) (McBride Stetson 1991:80). As
A surgical procedure sterilization was under the control of the male medical establishment which:

forced sterilization onto poor and minority women who did not want to be sterilized, but refused to sterilize middle-class single or young women who, in their eyes, had 'not had enough children' (McBride Stetson 1991:80).

By 1980 voluntary (and involuntary) sterilization was the most common form of contraception in the United States (see Diagram page ) (Stetson 1991:79). Hysterectomy, the most frequent major surgical procedure performed in the U.S. (despite the fact that it could only be performed on half of the population) was a second method of sterilizing women on welfare without their consent (Ginsburg 1992: 124). Responding to civil rights and feminist lobbies, the federal government passed legislation in 1978 to regulate sterilization against abuses such as: its use as a precondition for welfare; failure to inform of its irreversibility; and failure to provide information about alternatives such as contraceptives and abortion (McBride Stetson 1991: 80; Ginsburg 1992: 124).

6. See Ginsburg 1992:122. A second legacy was an escalation in welfare costs and higher infant and maternal mortality (according to the Department of Health and Human Services, fertility control is associated with lower infant mortality and improved maternal and infant health, particularly among teens) (Levitan 1986: 97). The reversal of Democratic legislation and funding thus "undermined [Reagan and Bush's] own efforts to lower future welfare expenditures and promote self-sufficiency among the least fortunate" (Levitan 1986:97). New Right cutbacks also left the United States with the highest teen pregnancy, birth and abortion rates of any OECD country (see Table ).

Soviet Reproductive Policy Development

7. Pre-Revolutionary Russian laws against infanticide illustrate how desperate mothers without access to contraceptives or abortion have tried to control their fertility. During more favourable times, when high fertility could threaten to exhaust the resource base, women could adjust by selecting through differential nurturing the most robust infants at or soon after birth. By the same token,
contraception or abortion, two other methods of limiting the number of children, were less desirable because they disrupted the continuity of supply, threatened the health and even the life of the mother, and did not allow for selection by hardiness (Ransell 1991:131). Infanticide was unpremeditated murder since the guilty mother was presumed to have acted impulsively under postpartum distress. As a premeditated act, abortion was therefore defined as more reprehensible (Engelstein 1991:188-9).

As was the case in the United States, pre-Revolutionary Russian enforcement of abortion laws targeted abortionists. However what this meant was that doctors, obstetricians, pharmacists and professional midwives who regularly performed abortions lived under the constant threat of arrest (Engelstein 1991:198-190). Conviction for performing an abortion carried a 6-year prison term. Hence instead of wanting abortion criminalized as did the American AMA, most Russian doctors -- and in particular, most Russian women doctors - lobbied to have it decriminalized (Engelstein 1991:189-190). The result was that:

laws against abortion increased in severity during the late 19th century [in the US] largely at the initiative of [male] physicians seeking to enforce their professional autonomy at the expense of female autonomy in reproductive affairs....In Russia, by contrast, the desire to enhance their professional standing led physicians to demand either the reduction of existing legal sanctions against abortion or outright decriminalization.... (Englestein 1991:190).

8. A progressive medical establishment (as evidenced by the presence of women practitioners who held prominent positions in public and maternity health) lobbied hard for the decriminalization of abortion (Engelstein 1991:187). Denouncing the abortion law as a violation of women's rights, prominent physician K. Bronnikova demanded women's right to make personal choices. She added that criminalizing abortion created a criminal underground of incompetent operators with increased morbidity and mortality for their clients (Engelstein 1991:192-3). Although doctors won the support of jurists (who found existing laws unenforceable), the two professional groups could not agree on criteria for tolerated and prohibited interventions or even on medical considerations for legal abortion. Still more controversial were so-called 'social abortions' based on life circumstances of pregnant girls and women. This led to a demand by health activist Dr. Maria Pokrovskaya for full decriminalization on the grounds that only
(girls and) women and not doctors were in a position to judge the legitimacy of their own needs. Given the absence of standards against which to weigh individual claims, Pokrovskaja maintained that the only logical alternative was full decriminalization (Engelstein 1991:194). Endorsing women's right to abortion on social grounds (illegitimacy, rape, large families, the need to keep working), organized physicians demanded the right of women to voluntary motherhood and the parallel right of the medical profession to corporate autonomy. Hence "physicians saw their desire for self-governance reflected in the situation of their female patients" (Engelstein 1991:198).

9. Abortionists without medical training were liable to three or more years of imprisonment. Aborting women were subject to a social reprimand and a fine of up to 300 rubles for subsequent offenses (Rabotnitsa in Buckley

**Swedish Reproductive Policy Development**


11. See Scott 1982:13). Eugenics refers to the science of improving the qualities of a breed or species, especially the human race by the careful selection of parents. Historically, the eugenic movement was associated with the neo-Malthusian family planning movement which advocated the dissemination of artificial contraceptives for population control (see above pages (Field 1983:48).

12 The idea of a taking an institutional approach to social welfare originated with Bismarck who 'vaccinated Germany against Marxism' by instituting a scheme of compulsory sickness, accident and old-age pension insurances to alleviate the universal contingencies of an industrial society. By the end of World War One, Great Britain, the second pioneer of the new approach, had instituted age pensions and Health and Unemployment Insurance Acts (Scott 1982:11).
Having negotiated the abortion with a social worker and a doctor, women next had to find another doctor who would perform the operation and then wait for a bed in a hospital. Chief obstetricians had discretionary power to refuse abortions in their hospitals. Only the affluent with connections could circumvent the system (Scott 1982:15).

Increasing awareness of illegal and out-of-country abortions made it clear that no society could - or should - force girls and women to bear unwanted children. Members of the medical and other professions came to accept the legitimacy of interrupting an unplanned or unwanted pregnancy. By the 1960's abortions were routinely certified by a psychiatrist and an obstetrician who then performed the abortion. Under these conditions psychiatric diagnoses were seen as a formality 'to comply with the law'. Although the process was 'protracted and uneven', most aborting women now opted for legal abortions (Scott 1982:90).

By 1981 six other County Councils had adopted the government's Sexuality and Human Relations Program based on the Gotland pilot project (Scott 1982:92). Regarding the Gotland project, Gunilla Hollander, member of the original project team, stated:

The power in the County Councils is in the hands of men and we have to fight them all the time. They connect contraception with the fact that there are so few children. But the birthrate actually went up on Gotland during our project. We know that there are other reasons for not having children... (Hollander in Scott 1982:92).

According to Scott (1982):

Together with the law protecting women against loss of employment for marriage or pregnancy (a practice prevailing especially in private white-collar employment), an important principle was pinpointed: that women are not only mothers, and that population policy demands that their rights as individuals be protected rather than submerged in women's 'duty to society' (Scott 1982:14).
In no other policy area is the link between gender roles and statist ideology and gender-sensitive policy as prominent or as self-evident as in the area of child care. No socialist revolutionary who envisioned women working full-time alongside men would have questioned the necessity for universal childcare. Similarly, it was only after Swedish Social Democrats extended their full employment policy to women in the late 1960’s that they set about to institutionalize child care as a social right. A more gradual increase in women’s labour force participation in the United States was also accompanied by a major lobby in the early 1970’s to extend publicly funded AFDC child care to all working parents. As the number of working mothers continues to escalate, so have demands for regulated and subsidized child care (Zigler and Lang 1991; Costin et al. 1991; Klein 1992; Baglin and Bender 1994; Gormley 1995; Kamerman 1995). The present research highlights the differences between American, Soviet and Swedish policy responses to this issue.

Chapter Four argues that in its concern to increase the *quantity* of child care, successive Soviet dictatorships neglected the important issue
of the quality of care, as reflected in the lack of training of front-line child care workers. By contrast social-democratic Sweden, recognizing the advantages of high quality group care for children’s social, emotional and intellectual development— as well as for women’s labour force participation— set up a national institute to train child care workers and then set about to institutionalize quality child care for all working or studying parents as a social right. On the other hand a prior concern of liberalist America to reduce welfare expenditures led to three decades of cuts to selective AFDC child care and a more recent policy of subsidizing working parents rather than providers, in effect reinforcing the low quality of private sector child care.

More specifically, Chapter Four suggests that an ideology of biological maternalism and familialism precluded the development of publicly-funded child care in the United States, leaving that country with its present system of underfunded child care for AFDC mothers and selective Earned-Income and Dependent Care tax credits which could be used for any purpose. The very different socialist assumption that collectivized child care would enable women to integrate their two social roles set the stage for extensive state intervention in custodial child and after-school care in the former Soviet Union. In Sweden, on the other hand, belief in the advantages of early childhood education for children
and the desire to enable all parents to share earning responsibilities motivated Sweden's developmentally-oriented system of group, family-based and after-school care.

American 'family values' and belief in a limited state likewise precluded the enforcement of child support orders in the United States, while the egalitarian Soviet premise that both parents were equally liable for children's support led to the eventual setting up of a national fund from which the state advanced child support payments to custodial mothers, after which it pursued delinquent fathers. A similar belief in Sweden that children should not be economically deprived as a result of refusal of parents to support them led to the decision to guarantee and later to supplement child support and also to extend support to students to the age of 20. In short, very different ideological assumptions about appropriate gender roles and the role of the state led to very different patterns of child care and child support policy in residualist United States, structuralist Soviet Union and institutionalist Sweden.
4.1 USA

Child Care

Ideaology Until recently most Americans believed a) that nurturance was woman’s work and b) that the family was a private institution which should be free from state intervention. According to ‘biological maternalist’ ideology, women could be educated, employed and active in public life as long as they fulfilled their prior obligation as ‘good’ mothers who met their children’s needs. This ideology ignored the role of fathers in the daily care of children and implied that any other child care arrangement implied ‘bad’ mothers who were trying to get rid of their children (Auerbach 1988:20).

Functionalist sociologists of the 1950’s and 1960’s reinforced this ideology by arguing that mothers rather than fathers took care of children because they naturally bore and fed them and men did not (Parsons and Bales in Auerbach 1988:21). From this it followed that a gender division of private and public responsibilities (i.e. role allocation) based on physiological differences was efficient and therefore functional for the family subsystem and society. Focusing exclusively on the mother’s role in Western culture, the Freudian primacy on early human
development likewise assumed that the father played no role in early childhood development. The corollary of ‘biological maternalism’ was the ‘maternal deprivation’ thesis laid down by the World Health Organization in 1955:

What is believed to be essential for mental health is that the infant and young child should experience a warm, intimate and continuous relationship with his mother (or permanent mother substitute) in which both find satisfaction and engagement..... A state of affairs in which the child does not have this relationship is termed ‘maternal deprivation’. Partial deprivation brings in its train acute anxiety, excessive need for love, powerful feelings of revenge and, arising from these last, guilt and depression. Complete deprivation ... has even more far-reaching effects on character development and may entirely cripple the capacity to make relationships (Bowlby in Auerbach 1988:23) (emphasis mine).

Responding to the maternal deprivation thesis, American feminists argued -- like Swedish feminists (see below page 152) that “the allocation of child-rearing responsibility to women ... is no sacred fiat of nature, but a social policy which supports male domination in the society and in the family” (Polatnick in Auerbach 1988:24). In fact child rearing was

a set of tasks that offer low status and low or no pay which are assigned to women by men who don’t want to do them and who wish to preserve their monopoly of the higher status and prestige that come from being breadwinners..... women are assigned the work of child rearing as a means of keeping male power intact (Polatnick in Auerbach 1988:24).
Thus changing diapers, clothing, feeding, talking to and playing with a baby or child were not instinctive to women but were tasks that girls and women learned to do and that boys and men could also learn to do (Auerbach 1988:24). Moreover biological maternalist ideology was historically specific, originating in the late 18th century at the same time that women in bourgeois societies were excluded from productive labour. Functionalist sociobiology thus reinforced maternalist ideology by locating responsibility for the success or failure of the family subsystem and society as a whole with mothers alone and ignoring the role of fathers in these systems (Auerbach et al. 1988:25).

The American ideology of privatism and non-intervention by government into the affairs of families is a second major constraint on publicly funded day care.

There is a fundamental belief in American society that parents have the major responsibility and the right to make decisions concerning their children’s welfare and future ... government intervention is considered legitimate and warranted only if there are deficiencies in parents’ ability or will to provide adequate physical care or educational opportunities for their children (Sponseller and Fink in Auerbach 1988:26).

This non-interventionist attitude thus reinforces familialist ideology, i.e. the ‘privatism’ of family life by stressing that the family is the ‘last bastion of privacy’ in an over-regulated society. As a consequence child
care and other social services are seen as fragmentary policies with no unifying theme (Auerbach 1988:26).

Policy development. Influenced by maternalist and familialist ideology, most Americans at the turn of the century took for granted that good mothers ‘stayed home’ and raised their children while ‘good’ fathers went out and ‘worked’. This status quo was called into question by the growing visibility of hundreds of charitable nurseries for the children of women working in hospitals and factories (85 were in New York city alone) (Mann 1986:235; McBride Stetson 1991:193). Distressed by the growth of these facilities, prominent conservative women called for state pensions to enable lone mothers to quit their jobs and return home to their children. At the first 1909 White House Conference on Children and Youth, these women argued that with pensions, poor lone mothers would “no longer be forced to go out to work and custodial nurseries could, for the most part, be closed down” (McBride Stetson 1991:239). Influenced by their arguments, the Conference called for mothers’ pensions as a substitute for the subsidization and regulation of day nurseries. By 1913 twenty states had legislated nominal pensions for this purpose (McBride Stetson 1991:239-40).
The 1920’s saw the rise of an ‘insurgent lobby of... social feminists’ who argued that public interest in the well being of children justified state intervention in the market. Taking advantage of the uncertainty which followed the 1918 enfranchisement of women, they lobbied for and won passage of the *1921 Maternal Health (Shepherd-Towner) Act*. Under the Act federal funding was allocated to enable the states to provide free health care for all mothers and children regardless of economic status (McBride Stetson 1991:184). The Act had a short life. The American Medical Association argued that it represented ‘excessive federal interference’. It was therefore allowed to lapse permanently in 1929. Feminist reformers were stigmatized as ‘Bolshevik totalitarians’. From this time forward state intervention in child and maternal welfare was seen as ‘un-American’ and evidence of the “insidious infiltration of ...bolshevism into the United States” (McBride-Stetson 1991:184).

The stigmatization of social feminism as a ‘communist plot’ enabled leading conservative women to advance their agenda of closing down day nurseries. Under their influence those that survived were transformed from custodial to rehabilitative centres. Working women were stigmatized as ‘deviant and neglectful’ while their children were seen as ‘maladjusted’. Day care remained a ‘temporary expedient’ until
mothers could be “restored to their rightful place in the home” (Mann 1986:239). "It took the Great Depression and World War Two to generate crises on a national level sufficient to force the federal government into providing funds for day care" (Mann 1986: 240).

Two national emergencies in the form of Depression-driven unemployment and the Second World War produced a major deviation in American residual childcare policy. In the depth of the Depression, Democratic President Franklin Roosevelt implemented a high quality (if racialist) national childcare policy as a job-creation project for unemployed teachers, nurses and social workers. Through the 1933 Federal Economic Recovery Act (FERA) and Works Progress Administration (WPA) federal funds were allocated to set up a national program of public daycare for children in need of care (McBride Stetson 1991:193; Mann 1986:240). With the recovery of the American economy in the late 1930's, funding was cut and then reinstated with the recruitment of women into war work. Under the 1941 Community Facilities (Lanham) Act, federal and state-matched funds were again allocated for day care to enable mothers to work in defense plants. Since this was an emergency war measure, funding was withdrawn permanently in 1946 (Kerr in Mann 1986:240; McBride Stetson 1991:193). Of far greater long-term consequence was President
Roosevelt's enactment of *Aid to Families with Dependent Children (AFDC)* as part of the 1935 *Social Security Act*. Expanding the program of mothers' pensions already offered in a few states, AFDC mandated *all* states to provide federally-subsidized mothers' allowances to enable poor lone mothers to care for their children at home.

As both Conservative and Democratic regimes were to learn, supporting mothers so they could care for their children at home was an expensive proposition. A far cheaper option was to provide group child care so that AFDC mothers could become self-supporting.¹ This postwar policy culminated with Democratic President Johnson's *War on Poverty*, undertaken in response to the urban riots and civil rights activism of the early 1960's. Under this umbrella a series of Amendments to the 1935 Social Security Act targeted daycare funding, job-training and health care projects for AFDC mothers and their children. In 1967 public child care was provided to enable AFDC mothers to enroll in the *Work Incentive* (WIN) program.

*Head Start* provided disadvantaged preschoolers with enriched child care to prepare them for the challenges of formal schooling. Although the emphasis was on enhanced cognitive and social development, ancillary services included home visits and health care. In 1968 a second *Child and Adult Care Food Program* (CACFP) was created
by the Department of Agriculture to assist group day care centres and family day care homes to defray the cost of nutritious meals. The CACFP also employed trained ‘sponsors’ to visit participating family day care homes three times a year (Gormley 1995:46).

Gaining the support of organized labour and civil rights activists, liberal feminists lobbied for a geared-to-income childcare policy for all working families instead of just the poor.2 The defeat of the proposed 1971 Comprehensive Childcare Development Act and subsequent day care proposals by a right-wing coalition “splintered the day care coalition, leaving the country with its present patchwork quilt of private centres and informal childcare arrangements” (Mann 1986:243).

Under pressure from the Children’s Bureau and the Department of Labour’s Women’s Bureau, Congress nevertheless passed an Amendment to the Social Security Act in 1974 permitting income-tax deductions for childcare expenses. The Earned Income Tax Credit (EITC) thus enabled families to claim a tax credit up to 10% of earned income for a maximum credit of $500 for childcare expenses (McBride-Stetson 1991:196; Mann 1986:241; Goldberg 1990:34).

Grafted onto Title IV-A of the Social Security Act, more recent Child and Dependent Care Tax Credits enable parents with taxable
earnings to deduct a portion of child care expenses for children under 13 (Gormley 1995:46).

Title XX grants enabling states to fund daycare centres for low and moderate-income families have nonetheless been the target of cuts by both Republican and Democratic administrations. Elected on a mandate to reduce welfare expenditures, the Reagan Administration changed Title XX into block grants which could be used for any purpose (1981). It also ordered mandatory work requirements for AFDC mothers without provision for child care. The stated goal of the 1980 Omnibus Budget Reconciliation Act was thus to force employable welfare mothers off welfare through work requirements. Reports of extreme hardship led to passage of the 1982 Family Support Act mandating states to provide daycare for AFDC mothers enrolled in job-training programs. This Act was not, however, accompanied by any new federal funding (Goldberg 1990:34).

In 1990 both Democratic Houses of Congress approved legislation to increase the number of childcare spaces for AFDC recipients by 800,000 and to require states to establish standards of care for daycare centres (Goldberg 1990:34). This proposed legislation was vetoed by Republican President Bush, who nevertheless promised funding to put disadvantaged children back into Head Start. However Congress rejected
President Bush's Head Start proposal on the grounds that the cost was excessive ($2.5 billion) in light of the rising deficit, the Gulf War (which was said to have cost $80 billion), and the Savings and Loan crisis precipitated by deregulation of financial institutions.4

A significant component of American child care provision is the promotion of referral agencies to provide information on available child care services. As federal subsidies to working parents increase, referral agencies have also grown in importance as sources of child care training. According to a 1991 survey, 95% of referral agencies thus offered basic training for family day care providers, 79% for centre personnel and 58% for personnel in school-age programmes (Gormley 1995:48). As well community colleges and universities provide individual courses in child development and early childhood education. Some colleges also offer a one-year certificate programme and a two-year Associate's Degree in Early Childhood Education. Regarding accreditation, the Council of Early Childhood Professional Recognition (created by the National Association for the Education of Young Children (NARYC)) awards Child Development Associate (CDA) certification to providers who complete 120 hours of approved coursework and who pass an exam or assessment. However outside of Head Start programmes, CDA certification is rare. As of 1992 only 521 family day
care providers in the United States had received CDA certification (Gormley 1995:49).

**Policy outcome** Although a few states provided pensions for lone mothers and their children after 1909, funding levels were so low that women were forced to continue working while day nurseries struggled along without government support (Mann 1986:240). This situation changed radically with President Roosevelt’s emergency child care legislation of 1933 and 1941. By 1945, 47 states provided supervised child care for 1.5 million children of women employed in war work. Up to 40% of children in need of care were served by these emergency programs (Steinfels in Mann 1986:240).

With the withdrawal of federal funding at the end of the war, one million children of working mothers were left without supervised care. Between 1940 and 1950 women's labour force participation quadrupled from 1.5 to 4.6 million and increased another five-fold by 1960. Despite these increases, publicly-supported child care covered only 2% of children in need of care (Mann 1986: 245) (McBride Stetson 1991: 197). The rising demand for daycare was met in part by the private sector. Without government regulation or national standards, however, quality of care remained low. “Much of what exists is either of poor
quality or more expensive than most single parents can afford, or else is not physically accessible” (Kamerman and Kahn 1988:195). According to one survey, adult/child ratios averaged 1:8 in private centres compared with 1:6 in public centres. 66% of private-centre teachers lacked training in child development compared with 44% in public centres. Average turnover for private-sector daycare workers was 2 years compared with 3 for public-sector workers. 12% of private centres included parental decision-making compared with 61% of public centres. In short, parental evaluations graded 50% of private centres -- compared with 11% of public centres -- as ‘poor’ (Clark-Stewart in Mann 1986:244).

President Reagan's 1981 decision to change Title XX into block grants cut 25% from federal daycare expenditures for AFDC mothers. By 1982 75% of eligible AFDC candidates were unable to access federally-funded daycare (Mann 1986:241; McBride-Stetson 1991:193). Although the 1982 Family Support Act mandated states to provide daycare for AFDC mothers enrolled in job-training programs, without federal funding, states were in fact forced to reduce the number of spaces (McBride Stetson 1991:194). Moreover AFDC mothers are ineligible for the Dependent Care tax credit. Either their tax liabilities are too low to qualify for the credit or else they can not afford to pay for daycare even
with the credit (Mann 1986:241). By the mid-'80s, two-thirds of all child tax credits went to families with incomes above the median (Moore in Mann 1986:243; Levitan 1986:53).

Despite New Right rhetoric about delegating responsibility for childcare to employers, employers have not met “even a fraction of the child care needs which have been ignored by the public sector” (Kahn and Kamerman in Goldberg 1990:35) “In the absence of anything like a national child care policy, parents are left to improvise” (Goldberg 1990:35).

Since 1990 for-profit child care chains such as KinderCare (also referred to as Kentucky Fried Children) have increased from 510 centres serving 53,000 children to 1,200 centres serving 141,000 children in 1993, providing about 15% of all child care (Gormley 1995:44). Because of low wages, low training levels of child care workers and higher staff turnover, quality of care is much lower in these chains than in non-profit centres (Klein 1993:70-71).

Regarding the training and status of American child care workers:

Those who work with children are more ill-paid, unregulated and less respected than any other professionals. Preschool teachers with 5 years experience earn $12,000 a year whereas prison guards with 5 years earn $30,000 (Johnson, Ludtke and Riley in Time: October 1990:40).
As an indicator of differences in training standards, American policy analysts measure teacher training requirements in terms of hours, while European analysts measure training in terms of years. Although block-funded resource and referral agencies are important for matching families with providers, they are unable to disclose which centres employ teachers with training or CDA credentials (Gormley 1995:57).

A more recent child care policy development is the elimination of entitlement status for child care-related AFDC, Medicaid-based and federal daycare food programmes through funding 'caps'. Before this new legislation, projected federal child care expenditures for 1995 were set at $900 million for the Child Care and Development Block Grant (CCDBG), $542 million for AFDC child care, $154 million for transitional child care and $300 million for at-risk child care -- (i.e. almost $2 billion). Under earlier entitlement criteria the Dependent Care Tax Credit for middle-and upper-income working families was expected to double to $3.8 billion, while Head Start was expected to cost $3.4 billion -- an almost 50% increase since 1990 in constant 1995 dollars. Under the new legislation, however, the Child and Dependent Care Tax Credit has been left untouched, Head Start spending has been cut marginally and Title XX funding (i.e. for AFDC child care) been cut by 20% or $3 billion over the next five years (Spar in Kamerman:
Most importantly, projected cuts for family daycare meal subsidies will remove an important incentive for family-based providers to be regulated, thus reinforcing the trend toward unregulated daycare arrangements (Kamerman 1995:461).

Child Support

Ideology  More than one in five American families with children are lone-parent. Of these, 9 in 10 are lone-mother (Ginsburg 1992:113). Although 60% of these mothers are awarded child support by the courts, non-custodial fathers generally pay no child support, giving rise to the mass phenomenon of 'deadbeat dads' and the 'feminization of poverty' in the United States (Goldberg 1990:35; Ginsburg 1992:102).

Prevailing American sentiment nevertheless opposes child support enforcement because it undermines the American 'status quo' that 'boys will be boys' (Garfinkel 1992:v) and is also seen as 'expanding' the role of government. Garfinkel, for instance, argues that although such an increase should not be undertaken lightly "especially in a country that justifiably takes pride in its tradition of limited government," in the case of an 'assured' child support benefit, the increase in government's role "is quite small and could even be negative" (Garfinkel 1992:140).
**Policy development** In response to the widespread failure of non-custodial fathers to pay child support, a 1975 Amendment to the Social Security Act promised federal funding to cover 75% of the cost of paternity establishment, absent father location and child support collection. When it was clear that this legislation was not being enforced, the Reagan Administration enacted legislation in 1985 mandating states to withhold wages in cases of delayed child support payments and to appoint commissions to set standards for support levels. However without adequate federal funding there was “no possibility that any of this legislation could be implemented” (Kamerman and Kahn 1988:64).

**Policy outcome** Lack of federal funding, understaffing of child support agencies and inability of poor fathers to pay has meant that the burden of child support continues to fall on custodial mothers (Kamerman and Kahn 1988:64; Goldberg 1990:35).

Child support awards, despite more than ten years of legislative and judicial activism, remain low and have actually declined when compared to the father’s ability to pay. Child support awards are too low to match the actual costs of raising children in today’s world. Without changes in the system there is little hope that child support can help families rise out of poverty (Garfinkel 1992:xix).
In sum, with the exception of the Depression and World War Two years (1933-1945), American childcare and child support policy is what might be expected in a policy regime which favours a limited state and dependent-housewife families. Primary providers are thus informal and unregulated private family daycare (about 20%) and low-quality for-profit chains such as KinderCare (about 15%). As is the case in other industrialized countries, about half of all working families make informal arrangements (usually maternal or paternal grandmothers or other extended family members) for child care. Postwar child care policy which was targeted at AFDC mothers has been cut back substantially in the 1980’s and 1990’s, at the same time as selective tax credits for middle-class families have been increased.

With regard to child support: despite legislation in the 1970’s and 1980’s and more recent federal allocations, child support remains unenforced in the United States with the result that ‘deadbeat dads’ remain the norm rather than the exception.
4.2 USSR

Child care

**Ideology** According to classical Marxist ideology, the nature of marriage and the family was determined by the economic system. As the economic base of society changed, so did the form of marriage and the family (Holt in Buckley 1989:45). As an egalitarian mode of production, socialism thus promised a more equal family structure -- a 'dual-career' family in which mothers as well as fathers had the right to self-support. As Alexandra Kollontai, first Director of the Soviet Zhendotel (Soviet Women's Caucus) noted, "one mistake of bourgeois feminists is to view men rather than the system as the problem" (Kolontai in Buckley 1989:45). However a structural analysis saw women as "enslaved by their [carer] roles". But socialism guaranteed communal methods of childrearing. Under socialism working mothers would therefore no longer have to worry about unattended children (Buckley 1989:45). In short, only socialism could offer women financial independence from men backed up by collectivized child care (and paid maternity leave).6

As egalitarian revolutionaries, early Bolsheviks thus called for "industrial equality in such a way that the men [do] not put the women
to disadvantage” (Trotsky in Buckley 1989:46). Moreover revolutionaries such as Leon Trotsky (1879-1940) argued that a major challenge of the new socialist society was to achieve equality within the family. However, “All our domestic habits must be revolutionized before that can happen.... Without fundamental changes in domestic labour, one cannot speak seriously of equality of the sexes in social life or even in politics” (Trotsky in Buckley 1989:46).

Following Lenin, Trotsky and others, prominent feminist revolutionaries such as Inessa Armand and Alexandra Kollontai argued that gender equality was only possible under socialism. However more than the overthrow of capitalism and egalitarian rhetoric was needed to free women from the “second form of their oppression... family and domestic slavery” (Armand in Buckley 1989:44). As long as the ‘old forms’ of the family remained with the traditional female role of childrearing and domestic labour, it would be “impossible to construct socialism” (Armand in Buckley 1989:46). Calling for “new household forms, [and] new ways of upbringing,” Armand stated that “women's liberation must be incorporated in the construction of socialist society right from the start” (Armand in Buckley 1989:45).
childcare. Through a 1917 Decree preschool education was incorporated into the public education system under the Commissariat of Enlightenment (Narkompros) although with separate administrative and financing arrangements. Despite a strong national commitment to publicly funded child care (even Stalin promised to increase daycare provision as part of his ‘cult of motherhood’), Soviet crèches, nurseries and kindergartens did not become relatively accessible until the post-Stalinist period (Lapidus: 1978:133; Kremen 1990:166). Hence it was only in the mid-1950's that the Khrushchev regime actively committed itself to the rapid expansion of crèches, nurseries and kindergartens in urban areas (the majority were located in Russia) (Lapidus 1978:134).

Soviet child care provision also included social and cultural activities for older children, nationally organized youth groups and extended-day schools for the children of shiftworkers.7

Although boarding schools became popular during the Khrushchev years, they came to be seen as ‘prohibitively expensive’ (Lapidus 1978:134). The late 1970's also saw the winding down of crèches and nurseries in favour of extended childcare allowances for mothers (see Chapter Five below).
Policy outcome  In terms of magnitude, Soviet intervention in child care remains unsurpassed. By the mid-1970's state-run nursery-kindergartens cared for more than eight million toddlers, of whom two million were under three. Crèches and nurseries cared for another one million infants (Lapidus 1978:130). By 1980 fourteen million preschoolers (60% of whom lived in Russia) were registered in nurseries or kindergartens (Mathews in Kremen 1990:166). Despite this huge expansion of child care services, the Soviet system of permanent institutions fell far short of meeting the demand (Buckley 1989:211-12). By the mid-70's, child care facilities thus accommodated 37% of preschoolers in need of care, up from 23% in 1965 (Lapidus 1978:132). As was the case in egalitarian Sweden, lone-mother families, large families and military widows received priority for spaces (Mathews in Kremen 1990:167). Cost of care averaged 35 to 40 rubles per month, of which 80% was paid by the state (Lapidus 1978:308).

Between 1960 and 1970 enrollment in after-school programs rose from 600,000 to five million. Combined enrollment of boarding and extended day-schools reached between 13 to 14 million by 1980 (Kremen 1990:167). This huge system of child and youth care was
perceived by the Soviet people themselves as a ‘significant and costly achievement’ (McAndrew and Peers in Kremen 1990:167).

Despite its strong commitment to accessible and affordable services, Soviet custodial child care was generally perceived as poor by international standards. Attwood and McAndrew (1984:167), Hanssen and Liden (1982:123), Kremen (1990:167) and Lapidus (1978:133) all report the endemic use of untrained personnel. 40% of Soviet nurse counselors had no training in child development while 20% had no highschool education. Front-line positions were thus filled by “young girls who were unprepared for such work” (Lapidus 1978:132-33). The occupation of upbringer (crèche and kindergarten attendant) was associated with low pay and low status “which [inhibited] the incumbents’ good will and patience with their charges” (Lapidus 1978:286). Crèches in particular were seen as breeding grounds for respiratory tract infections. Hence it appears that most new mothers boycotted state crèches and nurseries:

Despite the large waiting list for crèches and kindergartens in most urban areas, many women prefer not to use them if at all possible (Attwood and McAndrew 1984:285).

Although women complained to union representatives (who were responsible for child care allocations) about the shortage and inadequacy of nurseries and kindergartens, their demands were generally ignored
Increasing dissatisfaction with state institutions accordingly led to the systematic dismantling of crèches and nurseries in favour of an extended maternity leave programme (Lapidus 1978:308) (see chapter four) (Kremen 1990:166). Despite these limitations, Soviet mothers never gave up their struggle for increased availability of subsidized kindergartens (Buckley 1989:211-12).

Child Support

Policy development The question of Soviet child support took on early prominence with the 1917 Decree on the Introduction of Divorce. This decree led to a sharp increase in the number of divorces and hence, an increase in lone-mother families. Under Article 127 of the 1917 Divorce Decree, biological fathers were regarded as equally liable to share expenses connected with pregnancy, birth and child maintenance. The duty of child support was therefore seen to fall equally upon both parents upon marital dissolution. Children from ‘nonregistered’ (i.e. common law) marriages were entitled to the same rights as children of registered marriages. Level of support was to be in accordance with the father's means (Schlesinger in Buckley 1989:36).
Although the Stalin regime's 1935 criminalization of divorce resulted in a drop in the number of lone-mother families -- thus reducing the child support problem -- the number of mother-led families increased dramatically with the subsequent legalization of divorce by the Khrushchev regime in the mid-'50's. By the mid-'70's one in three marriages ended in divorce (more recent figures suggest that up to half of marriages in urban areas failed within the first year) (Peers in Kremen 1990:170).

In response to the widespread failure of non-custodial fathers to pay child support, the Khrushchev regime enacted legislation in the mid-1950's requiring these fathers to pay 25% of wages for one child, 30% for two children and 50% for three or more children up to 18 years. Widespread nonpayment led to the decision to introduce a national system of compulsory child support deductions in the 1960's (Kremen 1990:170). The failure of both of these plans led to the setting up of a National Alimony Fund in 1982 to ensure regular child support payments for custodial mothers. In the case of nonpaying fathers, mothers received payments directly from the Fund which then pursued delinquent fathers (Kremen 1990:172).
Policy outcome Although the Soviet state officially guaranteed child support payments after 1982, levels were “well below the per capita poverty threshold” (Mathews in Kremen 1990:172). Child support also terminated early when children’s needs were greatest (Kremen 1990:172). Despite these limitations, the ‘comprehensive Soviet package’ of subsidized child care, advanced child support and job security provided lone mothers and their children

with much that was essential, with... security, cheap food and housing, health services, reasonable salaries and a slow but gradual improvement in the standard of living... (Binyon in Kremen 1990:172)

Thus in the late 1980’s Soviet women expressed confidence that a divorced woman and single parent could ‘manage well’ in Soviet society. This perception contradicts the Western perception that lone-mother families “constitute one of the most poorly provided-for groups in Soviet Society” (Binyon in Kremen 1990:172). In sum,

the cumulative effect of very low pensions, low survivors’ benefits and failure to index child benefits left mother-led and large families well below the stringent Soviet poverty line (Ofer and Vinokur 1988:251-276).

Taken together these policy developments confirm that Soviet childcare was relatively accessible and affordable by the 1970’s, although state run crèches and nurseries were closed down in the late
1970's in favour of extended childcare allowances (see Chapter Four). That said, quality of care was generally seen as poor as a result of lack of training of front-line child care workers. Regarding child support, the failure of earlier enforcement efforts led to the establishment of a National Alimony Fund in 1982 which guaranteed custodial mothers regular, if minimal child support.
4.3 Sweden

Child Care

**Ideology**  By the late 1930’s most Swedes assumed that women normally withdrew from the labour force to bear and look after their young toddlers, but went back to work when their children reached school age. This conventional wisdom implied that the appropriate role of the state was to ensure that mothers could return to their jobs when they wanted to. Prominent Social Democratic feminists such as Alva Myrdal accordingly called for state-subsidized child care from the 1930’s, citing its social and educational value for children and the freedom it would give mothers to return to work after the birth of a child (Scott 1982:102). Although a SDP Commission recommended an increase in subsidized spaces, a conflicting WHO report (see above page 127) argued that children separated from their mothers suffered irreversible emotional damage. This ‘deprivation syndrome’ based on the ‘mother-child dyad’ was identified by Social-Democratic Women as a major obstacle to a national child care policy (Scott 1982:102). In response Social Democratic feminist Eva Moberg ‘pierced the myth of biological maternalism’ by arguing that there was nothing about the act of childbirth that required a mother to diaper, feed and care for a child
until it became an adult (Moberg in Scott 1982:5). Other Social Democratic Women advocated:

making husbands and fathers full partners in the affairs of their families.... A six-hour workday for men and women would [moreover] ... make a complete renaissance of home life possible (Myrdal and Klein in Scott 1982:4).

Policy development Having extended its full employment policy to include women in the 1960’s, the SDP set up a Family Aid Commission to examine the literature for and against group child care (Scott 1982:102). The Commission’s Report stated that although 68% of mothers with preschoolers were in the paid labour force, fewer than 20% of their children were in supervised care (Scott 1983:103). It also argued (following Piaget and others researchers) that interaction with peers and group play were very important for child personality development and capacity to learn.8 Hence nursery children ‘did better’ in terms of social, emotional and intellectual development and in the development of independence and initiative compared with other children. The high illness rate of children in group care was accounted for by a minority who did better in small group settings which could be provided by supervised ‘day-mamas’ (who cared for up to 6 children in their homes). Once again a Swedish ‘middle way’ was found to integrate
private home caregivers with a high-quality public system of group care (Scott 1982:103).

Lobbying for a national child care policy, Social Democratic Women argued that the elimination of sex stereotypes in schools had not altered traditional occupational choices of teens. Only early childhood education had the potential to promote the goal of gender and social equality to which politicians were committed. Moreover an Intergovernmental Committee on Sex Roles and Education stated that:

...preschools offer the best opportunity of combating those early differences in the personality development of the sexes which have a lasting influence, and such schools are also a necessity if parents with young children are to be able to work (Intergovernmental Committee on Sex Roles and Education (1972) in Scott 1982:104).

The Report of the Intergovernmental Committee plus pressure from working parents won over the trade unions. With their support the SDP passed the 1973 Preschool Activities Act. Under this Act responsibility for child care was devolved to the municipal level with capital and partial funding from the central government (Scott 1982:103; Rosenthal 1990:149). The stated goal of public child care (in cooperation with parents) was thus to develop the emotional and intellectual assets of children and to enable them to become

open, considerate persons capable of empathy and cooperation with others ...[with]... the capacity to make decisions and seek and use knowledge to improve their own
living conditions and those of others (Swedish Institute 1986:67).

In order to further this goal, a Commission on Child Centres was mandated to set up a training institution for early childhood educators with non-stereotyped roles in its own structure and educational content. National standards were established on the principle that quality preschool education was

an entirely necessary support to the child's long-term development into a mature adult who can function both as an independent individual and in cooperation and interplay with others as a democratic human being (Scott 1982:102).

All child care workers were required to complete two years of post-secondary training in child development. To break down gender stereotypes, special incentives were introduced to encourage men to qualify as early childhood educators. Every tenth place was set aside for male applicants who lacked the prerequisites for the early childhood education course (Scott 1982:102).

Lack of interest in child care on the part of municipalities resulted in parent marches and demonstrations. For the first time in forty-four years the Social Democrats were defeated at the polls (1975). Sensitive to public opinion, the coalition government in power passed the Social Services Act of 1981. Unlike the 1973 Preschool Activities Act, this
legislation *mandated* municipalities to provide (by 1991) group and family care facilities for all children over 18 months whose parents were working, in school or in training programs. Children who were socially, physically or psychologically disadvantaged were to have priority in state-run day nurseries, part-time groups and leisure centers (Swedish Institute 1986). The Act also entitled six-year olds to half-day kindergarten. These changes acknowledged that with 77% of adult women now in the labour force, child care for working or studying parents had become a national responsibility (Rosenthal 1990:149).

Opposition to universal childcare mounted with the 1988 Conservative pre-election promise of an SEK 15,000 child care allowance for families with preschoolers (an attractive alternative to the SDP campaign promise to expand municipal child care facilities). Social Democratic Women identified the Conservative proposal as an attack on full employment for women and the SDP opposed the allowances in the 1988 election.9 Within the Social Democratic Party, however, so-called 'traditionalists' continued to promote extended parental leave as an alternative to the expansion of public day care -- in effect siding with Conservatives against SDP feminist 'universalists' (Rosenthal 1990:149).
Policy Outcome  With the implementation of the Social Services Act of 1981, Sweden achieved “an expensive national system of day care centres to facilitate the transition of women into the labour market” (Heclo 1987:50). Swedish centres were described as ‘a democratic and non-sexist community’ for preschoolers. Children were provided with “the model of a caretaking man as a natural phenomenon,” of particular importance for the high number of preschoolers from lone-mother families (Scott 1982:109).

The recommended teacher/child ratio by 1980 was 2:5 for children up to 3 and 1:5 for 3 to 7 year-olds with an actual national average ratio of 1:4.7 (Scott 1982:108). By 1982 men constituted 4% of early childhood educators and 10% of teachers in training. Early assessments suggest that the employment of men in early childhood education marked one of the few Swedish successes in breaking down the stereotyped division of employment (Scott 1982:110).

By 1982 between 70% to 80% of children of working or studying lone mothers were in the public child care system at half the regular fees (Erikson in Rosenthal 1990:143). By 1987 46% of preschoolers were cared for by public (28%) and family (18%) full-time providers. The rest (54%) continued to be cared for by parents, relatives, neighbours and privately hired help (Swedish Institute in Rosenthal 1990:143). Six-
year-olds not enrolled in day nurseries were accommodated in part-time recreational programs. Municipalities also provided after-school recreational activities for 7 to 12 year-olds whose parents were both working (Forsborg 1986:68).

Child Support

Ideology Since the early 1930's Social Democratic Women (a separate organization within the Social Democratic Party) have 'voiced deep concern' about hardships faced by lone mothers and their children. Given Social Democratic egalitarian values, they argued, the destitution of lone mothers and children was:

contrary to accepted principles of justice and also detrimental to the interests of the community for those children to have to live on social assistance as a result of neglect by the persons who should be supporting them (Kindlund 1988:88).

Policy development The failure of efforts to relieve the dreadful living conditions of lone-mother families led Social Democrats to introduce an Advanced Maintenance Payment programme in 1937 to prevent impoverishment of its very high number of lone mothers and their children at risk.10 Under this legislation public authorities acted in the place of the negligent father. The level of support was determined by
agreement between parents or by court awards. Ten years later (1947) the SDP abolished needs tests for Advanced Maintenance on the basis that a mother's economic circumstances were irrelevant to a child's entitlement from his or her father and the state. Special allowances were also introduced for children without established paternity.

In 1957 a *Supplementary Grant* was introduced for children whose maintenance allowance fell short of the maximum allowance. In 1964 this measure was institutionalized in the *Maintenance Allowance Act* which guaranteed support to a fixed level regardless of court awards. Payments were set at 25% of the Swedish base amount (the amount considered necessary to meet an adult's basic living expenses). Payments were raised to 30% of the base amount in 1969 and to 40% of this amount in 1971. That year also saw the increase of the age limit for advanced maintenance payments from 16 to 18 years as well as centralisation of administration of the programme from local municipal authorities to Social Insurance Offices and the National Social Assistance Board. In 1985 the SDP extended student eligibility to 20 years (Kindlund 1988:88).
Policy outcome Early and persistent lobbies of Social Democratic Women created a ‘relatively favourable situation’ for Swedish lone mothers who were seen as “powerfully supported by political and other women’s organizations, even if they are not a strong lobby by themselves” (Kindlund 1988:62). Instituting child support as a social right meant that by the mid-1980’s, it was normally paid through voluntary payments to the state collection agency, or alternatively, via ‘automatic wage withholds’ (20% of the total). In sum, the state intervened, making an advance payment of the absent father’s (parent’s) support obligation when fathers failed to pay, paid irregularly or at a low level (Kamerman and Kahn: 1987:97).

With state supplementation of support payments (in 1957) children were entitled to guaranteed minimum financial support. This ensured the custodial mother (parent) a regular flow of income (Kamerman and Kahn 1988:97; Rosenthal 1990:141). In 1988 14% of children (256,000) in lone-parent and reconstituted families received Advanced Maintenance Payments between 40% and 60% of the base amount (21,000 SEK in 1987). Since this guaranteed level was higher than most support awards (which were relatively low), the state in effect paid 65% of total maintenance payments (Kindlund 1988:89).
Swedish custodial mothers (parents) pay no tax on child support (Kamerman and Kahn 1988:98). Nevertheless non-custodial fathers (parents) deduct child support payments to a maximum of 3,000 Skr per child per year (Kindlund 1988:90). By the late 1980's policy analysts were able to state that despite a policy of restraint and increasing economic pressure, “The program is taken for granted.... There is hardly any popular political party pressure advocating basic change” (Kindlund 1988:90).

In response to the criticism that its child support policy allows parental support awards to fall vis-à-vis public payments, the SDP struck a Single Parents' Committee to determine whether maintenance advances should be means-tested (this would have compromised the program’s universality). The Committee concluded (1987) that since the ‘vast majority’ of lone-parent families had modest incomes, a means test would only have marginal effects on public expenditure. Of far greater importance was that the SDP's advanced maintenance and child support programs “successfully [protect] the standard of living of both first and second families, and the adults involved in each” (Kindlund 1988:90). According to international observers this leaves the SDP scheme without safeguards to prevent the state from assuming more and more responsibility for child support.
Taken together, the SDP policy of providing accessible and affordable, high-quality childcare and advanced and supplemented child support (as well as universal health care, housing and child allowances and gender-inclusive full employment) meant that by 1990 Sweden had virtually eliminated abject poverty, homelessness and social disorganization.\textsuperscript{12} In particular lone-mother families were:

virtually assured not to be abjectly destitute... compared to similar families in other countries, Swedish lone-parent families are clearly not impoverished (Rosenthal 1990:146).

Briefly reviewing Swedish childcare and child support policy development, we find that since the early 1980's, Swedish child care provision has been accessible, affordable and of high quality. With regard to child support, ruling Social Democrats have enforced child support payments since 1937 and supplemented them since 1957. According to Rosenthal (1990), Swedish lone mothers and their children are much better off than their American counterparts (Smeeding, Torrey and Erin in Rosenthal 1990:146). Thus by 1990 8.6\% of Swedish children lived in lone-parent (read lone-mother) households with an adjusted disposable income below the US poverty line, compared with 51\% of American children. Put differently, 7.5\% of Swedish single-parent (mostly mother-led) families lived below the poverty line (after
taxes and income transfers) compared with 43% of single-parent (mostly mother-led) US families (Rosenthal 1990:146).
4.4. Summary

USA. Prevailing assumptions about the importance of a limited state, the negative consequences of maternal deprivation and the inviolability of the family’s right to privacy in matters of child rearing set the stage for the American policy of selective child care tax credits (which could be used as a form of child care allowance) and highly selective child care to reduce welfare expenditures. High quality (if racialist) child care was provided during the Depression years as a job creation project for unemployed professionals, with funding temporarily reinstated for the children of women war workers during World War Two.

Postwar child care policy peaked in the 1960’s with Democratic President Johnson’s enhanced ‘Head Start’ child care for AFDC families. Committed to the reduction of welfare expenditures, successive Republican administrations cut back AFDC child care funding in favour of Earned Income and Dependent Care Tax Credits which were targeted on middle-class, and more recently, lower middle-class working families. Continuing this selective policy, Democratic President Clinton increased allocations for these tax credits, at the same time ‘capping’ federal entitlements for AFDC childcare and child care food programmes. The outcome is that child care costs remain high while
programmes. The outcome is that child care costs remain high while quality is low as a consequence of the lack of national standards or regulation of providers. By the early 1990’s, the chief provider of child care was thus unregulated and often underground family-based child care (about 20%), followed by fast-growing for-profit chains (about 15%), with state provision remaining at about 2% of the total.

Regarding American child support enforcement: although Republican administrations of the 1980’s mandated states to withhold wages in cases of delayed child support payments and to set standards for support levels, without adequate funding this legislation was never implemented. Despite more recent federal allocations, ‘deadbeat dads’ remain the norm in the United States.

**USSR** Early revolutionaries argued that under socialism, working mothers would no longer have to worry about unattended children. Despite a strong national commitment to publicly funded child care, however, it was not until the mid-1950’s that the Khrushchev regime oversaw the major expansion of state-run crèches, nurseries and kindergartens in urban areas. Soviet child care provision also included activities for older children, nationally organized youth groups and extended-day arrangements for the children of shiftworkers. By the
mid-70's, child care facilities accommodated more than one third of preschoolers in need of care, up from one-fifth in the mid-1960's. By the early 1980's, 14 million preschoolers were registered in heavily subsidized nurseries and kindergartens. As was the case in Sweden, lone-mother families, large families and military widows received priority for spaces. Despite these accomplishments, quality of care was generally perceived as low by mothers and the international community. Increasing dissatisfaction with state institutions led to the systematic dismantling of crèches and nurseries in favour of extended maternity leave arrangements. Despite these limitations, Soviet mothers never gave up their struggle for subsidized kindergartens.

Under a 1917 Decree the duty of child support fell equally upon both parents at the dissolution of marriage. In response to the widespread failure of non-custodial fathers to pay child support, the Khrushchev regime enacted legislation in the 1950's and again in the 1960's requiring non-custodial fathers to pay child support. The failure of both of these plans led to the setting up of a National Alimony Fund in the early 1980's to ensure regular child support payments for custodial mothers. In the case of nonpaying fathers, mothers received payments directly from the fund, which then pursued delinquent fathers. Although the Soviet state officially guaranteed child support from the
early 1980's, levels were low and terminated early when children's needs were greatest.

**Sweden.** By the late 1930's the prevailing consensus in Sweden was that women withdrew from the labour force for pregnancy and childbirth, but then returned to work when their children were in school. This implied that the appropriate role of the state was to ensure that mothers could return to their jobs when they wanted to. However it was not until the early 1970's that the SDP, having extended its full employment policy to include women, finally passed legislation which devolved responsibility for child care to the municipal level with capital and partial funding from the central government. National child care standards were established on the basis that quality preschool education was a necessary support to children's long-term development as well as enabling all parents of young children to be gainfully employed. To break down gender stereotypes, special incentives were introduced to encourage men to qualify as early childhood educators. Legislation was thus passed in the early 1980's mandating municipalities to provide group and family care facilities for all children over 18 months whose parents were working, in school or in training programmes, with priority given to the disadvantaged. By the late 1980's half of all children of working or studying parents were in subsidized group or
family daycare settings (the remainder were cared for by relatives, neighbours or nannies). Despite opposition to universal child care by conservatives and 'traditionalist' Social Democrats, and also a recent economic downturn, high quality group and family day care provision has expanded in the 1990's (Sainsbury 1996:224).

The SDP also provided advanced child support as early as 1937 to prevent impoverishment of its high number of lone mothers and their children at risk. A supplementary grant was introduced in the late 1950's for children whose maintenance allowance fell short of maximum awards. Administration of the programme was centralized and student eligibility was increased to 20 years in the early 1980's. Swedish custodial mothers (parents) pay no tax on child support while non-custodial fathers (parents) deduct child support payments from their income taxes. In sum, American low quality private-sector child care and unenforced child support; Soviet extensive but custodial child care and advanced but minimal child support; and Sweden's developmentally-oriented child care and advanced and supplemented child support are what one would expect from 'sex-segregated' residual, ‘one-way integrationist’ structural and ‘two-way integrationist institutional policy regimes.
American Child Care and Child Support

1. That this policy contradicts the residual assumption that children need their mothers seems not to have been a problem, perhaps reflecting the elitist nature of conservative residualism. In effect residual ideology assumes that childcare and child support remain an individual maternal responsibility after marital breakdown.

2. The proposed Comprehensive Child Development Act of 1971 would have provided free childcare for AFDC mothers with a sliding-fee scale for middle-income families (Beck in Mann 1986: 242). The proposal was attacked by a neo-conservative coalition under the leadership of Phyllis Schlafly and the *Eagle Forum* (a front for the Moral Majority, Christian Voice and Conservative Union). Backed by powerful conservative forces, the Forum easily defeated the CCDA proposal along with the ERA (Equal Rights Amendment to the Constitution) and the pro-choice movement (Beck in Mann 1986: 242; Faludi 1990). Under the wing of the fundamentalist New Right, newly elected Republican President Richard Nixon vetoed the Comprehensive Child Development Act on the grounds that a national childcare policy would 'undermine parental authority and involvement in childrearing' and cause a breakdown in the 'American family'. Thus it represented "a communal rather than a family-centered approach to child-rearing" which would "Sovietize American children" (Zigler and Goodman in Mann 1986: 243). This Pyrrhic victory of the New Right was followed by a sharp rise in military expenditures and rampant inflation as a result of the escalation of the Vietnam War (Beck in Mann 1986: 243; McBride-Stetson 1991: 194).

3. Reagan's Omnibus Budget Reconciliation Act (1980) had as its objective the targeting of federal aid on 'truly needy' mothers, i.e., those without any child support or alternative income sources (such as part-time employment) or else who could not be expected to work. Under the OBRA workfare program, AFDC mothers were forced to work without pay for a number of hours sufficient to 'earn' their welfare benefits (Levitan 1986).
4. In line with New Right ideology which sees the welfare of children as an individual responsibility, a 1990 Amendment to the Social Security Act offered incentives to remove children from foster care in response to ‘excessive’ placements in foster homes and institutions. This legislation provided no financial aid for indigent families, stating that “there is no pool of new resources to reinforce families or aid them in a transition if they keep the child at home” (Time October 19:46).

5. See Levitan 1986: 104; and Ginsburg 1992: 102. Although American elders and disabled adults are protected by the 1974 Supplemental Security Income (SSI) (an indexed pension for the elderly and disabled poor), there is no comparable provision for American children (Goldberg 1990). Most elders and the disabled are also covered by Medicare, a national contributory health insurance plan (see below pages ). However American children of lone mothers lack entitlement to health care. As a result, health care provision for poor children (and their mothers) is an easy target of ‘annual congressional whims and budget cutting’ (Time October 1990).

Soviet Child Care and Child Support

6. Although early revolutionaries recognized that socialism entailed collectivized childcare and domestic labour, the fact that women were assumed to perform two roles while men performed only one was never analyzed...Male behaviour in the socialist home was never examined nor were men’s condescending attitudes towards women looked at. Although male roles in Muslim households were seen as ‘feudal’, their behaviour in Soviet peasant, urban and communist families was never studied in depth. For Bolshevik ideology the problem was not male behaviour but feudal and capitalist systems which gave rise to exploitative relations between classes and individuals (Buckley 1989:45).

7. Soviet provision for children included a system of child allowances introduced during World War Two for families with four or more children between the ages of one and five (most eligible families lived in what were formerly the Moslem republics, Central Asia and the Transcausasus) (Mathews in Kremen 1990:168). In 1974
the Khrushchev regime selectivized the program, raising the allowance from four to 12 rubles for underprovisioned families (with less than 50 rubles a month income) for children between one and eight years. By the mid-1980's one family in seven was receiving a children's allowance (allowances were accordingly used a social indicator of relative deprivation or poverty) (Kremen 1990:168). Following World War Two, the Soviet state also provided never-married mothers with an additional allowance of 20 rubles per month per child in response to the cohort of men lost in World War Two. (Children of widowed or divorced parents were presumed to be covered through social security or child support) (Peers in Kremen 1990:168). As part of Soviet pronatalist policy, a cash benefit was also awarded at the birth of each family's third child. To counteract its steeply declining birth rate by the early 1980's, this benefit was increased to 50 rubles for first children and 100 rubles for second and subsequent children (Mathews in Kremen 1990:168). Universal entitlement to basic foodstuffs, rent and transportation was retained up until the 1990 collapse (media reports suggest that the ideology for collective responsibility for a basic minimum dies hard). Likewise with the exception of private abortion clinics, all medical and hospital services were under state auspices. That said, the relevance of subsidies and services was nullified by chronic food shortages, lack of housing and a grossly inefficient distribution system).

Swedish Child Care and Child Support

8. At that time the SDP's 'traditionalist' Family Welfare Committee promoted child care allowances as an alternative to universal daycare on the grounds that allowances gave mothers a choice between purchasing day care or staying home to care for their children themselves (this was the position of Centre and Conservative parties).

9. Out of power, the SDP remained divided on the question of daycare. Feminist universalists demanded the expansion of publicly funded group childcare. Male-led traditionalists favoured the supervised 'day-mama' approach. Leading the traditionalists, Kjell-Olof Feldt (later SDP Finance Minister) argued that:
   with a private entrepreneurial system of communal day care
   in place in the form of day mamas, it would not make a
decisive difference if several of them combined together in a business to conduct the same activity (Heclo 1987: 182).

Noting that day care was largely privatized with the majority of working parents using private facilities, Feldt asked:

Is it reasonable that one-fifth of Swedish parents who have managed to find a day care place are entitled to a tax-free subsidy of 35,000 crowns which the four-fifths of parents who have not been able to find a day care place are not entitled to? (Heclo 1987: 182).

Minister of Family Affairs Camellia Odhnoff retorted that freedom to choose whether to stay home or not was only a reality for the minority with good incomes (Odhnoff in Scott 1982:107). Odhnoff thus “succeeded in creating a political atmosphere favourable to the development of day care as an essential support for sex-role equality” (Scott 1982:102).

10. State enforcement of child support orders and the idea of advanced maintenance payments found early support across all political parties in Sweden. The absence of public debate around Swedish child support and advance maintenance allowances is attributed to the activism of non-custodial fathers who benefited from the program and amendments, particularly those of the 1970’s. By 1980 45% of Swedish children were born to nonmarried mothers (mostly cohabiting) (Popenoe in Rosenthal 1990:140). The instability of cohabiting couples further increased the number of lone-mother families in Sweden. By 1987 between 20% and 25% of all Swedish families were headed by a lone parent, five of six of whom were mothers (Eriksson in Rosenthal 1990:141).

11. See Kindlund (1988:90). A more recent debate asked whether Maintenance Advances or child support should be paid when custodial mothers (parents) were living with a new partner. The Committee noted the extreme difficulty of assessing new partners’ supportive capacity in a maintenance situation and argued that in situations where new relationships had the effect of reducing child support or maintenance advances, they would not be legalized (thus reinforcing Sweden's high co-habitation rate) or might remain childless (Kindlund 1988:90).
12. Swedish provision for children includes a universal child allowance of SEK 4800 (1986) up to the age of 18 or as long as the child is in school. Although allowances are not indexed, they are tax-free (Kamerman and Kahn 1988). Of major importance for the well-being of lone mothers and their children is Sweden's income-tested standardized housing program which accommodated 80% of lone mothers and their children in 1980 (Rosenthal 1990).
CHAPTER FIVE

CARE LEAVE

While reproductive rights, child care and child support are crucial for enabling women to be earners as well as carers, the singular importance of care leave lies in its potential to transform male as well as female roles, i.e. to enable men to be carers as well as earners. How far this potential is realized, however, depends on whether care leave is paid or unpaid and whether or not it is extended to fathers. Baker (1997) identifies three care leave approaches which correspond to residual, structural and institutional policy regimes (Baker 1997:53-55). As the name suggests, a ‘laisser-faire’ policy approach presupposes dependent-housewife families and a limited state and thus sees pregnancy and childbirth as an individual or family responsibility which is of little or no concern to the state or to employers. This approach does not, therefore, look to the state or to employers to share the expenses of childbirth, since this is seen as increasing taxes and encouraging employer discrimination against women.

Baker’s second ‘maternity leave’ ideal-type presupposes a socialistic policy regime with dual career families in which it is assumed that women are able to control their fertility. This policy approach sees
childbearing as contributing to the needs of society as well as to the needs of individual parents. Income loss for childbirth is thus viewed as a social as well as an individual risk. Childbirth is also viewed as a physical ordeal requiring preparation and recuperation which therefore requires protective legislation to prevent injury to the fetus and to foster the health of pregnant women. In this conception paid maternity leave is seen as promoting employment equity and equality of opportunity, instead of penalizing women for becoming pregnant. Moreover maternity leave and benefits ensure that employed women do not respond to the difficulties of combining work and childrearing by choosing to remain childless.

Baker's third 'parental leave' ideal-type presupposes a social-democratic policy regime in which the role of the state is seen as enabling both parents to fulfill earner and carer roles. Here the extension of maternity leave to fathers is seen as promoting the principle of equal rights for fathers. This approach also argues that to be effective, care leave must be paid at full wages since many lone mothers and low-income parents cannot afford to take unpaid leave or leave on half-wages. Because fathers are less likely than mothers to take parental leave even with wage replacement, this perspective calls for male quotas to require fathers to take at least half of the leave.
Taking these three heuristic ideal-types as a point of departure, Chapter Five argues that the prevailing American assumption that ‘working’ women withdrew from the labour force at childbirth implied that state intervention in maternity leave was not only unnecessary but also an ‘unconstitutional intrusion’ into the lives of families. At the other polar extreme, the assumption of Swedish Social Democrats that fathers as well as mothers should share the responsibility for the upbringing of children led to the implementation of the world’s first paid parental leave legislation in the mid-’70’s.

Once again Soviet maternity leave policy represents a ‘half-way house’ between American and Swedish policy development. Hence the claim that only socialism could offer women the economic independence that was essential for ‘full’ gender equality led to the early implementation of paid maternity leave (and the promise of collectivized childcare) to enable women to combine work and family obligations. Nevertheless the belief that only women could perform family care work meant that fathers with uninterrupted work histories would be treated preferentially over mothers in the workplace and in retirement.
5.1. USA

Unpaid Family Leave

Ideology At the turn of the century most Americans assumed that women did not perform waged work as long as they had a husband to support them. A second prevailing assumption was that women who did ‘work’, withdrew permanently from the labour force at the birth of their first child. These biological maternalist assumptions implied that the appropriate role of the state was to draft ‘protective’ laws to reinforce women’s primary family caregiving role. From this it was a short step to the perception that state intervention in maternity leave was an ‘unconstitutional intrusion into people’s lives’ (McBride Stetson 1991:180-183).

Policy development Confronted by scandals about exploitative working conditions for women and children in sweatshops, early 20th century policymakers enacted ‘protective’ legislation to limit women’s and children’s hours of work and access to dangerous jobs (McBride Stetson 1991:183). In 1920 the Department of Labour accordingly set up a Women’s Bureau with the mandate to draft protective policies for working women. Out of this Bureau came the first American maternity leave proposals for women engaged in war work in the 1940’s (McBride
leave proposals for women engaged in war work in the 1940’s (McBride Stetson 1991:185). As part of its mandate to protect pregnant and nursing war workers during the Second World War, the Women's Bureau thus recommended fifteen weeks (six prenatal and nine postnatal) of unpaid maternity leave for pregnant workers.¹ 'Reform' feminists in the Bureau also recommended job and seniority protection for mothers returning to war work after the birth of a child. These proposals were immediately rejected on the grounds that since most mothers withdrew permanently from the labour force at childbirth, there was no need for such legislation (McBride Stetson 1991:185).

Faced with postwar demographic statistics documenting women's rising labour force participation, the Department of Labor in the mid-1950's redefined women as a major source of labour power. The Women's Bureau was instructed that women were now accepted "as a regular part of the work force who were entitled to fair and equal treatment" (the intent of this policy was to lay the ground for wage equity legislation) (McBride-Stetson 1991:186). However the right to fair and equal treatment worked against maternity leave, which was interpreted as representing unfair and unequal treatment for women (this principle would have been consistent with parental leave). For these reasons policy development in the area of maternity leave did not
reach the policy table until the 1960 election of the Democrats under President John F. Kennedy.

Responding to feminist marches in New York City, President Kennedy set up a Commission on the Status of Women to be chaired by Eleanor Roosevelt (Anderson 1991:176). This Commission in turn set up state-level Commissions mandated to assess the status of women across the country. In 1966 state-level commissions united to become the National Organization of Women (NOW) under reform feminist Betty Friedan, whose 1963 best-seller The Feminine Mystique presented a major challenge to the 'all-American' homemaker-wife family ideal-type. Influenced by Friedan's book, thousands of housewives met in conscious-raising (CR) groups across the country (and also in Canada) to discuss traditional sex roles (Anderson 1991:175).

Responding to heightened feminist agitation, President Kennedy instructed the Status of Women Commission and a second agency, the Citizen's Advisory Council on the Status of Women (CACSW) to draft maternity leave legislation. At this point the residual assumption that maternity leave should be a workplace (employer/union) rather than a societal responsibility placed a second ideological constraint on American care leave policy development. President Kennedy’s Commissions thus proposed the extension of employer and union
temporary disability plans to include maternity leave. Hence they argued that incapacity due to pregnancy or childbirth entitled expectant mothers and mothers to employer and union health insurance, temporary disability and sick-leave plans.

Employers slammed the proposal on the grounds that pregnancy was not a disability but a 'natural function' which was private and voluntary. As a normal event rather than a disease or accident, leave for pregnancy or childbirth did not fit the criteria for temporary disability plans. The exclusion of pregnancy from workplace plans was therefore not sex discrimination. These decisions were enshrined in two Supreme Court decisions in 1974 and 1975.

Enraged, conservative and liberal feminists overcame their historic enmity and with the support of organized labour and civil rights activists, lobbied to end discrimination against pregnant workers. Their efforts produced quick passage of the *1976 Pregnancy Discrimination Act* prohibiting discrimination against pregnant women in hiring, firing, job security, seniority and fringe benefits. The 1976 Act thus required *private* disability benefit and health insurance plans to extend coverage to pregnant workers (Ginsburg 1992:127; McBride Stetson 1991:189). Although the 1976 Act gave pregnant women the right to take temporary leave for pregnancy and for childbirth, it did not include
leave to care for a newborn. Nor did the Act include any enforcement provisions.

Momentum for maternity leave legislation picked up with the publication of Betty Friedan's *Second Stage* (1982). Influenced by Sweden's sex-role equality campaign (Sweden's Social Democratic Women invited Friedan to speak in Stockholm), *The Second Stage* called for caregiving roles for fathers as well as mothers (McBride Stetson 1991:189). In response to pressure generated by this book, four states (Montana, Massachusetts, California and Connecticut) enacted *unpaid* maternity leave statutes.4 Excited by Sweden's sex-role equality campaign, American liberal feminists redefined the American care leave debate. Like Swedish feminists, they argued that if mothers and fathers were to participate equally in the work force, they must be able to share equally in home and family responsibilities. Their lobby led to the introduction of the first *Family and Medical Leave Act* (FMLA) in the Democratic House of Congress in 1985.

However like the *Pregnancy Discrimination Act*, the 1985 FMLA proposal was based on the assumption of employer/union rather than collective responsibility for family-based work leave. Under this proposal employers would therefore have been required to provide adequate *unpaid* leave for any worker, male or female, to care for a
newborn, adopted infant or sick child with job protection and no loss of pay level or seniority (Ginsburg 1992:127; McBride Stetson 1991:187). Predictably, corporate heads slammed the Act, citing excessive costs of federal regulation, the unacceptable burden on small business and the American tradition of benefit provision through private sector/labour-management contracts. They warned that the unpaid FMLA would lead to paid leave, which would constitute a ‘serious handicap’ to the international competitiveness of American firms. The proposal was defeated by recourse to presidential veto (McBride Stetson 1991:189).

A second *Family and Medical Leave Act* passed both Democratic Houses in 1990. Although the 1990 proposal retained the residual premise of workplace responsibility for unpaid leave, it was amended to include temporary leave by either spouse to care for *elders* as well as children (Kremen 1990:34). The revised FMLA was vetoed by President Bush on the grounds that business ‘couldn't afford it’. In his press statement President Bush also stated that Americans preferred ‘diversity, not government-mandated uniformity’ in benefits. Feminist critics retorted that Bush spoke as though women had workplace benefits when most had ‘no benefits at all’ (McBride Stetson 1991:192). The 1992 election of Democratic President Bill Clinton saw quiet passage of the unpaid FMLA.
**Policy outcome**  As a result of the prevailing assumptions a) that women withdrew permanently from the labour force at childbirth and b) that maternity leave was an employer/workplace responsibility, policy development in maternity and family leave was slow and protracted in the United States. By 1991 prominent feminist policy analysts acknowledged that "Alone among [industrialized] countries, the United States has no national paid maternity leave" (Goldberg 1991:34). Close to a century of policy development did little more than produce the *1976 Pregnancy Discrimination Act* which entitled women to take time off work for pregnancy and to give birth but not to care for newborns. As a result of lack of enforcement, employers continued the routine practice of firing women for taking a leave to have a baby (Hewlett in Ginsburg 1992:127). Although four states legislated compulsory maternity leave under temporary disability programmes, 60% of American pregnant workers had no maternity rights, while 40% lacked hospital insurance coverage for childbirth (Ginsburg 1992:127). With President Clinton's 1992 passage of the unpaid FMLA, either spouse became entitled to take 12 weeks of *unpaid* leave to care for children or elders. Small businesses with fewer than 50 employees were however exempted from the legislation. Moreover, without national health care:
... one third of single women and one quarter of married women have no health insurance; ...[Hence] childbirth [i.e. private hospital care] is an expensive proposition --- even if women have some coverage... it is rarely comprehensive (Hewlett in Ginsburg 1992:127).

Access to insurance for maternity leave and the costs of childbirth in the United States is thus based on market criteria such as occupation. Although corporate provisions match minimum Western European statutory provisions, 75% of American working mothers do not work for large corporations. This creates

a marked class structure in eligibility with professional and managerial women working for large employers relatively well covered in comparison to working class women who have little or no coverage (Ginsburg 1992:127).

In sum, American care leave policy development did not et off the ground until the *1976 Pregnancy Discrimination Act* which enabled women to take leave for pregnancy and childbirth but not to take care of a newborn. Although the 1992 Family and Medical Leave Act entitled either parent to take 12 weeks of temporary leave from work to care for a newborn or other family member, the leave was unpaid. This and the fact that businesses with fewer than 50 employees were exempted from the legislation, meant that most working Americans would not have been able to take it (Baker 1997) (Hooyman and Gonyea 1995).
5.2 USSR

Paid Maternity Leave

Ideology Marxist revolutionaries believed that as economic dependents, bourgeois homemaker-wives were oppressed and disempowered. Under socialism, they argued, the full employment of women in the industrial labour force would provide the economic independence that alone could serve as the basis for full gender equality (Lapidus 1978:51).

In sharp contrast to conservative residualists, classical socialists also saw childbirth as a social function. Hence the German socialist August Bebel (1840-1915) argued that "A woman who gives birth to children renders the same service to the commonwealth as the man who defends his country" (Lapidus 1978:42). Echoing Bebel’s view of maternity as a social obligation, the first 1917 Soviet Decree defined procreation as a social function which therefore required state protection. Alexandra Kollontai, the first (and only woman) Minister of Social Welfare accordingly argued that:

Motherhood must be safeguarded not only in the interests of women but even more so to meet the difficulties of the national economy in its transformation into a workers’ system: It is necessary to save women's strength from being wasted on the family in order to employ it more reasonably for the benefit of the collective;... it is necessary to preserve their health in order to guarantee a steady stream of fit workers for the Workers' Republic in the future (Kollontai in Lapidus 1978:61).
Recognizing that mothers’ participation in social production contradicted the pronatalist goal of a desirable population increase, Kollontai called for special measures by the state to encourage fertility:

new legislation [will] guarantee paid maternity leave before and after childbirth. The development of a broad network of public child care institutions [will likewise] make it possible for women to combine work and family obligations. (Lapidus 1978:63).

Policy development Although Soviet decrees were “empty rhetorical declarations which were ignored in practice,” they were nonetheless seen as providing the basis for changed patterns of behaviour (Lapidus 1978:126). Hence 1917 Soviet Labour Laws outlined a category of Protective Measures for Pregnant Women, Nursing Mothers and Mothers with Infants under One Year. This category gave all mothers the right to maternity leave with full pay for 16 weeks (112 days); eight weeks before and eight weeks after birth. This decree gave pregnant women the right to be transferred to lighter work in the later months of pregnancy and the right not to perform overtime or night work. Employers were also forbidden to refuse jobs to pregnant or nursing women or to reduce their pay or dismiss them on those grounds (Lapidus 1982:126).

More than 30 years later, the 22nd Congress acknowledged that these provisions remained largely unenforced. The National Trades
Union (AUCCTU) thus stated that although women did have 11 weeks of paid maternity leave, pregnant women and mothers of young children were routinely assigned overtime, nightwork and work on off-days and holidays. Nor were pregnant and nursing mothers given lighter jobs (Sheptulina 1982:160). In an attempt to remedy the situation the 22nd Congress extended the leave to *15 weeks* (still one week short of the 16 week legal entitlement) in 1956. Noting that large numbers of mothers were already taking an unpaid extended leave, the Congress granted women an additional three months of unpaid leave (i.e. up to 27 weeks) without interruption in their service record or jeopardy to their jobs (Sheptulina 1982:159).

By the early 1970's the Council of Ministers once again announced that legislated protective maternity-related provisions remained unenforced. The Presidium of the Supreme Soviet instructed the Council of Ministers to 'intensify supervision' over the enforcement of maternity legislation (Sheptulina 1982:159). In response, the Ninth Supreme Soviet set up Standing Committees to supervise implementation of the 1917 and subsequent *Maternity and Caregiving Decrees*. The late 1970's and early 1980's accordingly saw a policy shift away from collectivized crèches in favour of extended unpaid maternity leaves (Motorshilova in Kremen 1990:165). However:
most women [could] not afford to stay at home that long without an income. Most families are dependent on the mother's contribution to their income (Hansson and Liden 1982:126).

Pressure from large numbers of women taking the unpaid leave led to a further Decree entitling mothers to 50% of the minimum wage (between 35 and 50 rubles) for a one-year extended childcare leave (Buckley in Kremen 1990:165). In 1986 paid maternity leave was extended from 15 to 18 weeks (10 prenatal and 8 postnatal) conditional upon one year of employment or full-time study at the rate of the woman's former average wage. According to Holland and McKeivitt "the mother's job was retained as were her rights to seniority, annual vacation and sick leave" (Holland and McKeivitt in Kremen 1990:165).

Policy outcome. By 1980 it was estimated that two-thirds of Muscovite mothers were taking 15 weeks of paid maternity leave along with an unpaid extended leave. Half took a 6-month extended leave, 25% took 12 months and 6% took more than a one-year leave. Although the official reason for these extended leaves was lack of spaces in nurseries, informal surveys suggest that spaces were available, but quality of care was so poor that most mothers refused to use them (Hansson and Liden 1982:68-92). Mothers thus boycotted state nurseries and when their leave was used up, made informal child care arrangements (Katkova in
Lapidus 1982:232-233). With the introduction of extended child care allowances in the early 1980's (50% of the minimum wage or 35-50 rubles) 'almost all' mothers opted for the extended child care leave (Buckley in Kremen 1990:160).

As a consequence of Soviet paid maternity leave and child care allowances, Soviet working women experienced relatively short interruptions in earnings with a negligible impact on current income, job security and pension accumulations (Kremen 1990:160). Although these provisions enabled Soviet women to achieve economic independence, they also implied that only mothers could or should nurture and care for young children (Kremen 1990:166). The outcome was that men with uninterrupted work histories received preferential treatment in the workplace and in union and political arenas. Hence maternity leave was 'openly cited' as the reason for lack of women's promotion and full integration into the workplace (Pukhova in Kremen 1990:166).

Summarizing Soviet maternity leave policy development: under 1917 Labour Laws women had the right to 16 weeks of maternity leave at full pay. Pregnant workers also had the right not to work overtime or perform nightwork and the right to take lighter work during the later months of pregnancy. Although this protective legislation was never
enforced, maternity leave increased from 11 to 15 weeks by the mid-1950's. By 1986 Soviet women received 18 weeks of paid leave plus a 12-month flat-rate childcare allowance. That said, the primary beneficiaries of maternity leave turned out to be not mothers but fathers, whose uninterrupted work histories enabled them to receive preferential treatment in the workplace and in retirement.
5.3 Sweden

Paid Parental Leave

**Ideology** Behind Sweden’s early maternity leave policy was the egalitarian assumption that women had the same right to self-support that men took for granted. In order to promote gender equality of opportunity, the SDP therefore enacted legislation in the 1930’s to protect women against loss of employment as a result of marriage or pregnancy (a common practice in white-collar employment). Support for Sweden’s early maternity leave legislation also came from the LO (national blue-collar union) campaign to recruit low-income women during the 1930’s and 1940’s. Because they were the primary source of new union members, women’s demands began to be heard at the bargaining table. As the number of organized women increased (already they formed 17% of LO membership), pressure intensified for statutory maternity leave.

Within the Social Democratic Party, the National Association of Social Democratic Women also lobbied for a study group on women’s questions in 1960. This ‘study group’ turned out to be a highly strategic policy-making initiative whose members included the Prime Minister
and the Minister for Social Affairs. Out of this collaboration came The Erlander Report, Sweden's blueprint for sex role equality. A concurrent LO Report argued that gender inequality represented the unequal division of responsibilities in the home as much as occupational segregation. Endorsed by blue-collar, salaried workers' and employers' organizations, a subsequent union report proposed that all adult family members should have the same opportunity of being gainfully employed, that all work in the home should be divided equally between men and women and that unions should play an active part in enforcing these ideas in practice (Scott 1982:22).

As part of activities celebrating International Women's Year, the LO and TCO organized a national exhibition called The Right to be Human. In this exhibition it was stated that:

imprisonment in the masculine role is at least as great a problem to men as conformity to a feminine ideal is to women; ... [The] debate on liberation and equality must be about how men as well as women are forced to act out socially determined stereotypes. Hence men and women need to fight the same battle; for the right to be human (Scott 1982:43).

According to Sandlung's 1968 Report to the United Nations, Sweden's sex-role equality campaign convinced the SDP that gender equality meant that men and women must "... share the responsibility for their own maintenance, the upkeep of their homes and the
upbringning of their children” (Sandlung 1968). Seven years later at the first (1975) International Women's Year World Conference in Mexico City, Swedish feminists announced that Sweden's sex-role equality campaign symbolized a major challenge to the conservative and Marxist doctrine that children needed full-time contact with their mothers or surrogate mothers but not their fathers. Noting that equal opportunity for mothers to develop their talents and capabilities required equal family obligations for fathers, they concluded that Sweden's parental leave legislation “legally established the competence of fathers not only to change diapers and warm bottles, but also to nurture and care for their children” (Scott 1982:1X, 62).

Policy development Pressure from the LO coupled with recommendations of the Population Commission led to the passage of income-tested maternity grants and voluntary insurance for maternity allowances in 1945 (Olsson 1989:151). In 1955 statutory maternity leave became compulsory with six month’s (about 25 weeks’) full pay (this was paid by employers) (Dominelli 1991:168).

As mentioned above, in the early 1960's Social Democratic Women pressured the Social Democratic Party to incorporate the goal of sex-role equality in its ‘social equality’ programme (Scott 1982:6).
Adopted by the Social Democratic Party in 1964, the *Elanders Report* on sex-role equality acknowledged the reality of workplace discrimination against women and affirmed SDP commitment to the expansion of Swedish childcare, social services and subsidized housing. This commitment was presented as a prerequisite of the SDP's social equality platform. Hence sex role equality was incorporated into a broader political platform whose goal was to 'restore the balance' for the young, old, handicapped, unemployed, low-income groups, rural dwellers and last but not least, women (Scott 1982:7).

Influenced by the country's sex-role equality campaign, the SDP passed legislation in 1974 extending temporary work-leave to fathers. Under its *Parental Leave* legislation, insurance was paid to mothers from 60 days before birth to 30 days after birth. All fathers became entitled to a ten-day work leave at childbirth. The remaining three-month leave after childbirth could be taken by either parent with insurance compensating for 90% of gross earned income. Since fathers earned more than mothers, this was a deliberate incentive for them to take the leave (Sweden 1985).

Although academic fathers were willing to take the leave, male industrial workers believed that they would be ridiculed "and that is the reality, too" (Scott 1982:52). Aligning itself with the SDP, the TCO
(salaried workers' union) attacked employers for discouraging fathers from taking advantage of their legal right to parental leave.⁹

In 1980 the Coalition government in power extended parental insurance to 9 months with an additional three months' extended childcare leave paid at a low flat-benefit rate. It also promised to extend parental leave to 18 months 'at the rate economic resources permit' (Scott 1982:75). Despite a major economic crisis, parental leave was extended to 18 months compensated at the 90% rate in mid-1991 (Dominelli 1991:169). Leave to care for a sick child was more recently reduced to 80% of pay in line with other 1990 sick-leave changes (Gould 1993:169).¹⁰

On September 15, 1991, the SDP lost power to a centre-right bloc under a Conservative Prime Minister. The number of women MPs fell from 132 to 100. Prospects faded for the 50% male quota which would have required fathers to take half of the parental leave and a shortened (6 hour) workday (which would have allowed parents more time to spend with their children) with the new Prime Minister's promise to promote growth, stabilize prices, lower taxes and end economic stagnation (Gould 1993:173).
Policy outcome Swedish women had the right to 6 months of statutory paid maternity leave at full pay by 1955. With the 1974 passage of parental leave legislation, the number of fathers taking paternity leave increased from 7% in 1977 to 12% in 1981 (Scott 1982:63). By 1990 85% of fathers were taking the 10-day leave for the birth of a child and 20% took parental leave (Rosenthal 1990:144). Keeping in mind that gender role equality means that fathers and mothers each take half of the leave on average, 20% of 50% is in fact a 40% uptake. Between 1976 and 1985 take-up for the extended childcare allowance doubled from 1/4 to 1/2 million. That year 34% of fathers and 48% of mothers collected these benefits (National Social Insurance Board:1987).

The concentration of fathers in government departments taking parental leave led to the setting up of antenatal and postnatal parental training workshops during working hours for expectant fathers. Following the birth of a child, fathers were routinely invited to the maternity hospital for a day of instruction during which they learned how to handle and care for their newborns (Ericsson and Jacobsson in Rosenthal 1990:144).

By 1990 many Western countries had enacted some form of paid or unpaid parental leave. That said, economic forces such as rising labour costs, absenteeism and shift work have conspired against
paternity rights. Shiftwork in particular tends to decrease male participation in childcare and homemaking.\textsuperscript{12} International market forces have also conspired against parental (as well as maternity) leave. Hence an OECD General Secretary warned that government measures to give mothers jobs were 'costly for management'. More alarming for Social Democratic Women has been the use of unpaid or badly paid extended childcare leave as an alternative to universal childcare (Scott 1982:165-6).

Summarizing Swedish care leave policy development: the SDP passed legislation in the late 1930's protecting Swedish women from loss of jobs as a consequence of marriage or pregnancy. In 1945 it legislated income-tested maternity grants and voluntary insurance for maternity allowances. By 1955 women were entitled to 6 months of statutory maternity leave at full pay. 1974 saw the extension of paid maternity leave to fathers. By 1980 either parent was entitled to a 6 month leave at 90\% of gross wages, plus an extended three months' leave paid at a low flat-rate level. Since the early 1990's, parental leave has been extended to 18 months, paid at 80\% of wages in line with changes in sick leave benefits. In short, paid parental leave has been taken for granted as a social right in Sweden since 1974. In 1980 it was supplemented by an extended flat-rate childcare allowance, which was
more recently replaced by an extension of parental leave to 18 months, despite a major economic downturn.
5.4 Summary

USA. The first American proposal for maternity leave came about as the result of an attempt by the Women's Bureau to gain maternity leave rights for women war workers during World War Two. The proposal was rejected on the assumption that most mothers withdrew permanently from the labour force at childbirth, thus eliminating the need for such legislation. Two decades later, in response to feminist marches for maternity leave legislation, the Kennedy Administration set up two Commissions to draft legislation to extend employer and union disability plans to include maternity leave. This proposal was also rejected in two Supreme Court decisions on the basis that leave for pregnancy or childbirth did not fit criteria for disability plans. Enraged, conservative and liberal feminists with the support of organized labour and civil rights activists, won passage of the 1976 Pregnancy Discrimination Act prohibiting discrimination against pregnant women in hiring, firing, job security, seniority and fringe benefits. Although the Act gave pregnant women the right to take leave for pregnancy and childbirth, it did not include leave to care for a newborn nor did it include any enforcement provisions.
Influenced by Sweden's sex-role equality campaign, liberal American feminists lobbied for a Family and Medical Leave Act (FMLA) which would require employers to provide *unpaid* leave for any worker, male or female, to care for a newborn, adopted infant or sick child with job protection and no loss of pay level or seniority. Vetoed by Republican President Bush, a revised Act which included leave to care for other family members as well as children was passed by Democratic President Clinton in the early 1990's. Although the 1992 Act enabled either parent to take 12 weeks of temporary leave from work to care for a newborn or other family member, the fact that the leave was unpaid and second, that workplaces with fewer than 50 employees were exempted meant that most Americans were unable to take advantage of the new legislation.

**USSR** Arguing that women in capitalist societies were oppressed and exploited, early Marxist revolutionaries claimed that only socialism could offer women the economic independence that alone could provide the basis for 'full' gender equality. Inspired by these notions, socialist feminists called for paid maternity leave (and collectivised childcare) to enable women to combine work and family obligations. Under 1917 Labour Laws, all mothers were granted the right to maternity leave for
four months at full pay. Pregnant women also had the right to be transferred to lighter work and not to perform overtime or night work. However as recently as 1989, pregnant women and mothers of young children were routinely assigned overtime, nightwork and work on off-days and holidays, while pregnant and nursing mothers were denied lighter jobs. Actual leave was nevertheless extended to 15 weeks (still one week short of the 16 week legal entitlement) in the mid-1950’s.

Under the Khrushchev regime crèches and nurseries were gradually closed down and replaced by an extended unpaid child care leave (which most mothers were already taking). Maternity leave was extended from 15 to 18 weeks and extended flat-rate childcare allowances were introduced in the early 1980’s. As a result working mothers experienced short interruptions in earnings with only a slight impact on current income, job security and pension accumulations. Nevertheless the belief that only mothers could be family carers prevented successive Soviet regimes from extending maternity leave provisions to fathers. The outcome was that fathers with uninterrupted work histories received preferential treatment over mothers in the workplace, in union and political arenas, and in retirement.
Sweden. Sweden’s early maternity leave legislation reflected the egalitarian assumption that women had the same right to earn an income, i.e. to be self-supporting, that men historically took for granted. The newly elected Social Democratic Party (SDP) thus enacted legislation in the late 1930’s to protect women against loss of employment as a result of marriage or pregnancy. By the mid-50’s, statutory maternity leave was compulsory for six months at full pay. As part of the SDP’s wider social equality programme, maternity leave was extended to fathers in the mid-1970’s. Under the new legislation fathers were entitled to a ten-day work leave at childbirth. The remaining three months of leave could be taken by either parent (the leave included in-hospital prenatal and antenatal courses for fathers on infant handling and care).

In the early 1980’s parental leave was extended from six to nine months with an additional three month flat-rate extended childcare allowance. Despite a major economic crisis, the leave was extended to 18 months in mid-1991 at 80% of wages. By 1990 20% of fathers were taking parental leave (in fact a 40% uptake), with 85% taking the 10-day leave at the birth of a child.

In sum, American unpaid, Soviet paid maternity and Swedish paid parental leave are close to what one would expect from ‘sex-segregated’
residual, 'one-way integrationist' structural and 'two-way integrationist' institutional policy regimes.
American Unpaid Maternity and Family Leave

1. Joining forces with the Children's Bureau, the Women's Bureau also called for national standards in hours of work, rest periods and prenatal care for the maternal health of wartime working mothers (McBride-Stetson 1991:185).

2. In its rulings the Supreme Court also noted that maternity leave was costly and implied that all workers had the right to compulsory disability insurance and health insurance benefits -- an intolerable assumption for residualists (McBride Stetson 1991:187)

3. Common employer practices such as using larger deductibles for pregnancy than for other disabilities, and paying pregnancy benefits for employees' wives but not to female employees were also outlawed (Adams and Winston in Ginsburg 1992:127) (McBride Stetson 1991:189)

4. Under the Montana Maternity Leave Act (MMLA) maternity leave was made compulsory to assure "real sexual equality while encouraging stable and workable family and societal relationships" (McBride Stetson 1991: 189). Alternatively, California's Extended Disability Statute resulted in a Supreme Court challenge which once again divided the women's movement. The Montana legislation was designed to enable parents to "choose together to raise a family without permanently relinquishing the necessary income of the working wife" (McBride Stetson 1991:189). Under Friedan, reform feminists and the Planned Parenthood Federation of America (PPFA) supported the California Statute, arguing that extra leave for pregnancy and childbirth gave mothers the same right to jobs and children that fathers had. Alternatively, the National Organization for Women (NOW), the Women's Legal Defense Fund (WLDF) and the League of Women Voters (LWV) feared the "marginalizing effects of protection and unequal treatment" (McBride Stetson 1991:191).
Bush stated in a press conference:
America faces its stiffest economic competition in history. If our Nation's employers are to succeed in an increasingly complex and competitive global market place, they must have the flexibility to meet both this challenge and the needs of their employees. We must ensure that Federal policies do not stifle the creation of new jobs, nor result in the elimination of existing jobs. The Administration is committed to policies that create jobs throughout the economy -- serving the most fundamental need of working families (McBride Stetson 1991:192).

Soviet Paid Maternity Leave

In 1973 the 25th Congress decreed the end of the one-year employment requirement for maternity leave, hence extending leave to all working women and collective farm members. Another 1975 Decree extended temporary disability benefits to mothers caring for a sick family member (not just infants). (see below Chapter 5). Mothers with 3 or more children also became entitled to a caregiving allowance of 100% of regular wages regardless of length of employment (Sheptulina 1982).

Another policy outcome of maternity without paternity leave was a 'precipitous drop' in fertility rates in industrial areas:
When the impossible is demanded -- that a mother work full-time as well as take care of the family without help from her husband -- she will refuse to have more than one child, even if this decision goes against her own wishes (Hansson and Liden 1982: 126).

Although proposals for shortened work day, flex-time and part-time work for new mothers were 'hotly debated' in the 1970's and 1980's, less than 1% of mothers were engaged in such arrangements (Peers in Kremen 1990: 166). Pronatalists supported such measures while progressive feminists worried about their impact on the gender division of labour and earning differentials. Overworked and exhausted from their 'double burden', Soviet mothers themselves welcomed the prospect of part-time work on the condition that the right to return to full-time employment and seniority was retained (Lapidus in Kremen 1990: 177).
Swedish Paid Parental Leave

9. The TCO also called for an extended parental leave but without male quotas (which would have required fathers to take 50% of the leave). Exasperated, the Head of the Social Democratic Women responded: "If fathers were required to take part of the leave, there would be no question about employers discouraging them" (Mattson in Scott 1982:75).

10. Centre and Conservative Parties proposed a flatrate childcare allowance to whichever parent stayed home with a child after the expiration of parental leave. Other opposition parties supported the extension of parental leave from 9 to 18 months but without compensation (Scott 1982:74).

11. Although 1978 legislation made it illegal for employers to refuse parental leave to employees, fathers taking the extended leave were penalized (like mothers) by loss of promotion. Uptake among professionals and public employees was higher than for industrial workers although many of the latter chose to care for older sick children (Scott 1982: 103; Rosenthal 1990: 144). Hence by the late 1980's most fathers were taking up to 60 days per year of paid sick leave to care for a sick child and special temporary leaves to help toddlers adjust to a new childcare program, preschool or school (Kamerman and Kahn 1988: 99).

12. Wives of male shiftworkers are also more likely to reduce working hours in order to work around their husbands' shifts. (Rosenthal 1990:143)
CHAPTER SIX
INCOME SUPPORT AND HOME CARE

As indicated in Chapter Two (page 59), income support and homecare services are important for equalizing opportunity and outcome for two generations of men and women. To the extent that they enable disabled and functionally impaired men and women to remain in the community, they help to equalize outcomes for the senior population. Equally important, income support and home care services also enable middle-aged carers -- normally adult daughters -- to remain in the labour force, thus equalizing opportunity between middle-aged daughters and sons.

Because of factors such as two global wars and women's longer life expectancy, women constitute the majority -- between 60% and 75% -- of the population of elders in industrial societies (Madison 1988:168; Doress et al. 1992:518). While men are more likely to be married in their retirement, most women live alone in their later years (Doress et al. 1992: 518). Chapter Six argues that a significant proportion of these lone female elders, especially those deserted or divorced, have been excluded from social security and home care in the
United States and also in the Soviet Union largely as a consequence of their family caring role. Hence these two very different types of policy regime which nevertheless have both encouraged men to be earners without caregiving responsibilities, have shown little regard for female carers in their old age. Although one would have expected Soviet women's full-time labour force participation to have automatically entitled them to social security and home care services, in fact our findings deviate to some extent from this expectation. On the other hand Sweden's three-tiered income support system and 'social care' state conform closely to what one would expect from a social-democratic policy regime.

In this chapter income support takes into account universal age pensions and supplements, income-based social security, wives' (spousal) and widows' (survivors') pensions, and means-tested social assistance and benefits such as Supplementary Security Income (SSI) in the United States. Similarly, home care services include cleaning, shopping, cooking, laundry and other personal care services. They also include community-based services such as transport services (i.e. DARTS), 'Meals-on-Wheels', social activities in day centres and respite services for carers. Also taken into account are 'assisted living' services with on-call medical support.
6.1 USA

Income Support

Ideology. As was the case in most other Western countries in the mid-1930's, American social security assumed that men 'worked' full-time while women stayed home and raised the children. This assumption had important implications in terms of gendered access to social security. For one thing it meant that wives' entitlement was contingent on their marital status (Sainsbury 1996:126). By contrast the "working man earned the right to social security through payment of contributions by himself and on his behalf by equal employer contributions" (Rimlinger in Auchenbaum 1988:128).

No doubt the thought was that in providing for the working man's financial security, they would also be providing for his dependents, including his wife (Conner 1992:61).

Policy development. Democratic President Roosevelt thus implemented the 1935 Social Security Act to provide unemployment and retirement insurance for the male working population and flat-rate social assistance for disabled and destitute elders. In 1939 social security was expanded through Medicare and Medicaid to insure retired and disabled Americans for hospital and medical expenses. These provisions did not,
however, provide for dependents of workers but terminated at the death of the insured worker, thus leaving surviving wives and children without an income. In response to this problem the Act was amended in 1939 to cover the wives and children of insured workers. Later Amendments extended separate coverage to married women (50% of breadwinner coverage) and by the mid-'50's, married employed women were able to apply for social security in their own right (Ginsburg 1992:104-106; Achenbaum 1986:127).

Despite these reforms, the 1960's saw the rise of a large number of disabled and lone elders -- many of the latter 'displaced homemakers' i.e. deserted or divorced women -- whose only source of income was Old Age Assistance. In order to raise the income of this population to the poverty line, Democratic President Johnson replaced OAS with federally subsidized Supplementary Security Income (SSI) (Ginsburg 1992:104-106). However because SSI was means-tested, to qualify for it women were forced to sell their assets and 'spend down to destitution.' A series of Democratic Advisory Councils on Social Security were therefore struck in 1975, 1979 and 1981 "to reconcile the inequitable treatment of different categories of women by the social security system" (Achenbaum 1986:127). At the grass roots level, homemakers themselves formed the National Organization for a Bill of Rights for
*Homemakers* and demanded that homemakers' social security be based on their family caregiving role rather than their marital status. Hence they called for

the recognitions and rights of paid, skilled workers through independent social security provisions with coverage in [our] own names, portable into and out of marriage and continuing as [we leave and reenter] the paid workforce (McBride-Stetson 1991:244).

The proposed Bill also demanded disability and retirement benefits for homemakers 'adequate to maintain a decent standard of living', with the cost to be shared by the paid labour force and/or breadwinners. As well the National Council of Homemakers called for pension increases for divorced and disabled women, marital income-sharing, and bracketing out of caregiving years in determining life-time earnings for social security (Auchenbaum 1986:135; McBride-Stetson 1991:244).

Although the Bill died on the floor, it nevertheless led to the passage of the 1984 *Retirement Equity Act* which required written approval from wives before husbands could waive their private pension rights (normally husbands opted for higher pensions which terminated at their death); made private pensions part of marital property at divorce; and entitled mothers taking maternity leave to social security pension credits.2
The combined impact of the aging of the population, social security indexation, increased SSI payouts, and self-financing of the system precipitated a financial crisis in social security and SSI in the early 1980's. Although minority Democrats were able to prevent the new Reagan administration from dismantling the system, Reagan and Bush administrations undertook to downsize social security indirectly by raising premium levels, taxing higher benefits and actively promoting tax incentives for private pensions and individual retirement savings plans.³ Despite these downsizing measures, policy analysts in the early 1990's claimed that the 'American package' of social security, survivor benefits, SSI, private-sector pensions and individual retirement savings was sufficient to enable Americans to retain their independence in retirement (Conner 1992:138).

Policy Outcome Viewed from an international perspective, American public and private pension expenditures fell below the OECD average and was half of Swedish expenditure by 1990 (5% compared with 9.7% for Sweden) (Ginsburg 1992:201). Because Supplementary Security Income only raised incomes to the poverty line, the 75% of SSI recipients who were women would have been able to live independently, but would not have been able to pay for privately based home care services
when they needed them. Most working wives' social security entitlements were also less than had they stayed home and collected spousal benefits. Hence women with long periods of unpaid homemaking interspersed with periods of part-time or casual employment fail to get any benefit from their social security contributions because of the eligibility rules.... Divorced, disabled and widowed homemakers are also disadvantaged by patriarchal eligibility rules (Forman and Wilson in Ginsburg 1992:106).

As a result a substantial proportion of older Americans -- most of them women -- have been “excluded from social security and live near or below the poverty line, frequently with little support from the welfare state” (Ginsburg 1992:106).

Home Care

Policy development Given the dominant ideology of private-sector and family responsibility for home care, American policy in this area has been
to provide in-home service to those who can pay privately, to institutionalize others [in Medicaid-funded nursing homes] and to provide no service at all to a significant number of America's senior citizens (Conner 1992:136).
In 1987 the House of Representatives estimated that the average cost of non-medical in-home care was $14,000 per year (at $40. per day); $8,000 less than nursing home care (at an average annual per capita cost of $22,000). Since the average income of seniors was $12,000., the cost of home care services was clearly "far above their ability to purchase them" (Conner 1992:139). As a result most lone elders, most of whom are women

are not able to pay for any of these services and either rely on limited Medicare-funded home healthcare services, enter long-term care institutions or do without (Conner 1992:146).

Scandals as far back as the 1930's regarding state-run nursing homes resulted in statutes compelling families (read middle-aged daughters) to care for disabled and frail family members. In the 1960's a 'population explosion' of frail elders led to the nationwide construction of Medicaid-funded private sector nursing homes, popularly known as the 'poorhouses' of the 20th century (McBride Stetson 1991:197). The placing of 10% of frail elders in these nursing homes provoked a national debate over the 'shirking' of family responsibilities in America. This ignored the reality that 80% of the frail population were cared for by daughters in their own homes (US Congress, Select Committee on Aging in McBride Stetson 1991:199).
With the return to power of the Republicans in 1980 responsibility for elders and the disabled was further devolved to the private sector and to families. The Reagan administration thus offered employers tax exemptions to assist with employees’ dependent-care costs (McBride Stetson 1991:199). Next it amended the 1974 Child Tax Credit to include dependent care expenses for frail elders. When these failed to relieve the caregiving crisis, the Reagan administration implemented a Dependent Care Planning and Development Grant Program (1986) to stimulate the private-sector home care industry (McBride Stetson 1991:199). As part of this initiative, it turned its attention to Medicare, the health insurance programme for the 65+ population attached to social security. To cut costs of long hospital stays, Medicare coverage was thus extended to include in-home acute-care services (Hicks in Conner 1992:136).

Policy Outcome. The downsizing of social security and the relatively low level of Supplementary Security Income left many lone women -- who were without private pensions or retirement savings -- unable to access the personal home care services they needed to remain in the community (Conner 1992:132). Nor did dependent-care tax credits “fit most elder-care situations” (McBride-Stetson 1991:198). Predictably, few
employers responded to legislation providing employer tax exemptions for employees' dependent-care costs (McBride Stetson 1991:199). By the mid-1980's, ten states nevertheless began to provide means-tested income support for family carers in the form of tax credits, deductions, exemptions and direct payments. Waiver 2176 thus permitted states to use Medicaid funds to support low-income family carers who were over 60. By the mid-1980's caregiving allowances were also provided for family carers of war veterans (Goldstein 1989).

By contrast the outcome of the 1986 Planning and Development Grant Program was a 100% increase in the number of Medicare-certified agencies and the growth of a huge home care industry with national chains and publicly-traded stocks (Conner 1992:135). By 1992 Medicare covered most acute home care services, while Medicaid covered about half of long-term nursing-home care (Conner 1992:136). Neither of these programmes, however, covered non-medical services needed to keep the one-third of elders who were functionally impaired in the community (Conner 1992:136).

As well as home care services, many of the functionally impaired require community-based services such as Meals on Wheels and DARTS. Others require 'assisted' settings with on-call nursing care. In the United States these latter services have taken the form of privately-
based 'Continuing Care Retirement Communities (CCRC’s), which provide a full range of housing and healthcare on-call services. Financed through shared-risk, prepaid contracts, these exclusive seniors’ 'communities' are located in campuslike environments with independent living units, nearby healthcare centres, infirmaries and nursing homes. The cost is prohibitive, with entry fees of $100,000 and monthly fees often exceeding $1,000 to cover maintenance and services. States such as Arizona, Texas and Florida are known as CCRC ‘centres’ where affluent ‘snowbirds’ migrate to obtain specialized housing alternatives, leisure opportunities and health-related support services (Branch and Netting in Conner 1992:147). Because of their high entry and maintenance fees, however, they are clearly out of reach for the 75% of SSI recipients who are lone women.

With regard to respite care: in the United States these privately-based services provide periodic relief for caregivers through short-term respite facilities. Services include day care services for frail adults as well as case management services, transportation, therapeutic counselling and nutrition education. Specializing in meeting the needs of the blind, veterans or adult dementia sufferers, respite services thus enable caretakers to leave aged relatives in a supervised care setting as needed. They are particularly important for Alzheimer, dementia and
AIDS victims (Caserta in Conner 1992:137). However to the extent that they are privately based, they would also be inaccessible for the majority of carers who would need and benefit from them. On the other hand it appears that community-based services such as Meals on Wheels are partially funded by the state. Moreover they appear to be:

- widely available in urban areas where there is greater demand and where delivery of services is cost effective, [although] small towns, villages and rural areas lack even basic publicly-funded services (Conner 1992:136).

Although married women and men with access to social security, Independent Retirement Accounts (IRA’s) and tax-deferred mortgage annuities are able to access privately-based home care, community-based and continuing care services, such services are thus out of reach for the vast majority of older Americans (McBride-Stetson 1991:245-251).

Finally, although the 1992 Family and Medical Leave Act enables adult sons as well as adult daughters to take leave to care for frail elders as well as children, the Swedish experience (which was based on paid leave at 80% of wages) -- suggests that an unpaid MFLA would also be irrelevant for the majority of working women and men.
6.2 USSR

Income Support

Ideology Early Soviet revolutionaries called for social insurance for all workers, male and female, for contingencies of illness, workplace injury and retirement in the case of permanent disability. A 1920 revision changed this plan from an egalitarian 'needs-based' to a 'merit-based', i.e. income based social security scheme (Madison 1988:164; Titmuss 1974:17-18). In 1937 the disability requirement for retirement pensions was dropped and coverage was made contingent on 25 years' full-time employment (this was later shortened to 20 years for women) (Madison 1988:165). In order to gain control of lucrative pension funds, the Stalin regime also centralized control of these funds to the state-based All-Union Central Committee of Trade Unions (AUCCTU) (Madison 1988:166).

Although the Soviet social security system covered all state employees, it nevertheless excluded traditional female 'independent' occupations in which the state was not the employer. Moreover in 1940 the Stalin regime altered the plan's benefit structure in favour of leading 'male' occupations, 'male' uninterrupted work records and 'male' uninterrupted union membership periods. These policy developments
discriminated negatively against women's 'interrupted' and 'lighter' work categories and unpaid caregiving, leaving substantial numbers of women with minimal or no social security coverage in retirement (Madison 1988:168).  

In response to the extreme hardship of many older women as a result of these policy developments, the Khrushchev regime initiated a number of reforms to the system. These included increased pensions for 'ordinary' (read female) workers and the extension of coverage to homemakers, disabled widows and collective farm workers. Hence it 'weighted' benefit formulas for low-wage workers and provided supplementary and partial pensions for homemakers and family caregivers. A highly selective survivor benefit was also introduced for disabled and caregiver widows over 55. In 1964 nominal social security was extended to collective farm workers, many of whom were women (Madison 1988: 170).

**Policy outcome.** As a consequence of the exclusion of independent workers from social security, between 10% to 15% of female workers who worked as home care workers (i.e. 'home nurses'), seamstresses, cleaners, stenographers, cooks, laundresses, servants and maintenance workers fell under categories such as 'workers without labour contracts',
'workers with civil law agreements', 'nonstaff workers in trade and procurement', and 'temporary workers' who were therefore ineligible for social security and with it, home care services. Moreover homemakers who had also 'worked' full-time for 20 years but were not 'working' at time of retirement (as a result of caring for grandchildren or other family members) also lost social security coverage (Attwood and McAndrew 1984:285; Madison 1988:171-190).

The result was that in a society which encouraged workers to work past retirement, 'privileged' (read male) working pensioners in so-called 'hazardous', 'arduous' or 'essential' occupations received full pensions plus earnings up to 300 rubles per month, while 'ordinary' (read female) working pensioners got a maximum ceiling of 150 rubles per month for pensions and earnings combined. Hence women's 'unproductive' caregiving and interrupted work cycles left them with half of male pension entitlements despite their parallel full-time work histories (Madison 1988:166-170; Attwood and McAndrew 1984: 272). More importantly, although women were the exclusive carers in both Soviet -- and American -- society, homemakers and home care workers in both countries were ineligible for home care services when they themselves needed them.
Home Care

During the Stalin era, about half of the disabled and functionally impaired were cared for in state-run institutions (presumably the other half were cared for by female relatives). Madison (1988) for instance, notes that until they were shut down as part of a post-Stalinist policy of deinstitutionalization, about 1,500 nursing home institutions (878 in Russia alone) accommodated 360,000 of the frail aged and disabled, "meeting roughly half the need" (Madison 1988:170)

As part of its wider deinstitutionalization policy (which also included the closure of state-controlled creches and nurseries (see above pages 187-188), the Khrushchev regime implemented a system of home care allowances to enable the 'totally and permanently' disabled and the 'partially disabled' to be cared for in their own homes. Under this programme, totally and permanently disabled adults were thus granted up to 110% of workplace pensions plus a 15% 'nursing supplement' to cover the cost of home care ('home nursing') services. In the early 1980's, disability coverage was extended to include children who were disabled as a consequence of nuclear accidents and environmental pollution (Madison 1988:169). Alternatively, the 'employable disabled' who were expected to work received home-based piece work to enable them to support themselves. By 1979 close to one-half (40%) of the
disabled (including 77% of the partially disabled) were thus supporting themselves through unregulated home-work (Madison 1988:170). The early 1980's saw the extension of home-based 'piece work' to female 'independent' workers and family carers.

Policy outcome According to our gender-role and statist thesis, the Soviet policy of gender-inclusive full employment plus an interventionist state should have enabled the whole working population, men and women alike, to contribute to their own social security and hence to live independently in retirement with access to subsidized home care services. This was however precluded by factors such as the Stalin regime's gendered stratification of pensions and the centralization of pension funds, which led to a downward spiral in the relative position of the 75% of pensioners who were women vis-à-vis the working population. Benefits thus fell from 36% to 29% of the average wage in 1937 and continued downward to a low of 23% by 1955 (Madison 1988:165). Although wages increased tenfold between 1932 and 1956, the 30-ruble pension remained at the 1932 level. The Khrushchev regime's 'weighting' reforms merely slowed this downward trend. This left 90% of pensioners (again 75% of whom were women) well below
the Soviet poverty line and therefore unable to live independently or to access home care services when they needed them.7

Moreover given the exclusion of ‘independent’ workers from Soviet social security, it would appear that an additional consequence of the deinstitutionalization of nursing homes (as well as creches and nurseries) would have been the loss of social security (and also home care) entitlement for thousands of female workers in these institutions. This factor plus the ‘ordinary’ pension status of most state-based female employees would have left many urban and rural women ineligible for social security or else short of the 20-year work requirement “whose only recourse was negligible mutual aid” (Madison 1988:182). In response to this social problem, public assistance and relief programs were introduced in 1981 in nine republics. Nevertheless stringent eligibility rules included: exclusion from social security, lack of subsistence means and the absence of legally responsible relatives (Madison 1988:182-83; Titmuss 1974:17-18). Regarding social assistance levels: average 1981 levels were 20 rubles a month in urban communities. Although this was raised to 30 rubles in 1985, it was still seen as a “harsh poverty line, still not a truly humane program” (Madison 1988:184). The outcome was that half of the retired population were forced to live with their adult children:
In many cases inadequacy of means of subsistence and not desire ... compels pensioners to live in the families of their children, whose dependents they in some sense become (Pavlova in Madison 1988:184).

‘Independent’ (read female) workers without access to social security were thus forced to support themselves in retirement through home-based piece work or home care work. Only if they had no adult children, stepchildren or grandchildren were they eligible (after 1981) for social assistance. Although pensions were extended to collective (mostly female) farm workers in the 1960’s, they were also not eligible for home care (nursing) supplements or partial pensions. Hence it is estimated that up to one-third of industrial workers and more than half of agricultural workers with minimum pensions were ineligible for home care allowances (Madison 1988:179-182; Ofer and Vinocar 1988:275). Nor did the the Soviet ‘cult of motherhood’ encourage the sharing of family care work between women and men.

In sum: the Soviet policy of gender-inclusive full employment should have enabled virtually all of the adult population to access social security and with it, home care (home nursing) allowances when they needed them. However a significant minority of female ‘independent’ workers without any pensions were forced to rely on home-based piece work, middle-aged daughters or extremely meagre social assistance (after 1981) for their survival in their old age. Hence it appears that at
least with regard to social security and home care services, Soviet income support and home care provision was less developed than American provision. In this context it seems unlikely that Soviet provision would have included community-based services such as Meals on Wheels or DARTS, not to mention assisted-living services (except conceivably for military and political elites). In any case the limited information available in this area says nothing about community-based, assisted-living or respite services.
6.3 SWEDEN

Income Support

**Ideology** Belief that the role of the state included provision of universal age pensions predated the rise of social democracy in Sweden. Rural farmers thus won support for the principle of universal social insurance from ruling Conservatives in the early years of this century (Olsson 1990:109). Given this egalitarian and interventionist climate, it is not surprising that two decades later, the Social Democratic Party (SDP) would undertake to enable all elders -- including female carers -- to live independently and to have ‘an active and meaningful existence shared with others’ (Swedish Institute 1986). Care for the disabled was also aimed at enabling “those who encounter major difficulties in their daily lives for physical, mental or other reasons to participate in social activities and live like others” (Swedish Institute 1986).

**Policy Development** Sweden’s 1913 Old Age and Invalidity Pension, popularly known as the ‘people’s insurance’, was provided equally to women, men, peasants and industrial male workers regardless of work or marital status (Olsson 1990:95, 109). Under the 1913 law all Swedes over 67 were entitled to a flat-rate benefit with entitlement for the
wealthy contingent on premiums. As one of its first initiatives, ruling social democrats added an income-tested supplement to the existing universal pension in 1937. In 1945 a second income-tested housing supplement was added (Olsson 1990:96).

Postwar income support policy focussed on the addition of a second tier of earnings-related social security to the ‘age’ pension in the late 1950’s (this was later enlarged to include sickness and parental benefits). Old age and invalidity entitlements were added in the 1970’s at which time the pensionable age was also lowered (Olsson 1990:119). With the early 1980’s came the indexing of age, invalidity and work-based pensions to inflation (Swedish Institute: 1986). This period also saw the introduction of temporary and permanent disability pensions which included income-tested supplements for home care services (Swedish Institute 1986). With this legislation parent carers of disabled children were also entitled to a childcare allowance of up to SEK 47,040 (1987) per year.

Home Care

With the extension of Sweden’s full employment policy to include women in the late 1960’s, most Swedes came to believe that “adult children and especially daughters of [the] elderly should have the right
to take on a paid job and move out from where their parents lived if that was what the job required.” (Sipila 1997:3). This required the expansion of social care services and the “development of... occupations out of the everyday functions of human reproduction.” Since social care services were to be made available to all ‘daughters’ who needed them, personal social services were expanded on an ‘unprecedented’ scale in the 1970’s and 1980’s (Sipila 1997:3; Esping Andersen 1990:150). Ruling Social Democrats thus introduced a comprehensive system of home care, community-based and assisted living services under the aegis of county councils with tax-raising powers. Special home care allowances for carers of the disabled and frail were equal to the full disability pension and were taxable, thus qualifying carers for future ATP pensions (Swedish Institute 1986).

By the early 1980’s, Swedish municipalities thus provided heavily subsidized cleaning, cooking, laundry and other personal-care services for the functionally impaired and disabled (Swedish Institute 1986:67). As well municipalities were mandated to provide heavily subsidized transport services, meals-on-wheels, and social activities in district day centres. Public buildings and rapid transit were made wheelchair accessible. For the visually impaired all traffic lights had audible signals (personal observation). County councils provided artificial limbs,
hearing aids and technical aids free of charge. These services were financed through municipal taxation with national subsidies (Swedish Institute 1986; see also below page 248).

Functionally impaired elders who required more assistance became eligible for state-run ‘service buildings’ with on-call 24-hour service (Swedish Institute 1986:69-70). The cost of handicap and age care was largely covered by the state with user fees accounting for a small percent of the cost (Swedish Institute 1986:73).

A ‘skyrocketing’ deficit in the early 1980’s made spending cuts imperative for the coalition government in power. In 1982 Social Democrats were returned to office with a recovery policy which included devaluation of the krona and spending restraint. The 1985 election left the Social Democrats with a minority government outnumbered by three opposition parties. Nevertheless an unexpected economic recovery in the fall of 1987 (and an unemployment low of 1.6 in 1988) enabled the Social Democratic Congress to prioritize old age and disability care in its 1987 pre-election campaign (which it promised to do without increasing the deficit). In a 1988 pre-election statement Gertrud Sigurdsen, Minister of Health and Social Services confirmed that there was “no money available today for expensive reforms” (Klara-Posten February 1987:9). With regard to home care services, Sigurdsen
noted that Sweden had "far too many large and dismal long-term care hospitals". Nevertheless:

we also have many good nursing homes which are smaller....The aim is for the elderly to be able to live on in their own homes as long as possible. For this reason, adequate public home-help and home-nursing services are essential (1987:9).

Policy Outcome From the early decades of the 20th century, 75% of Swedish citizens over 67 received universal age pensions. Sweden's so-called 'base' age pension thus provided "a minimum of protection for women who had never worked outside the home" (Scott 1982:14). By the mid-1980's, the base pension had grown to SEK 24,100 which was by then topped up with a means-tested spousal supplement and housing allowances. This universal, supplemented pension plus an earnings-related tier thus provided "a comprehensive social security net" for women as well as men (Olsson 1990 110). In sum Sweden's supplemented 'base' pension, income-based social security, pensionable carer allowances and comprehensive home care services enabled female as well as male elders to 'live like others'.
Despite postwar reforms extending American social security to dependent wives, widows and later, married workers, the 1960's saw a rise in the number of disabled and lone elders -- many of whom were deserted or divorced women -- whose only source of income was Old Age Assistance. In an attempt to raise the incomes of this population to the poverty line, the Johnson administration replaced OAS with means-tested Supplementary Security Income (SSI).

A perceived crisis in the social security system as a result of factors such as the indexing of social security and SSI to inflation and aging of the population led to attempts by successive Republican administrations to dismantle social security and to replace it with Independent Retirement Savings Plans and private-sector pensions. Although minority Democrats successfully blocked these attempts, they could not stop Republican administrations from downsizing social security. In order to stimulate private sector and family responsibility for home care, the Reagan administration also implemented a grant programme to promote the private-sector home care industry and amended child care tax credits to include dependent care expenses. The result was a huge expansion of the for-profit home care industry. However neither
Medicare nor Medicaid covered non-medical home care services which enabled the functionally impaired to remain in the community. Low SSI benefits also put private-sector home care services out of reach of the majority of the elderly population who were lone women. Although community-based services such as Meals on Wheels were provided in urban areas, small towns and rural areas lacked any publicly-funded services. American Continuing Care Residential Communities with on-call medical and social services are also privately-based and therefore out of reach for most older Americans, and in particular, lone elder women, who are forced to ‘spend down to destitution’ to qualify for SSI and for privately-based nursing-home care.

USSR Although Soviet social security covered state employees, between 10% to 15% of female ‘independent’ workers, including home care workers, secretaries and cleaners were excluded from coverage. This along with the Stalin regime’s stratification of pension benefits into privileged and ordinary levels made it impossible for ‘ordinary’ pensioners (75% of whom were women) to live independently from their children. In response to the extreme hardship faced by many older women, the Khrushchev regime introduced a number of pension reforms in the mid-1950’s, including the weighting of benefit formulas in favour
of low-wage female workers and the introduction of survivor benefits for disabled and caregiver widows over 55. The Khrushchev regime also extended a nominal social security scheme to collective farm workers, many of whom were also women.

Despite these reforms, the presence of large numbers of urban and rural women excluded from social security or else months short of the 20 year work requirement led to the introduction of public assistance and relief programs in the early 1980's. This period also saw the extension of home-based piece work to destitute older women as well as the employable disabled. In sum, although Soviet gender-inclusive full employment should have enabled the working population, women as well as men, to access social security and with it, home care services, the Soviet policy of excluding ‘independent’ female workers from social security and the centralization of pension funds forced ‘ordinary’ and independent female pensioners to rely on piece work, adult children or social assistance for their survival in old age. These considerations suggest that in the case of income support and home care services, Soviet provision was less developed than American provision. Hence SSI which was raised to the poverty line by Democratic President Johnson, enables the disabled and deserted and divorced women without access to social security, wives’ (spousal), or widows’ (survivors’) benefits to live
independently from their children -- although it does not enable them to access private-sector homecare services. That said, both American and Soviet income support and home care policy developments pale beside those of social democratic Sweden.

**Sweden** Before the rise of social democracy, Swedish farmers had won a universal flat-rate old age and invalidity pension from ruling conservatives. As one of its first initiatives, the SDP added an income-tested supplement and a few years later, a housing supplement to this universal pension. The highlight of postwar policy development was the introduction of Sweden’s income-based social security tier, which was later expanded to include sickness and parental benefits. With the 1980’s came the indexing to inflation of age, invalidity and work-based pensions. This period also saw the passage of temporary and permanent disability pensions which entitled disabled pensioners to income-tested supplements for home care. With this legislation parent caregivers of disabled children were also entitled to a pensionable childcare allowance.

With regard to home care, ruling social democrats institutionalized a comprehensive system of home care and community-based services in the 1970’s and 1980’s under the aegis of county
councils with tax-raising powers. Special taxable caregiver allowances were also introduced, thus qualifying home care workers for future social security. Functionally impaired elders also became eligible for state-run 'service buildings' with on-call 24-hour service. The cost of handicap and age care was largely covered by the state, with user fees accounting for a small percent of the cost.

In sum, Sweden's supplemented universal age pension, earnings-related social security and 'social care state' with extensive home care, community-based and assisted living services has enabled elderly women as well as men to remain in the community and to 'live like others' -- unlike their peers in the United States and the former Soviet Union.
American Income Support and Home Care

1 Types of personal and social services needed to keep elders and the disabled in the community include: retirement counselling; homemaker, home repair, meals-on-wheels and transportation services (for the ‘young-old’; and congregate or ‘assisted’ shelter and respite services (including specialized housing, adult-daycare and geriatric day hospitals) for the ‘old-old’. Terminal care services such as hospice care may be needed at any time by elders and their families (Conner 1992).

2. Despite these reforms, the Retirement Equity Act of 1984 did little more than ‘tinker with private pension rules’. (McBride-Stetson 1992:244).

3. Since the mid-1930’s, both Democrats and Republicans have guaranteed private-sector pension plans despite their poor performance (Levitan 1986:50). Women were particularly disadvantaged by private plans which excluded low-paying, low-status jobs typically held by mothers. Nor were mothers with private coverage able to vest pensions due to interrupted work patterns and frequent job shifts. Widows and divorced women were also cut out of private plans. Thus despite legislation, many husbands declined coverage for their wives without informing them. Moreover courts generally assume that divorce settlements will to be used for retraining rather than retirement savings (McBride-Stetson 1991:241-3).

4. In Meals on Wheels, meals are brought to clients who pay all or part of the cost. Congregate meals, for elders who are able to make it to the meal site, are funded by federal and state governments (Conner 1992: 135).

5 These programmes often include preventative health services (blood pressure, cholesterol and glaucoma screening) and health information as part of an afternoon programme. These services also alleviate isolation and loneliness among the elderly (Conner 1992: 136).
Soviet Income Support and Home Care

6. As was the case in the United States, the primary beneficiaries of Soviet social security were male military elites, their widows and quasi-military personnel in state agencies (i.e. KGB) (Madison 1988: 165).

7. Despite comprehensive survivor entitlements, low benefit levels meant that widows and their children and the disabled constituted the worst-off sector in the Soviet Union (Ofer and Vinocar 1988: 275).

Swedish Income Support and Home Care

8. The introduction of flat-rate benefits have been attributed to the communality between industrial labourers and agrarian smallholders, who 'placed their imprint' on the principles of the Swedish welfare state. Public health clinics also had their origins in the first 1862 county councils (Olsson 1990: 108).

9. This scheme proved to be the most controversial of postwar social policy reforms and was preceded by a series of political crises, including the end of the Social democratic-Agrarian coalition, an extra 1958 election and a final second chamber majority vote of one (Olsson 1990: 117-119).
CHAPTER SEVEN

SUMMARY AND CONCLUSION

This dissertation set out to examine the gender implications of three classical models of social policy, a task so far not undertaken by mainstream or feminist comparativists. In chapter one it was argued that although all three types of policy regime were patriarchal (see above pages 8, 18, 20), each had a different view of gender roles and the role of the state which had important implications for gender-sensitive policy and gender equality. A residual regime which favoured a minimalist state and homemaker-wife families left women free to articulate their needs and demands, but offered little prospect for translating these demands into gender-sensitive policy. A structural regime which required women to be earners as well as carers but saw men as earners without caregiving obligations was much more likely to provide: a) paid maternity but not paternity leave; b) universal child, disability and elder care; and c) some measure of reproductive health care to enable women to fulfill their ‘dual roles’. By contrast an institutional regime which also accepted a strong role for the state but saw men as well as women as performing dual roles was even more likely to further gender-friendly
policy and gender equality. Chapters Three to Six examined this thesis in light of American, Soviet and Swedish policy development in four areas deemed crucial for gender role equality: contraception and abortion, child care and child support, temporary care leave, and income support and home care services. With some qualifications, the available evidence appears to support our thesis.

Our findings in Chapters Three through Six thus suggest that American, Soviet and Swedish patterns of gender-sensitive policy are very distinctive, showing an overall development or gradation of benefits and services from a low level of provision in the United States, to moderate provision in the former Soviet Union, to a high level of provision in Sweden (this pattern fits reproductive health care, child care, child support, care leave, and to a lesser extent income support and home care).

Summarizing these developments, the American prescription of dependent-housewife families and a minimalist state left that country with inaccessible contraceptive and abortion services, unregulated childcare, ‘deadbeat dads’, unpaid care leave and unaffordable home care. The Soviet prescription of dual roles for women and one for men and an active state left it with gender-inclusive full employment backed up by paid maternity leave; universal if underdeveloped child care and
child support, work-based disability and elder care; and free, if rudimentary abortion services. In an attempt to combine the best of both worlds of socialism and capitalism, social-democratic Sweden tried to integrate egalitarian and humanitarian values with an efficient and productive market economy. Extending this 'integrated' approach to the problem of gender role inequality, social democrats sought to promote earner and carer roles for both sexes. This policy approach enabled Sweden to provide a full range of contraceptive and abortion services, a national childcare policy, advanced and supplemented child support, paid parental leave and comprehensive income support and home care services as social rights. Assuming that Swedish, Soviet and American policy development represent what might be expected in these three very different types of policy regime, let us spell out the positive and negative lessons of Soviet state-socialism, Swedish social democracy and American residualism.

Lessons from the Soviet Union, Sweden and the United States Perhaps the most important fact about Soviet state-socialism from the perspective of gender-sensitive policy is that despite its heavy-handed patriarchalism, it nevertheless promised women economic independence from men backed up by collectivized childcare and paid maternity leave.
And it delivered on its promise. Up to 95% of Soviet women (in industrial regions) were assumed to be employed or studying full-time at the height of Soviet state-socialism. Legislated in the 1920's, Soviet paid maternity leave was exceptionally generous considering the times, while subsidized childcare facilities and later extended childcare allowances enabled mothers to retain their place in the labour market. It took the Swedish labour movement's sex-role equality campaign of the late 1960's to fully expose the fundamental inequity of a policy regime which prescribed two social roles for women but only one for men. This realization put Sweden light-years ahead of the Soviet Union in the race for gender equality. Despite some downsizing of social programs, Sweden retains that position today.

From Sweden we learn that gender equality requires taking into account the roles of men as well as women. Hence a comparison of Swedish and Soviet policy shows how collective responsibility without shared sex roles provides the rationale for paid maternity but not paternity leave. Swedish social democracy also demonstrates the importance of democratic as well as egalitarian values for the goal of gender equality. Hence democratic rights means that women (and men) are free to articulate their needs and demands i.e. for contraceptive as well as abortion rights, developmentally-oriented rather than custodial
child care, supplemented as well as advanced child support and social security with a full range of home care services for elders and the disabled. In short, the Swedish experiment suggests that gender-sensitive policy requires an egalitarian ideology and shared roles, democratic rights, political accountability and a broad constituency which includes carer fathers and sons as well as carer mothers and daughters.

That said the fact remains that Soviet state socialism has disappeared, while Swedish social democracy seems to be fighting a rearguard battle against globalized capital and anti-state movements. How do these developments affect the relevance of this research and its findings?

The collapse of the ‘Soviet model’ has made three things clear: first that no socialist alternative to capitalism can be said to exist any longer; secondly, that the vast majority of people in both ‘East’ and ‘West’ reject what they think of as socialism, and thirdly that most women who lived under communist-party rule considered that the gains of formal equality and full-time employment were outweighed by the severe strains of living under a system that did not work (Posadskaya in Molyneux 1991: 141).

Although Soviet state-socialism is gone and the structural model discredited, its lessons nevertheless remain. Without denying the reality of its totalitarianism, unspeakable working conditions for many women
and lack of genuine democratic rights, it has to be said that the USSR in fact went part of the way toward gender equality. There was “always a formal commitment to gender equality,” conceived in terms of women’s economic independence (Posadskaya in Molyneux 1991:142). And this is perhaps the lesson of socialism: i.e. that women’s economic independence was necessary but not sufficient for the goal of gender equality. The second lesson is that an equal focus on male as well as female roles is essential for gender equality. If the Soviet experience teaches nothing else, surely it teaches that never again can women allow the equality debate to be defined in terms of women’s roles only. Third, as the above quotation attests, gender-inclusive full employment without democratic rights meant that women could never articulate their need for contraceptive as well as abortion services, developmentally-oriented rather than custodial child care and paternity as well as maternity leave to name a few.

The fear and real danger is that new post-Soviet independent women’s movements will ignore their important legacy and ‘buy into’ the fallacy that democratic capitalism precludes an egalitarian welfare state. Scandinavia may be tiny beside the former superpowers, but it stands as proof that there is a third alternative to command state-socialism and capitalism without a human face. One more thing needs
to be emphasized about Soviet state-socialism: despite its litany of horrors (and they are many), Soviet provision in these areas was not negligible and in fact, more often than not, exceeded American provision. Another perhaps less important but interesting lesson that bears mentioning is that although Soviet ideology was diametrically opposed to American ideology with respect to women's roles and the role of the state, they shared one feature which distinguishes them from Scandinavian social democracy: both assumed that men should be full-time earners without caregiving obligations.

Regarding lessons from the United States, if it can be said that a residual policy regime looks to the dependent-housewife family to care for its young, disabled and frail, then the American residual model is also in trouble. The fact is that, as indicated in chapter one (see page 2-3), the majority of women in residual welfare states are freely choosing *not* to withdraw permanently from the labour force at the birth of their first child. In short the dependent-housewife family is dead, especially in the American heartland of residualism. Two-career and mother-led families constitute the majority of American families, and this is without accessible contraceptive and abortion services, regulated child care, paid leave or affordable home care. The free market cannot fill the void because it is based on effective demand rather than need. In short, what
we are seeing in the United States is a trend toward ‘modified’ neo-liberalism, as reflected in the social-investment strategy of President Clinton to transfer substantial allocations from social security to Earned Income and Dependent Care Tax Credits (Myles 1996: 132-33, Esping-Andersen 1996: 15-18; 260; Kamerman 1996). At the same time it appears that the poorest American families are being abandoned to the street (Kamerman 1996). The lesson is that the United States does not represent a women-friendly model of social welfare. As an essentially residualist and even neo-liberal model, it has demonstrated little, if any potential to further accessible and affordable reproductive health care, accessible and affordable child, disability and elder care; guaranteed (not to mention supplemented) child support; paid care leave, or adequate income support for carers. It is therefore not a model to be emulated if gender inequalities in these areas are to be reduced. More important, it is not the only alternative. But this raises the question of the future of the institutional model.

Is Swedish social democracy a viable alternative? What are its prospects for the future? According to globalization theorists such as Teeple (1995), social-democracy is also ‘finished’. Hence Teeple (1995) argues, for instance, that the power resources school represented by Esping Andersen and others has been superseded by the “open assertion
that economics is the deciding factor in more and more aspects of society” (Teeple 1995: 3-4). “Social democratic parties neither changed political and economic power relations nor challenged seriously or for long the private accumulation of capital anywhere in the world” (Teeple 1995: 36). According to this analysis social democratic parties therefore have no choice but to accept neo-liberal policies. Teeple cites the globalization of Swedish capital followed by the disbanding of employers’ organizations and the end of the tripartite experiment which was the central policy of social democracy (1995:38). Other researchers such as Jenson and Mahon (1993) corroborate these developments.

Responding to globalization theorists, Esping-Andersen (1996) cautions against exaggerating the degree to which global forces ‘overdetermine’ the fate of national welfare states, arguing that a comparative perspective documents the continued dominance of national institutional traditions. Hence as welfare states seek to adapt to economic and social changes, they do so differently, depending on institutional legacies, inherited system characteristics and vested interests (Esping-Andersen 1996:5-6). Moreover, comparative research indicates that “political and institutional mechanisms of interest representation and political consensus-building matter tremendously in managing welfare, employment and growth objectives” (Esping-Andersen 1996:6).
Nonetheless Esping-Andersen concedes that countries with fragmented institutions lack the capacity to negotiate binding agreements between contending interests with the result that opposed welfare, employment and efficiency goals quickly turn into non-zero sum trade-offs (Esping-Andersen 1996:6).

Also responding to the ‘end of social-democracy’ thesis, Sainsbury (1996) argues that although cuts in Swedish insurance benefits have been deep as a result of its recent economic difficulties, benefit levels remain high in relation to the USA, Britain and continental countries such as the Netherlands, while means-tested benefits continue to play a ‘negligible role’ (1996:224). High unemployment has therefore not produced a major increase in assistance benefits or the introduction of means-tested benefits. So far, at least, the current downsizing of the Swedish welfare state has not entailed a restructuring in a residualist direction, but rather approaches the policy of maintenance rather than retrenchment as suggested by Mishra (1990). In short, Sweden’s downsizing strategy has maintained the basic features of Swedish social provision and upheld women’s social rights (Sainsbury 1996:221-224).

This is not to argue that Sweden’s ‘social care’ state is not on the defensive. But this is nothing new, according to Sipila (1997) who
argues that that the Swedish social care state has always had to be defended against naysayers. Indeed Swedish social care services are the prime target for welfare state critics, an extraordinary scapegoat. The Swedish public system of social care services attracts criticism like a magnet, from all directions: for some it represents a complete and unnecessary waste of tax money, some say it kills off the independent initiative of individuals, families and communities, some regard social care services as another tentacle of all-pervasive state control, [others see it as bureaucratic and so on].... Another aspect, and a source of both satisfaction and even pride for Scandinavians themselves, [however] is the universalism of social care services. This means that the services are intended not only for poor people or exclusively for the working class, but anyone can apply, regardless of income or social status (Sipila 1997:2).

Moreover even in egalitarian and interventionist Sweden, gender-sensitive policies have entailed intense ideological conflict and struggle, sometimes within the SDP itself. Sweden’s 1938 legalization of abortion and contraception was the outcome of an intense ‘population control’ debate which exposed the hypocrisy of the sexist ‘double standard’ of condoning premarital and extramarital sex for men but not women. Its national childcare policy and paid parental leave were likewise the product of the LO-sponsored national sex-role equality campaign of the 1960’s. In particular Sweden’s ‘mixed-model’ child care policy entailed intense ideological conflict and struggle between ‘traditionalists’ and ‘universalists’ within the SDP (see pages 159,171-172). The Swedish
experience also suggests that extending institutionalized benefits and services to men (e.g. paternity leave for fathers, supplemented child support for low income parents, and home care services which indirectly benefit adult sons as well as daughters) makes them much more resistant to reversal by subsequent non-SDP regimes. A short anecdote illustrates this point. Guardian Weekly columnist Alex Duval Smith, a Swede living abroad, comments on Swedish care services after the cuts.

Sweden realized years ago that the most cost-effective care takes place in the home. Now, for a nominal charge, [my mother] has a telephone alarm system, a taxi service, physiotherapy sessions and daily visits from the district nurse.... Seven days a week, morning and evening, home helps visit. [Desperately grateful for these services, I was told] “This is your right, and your mother’s right. There is nothing to be grateful for.” .... Sweden spends 6% of GDP on health and 7% on social security and welfare .. Income tax stands at a top rate of 30%, although for areas like Stockholm up to a further 30% goes towards local authorities (Duval Smith 1997:June 8).

Contribution to the literature In conclusion, I would like to state what I believe is the contribution of this dissertation to the literature. This is followed by a comment on its limitations and a proposal for future research.

Although feminist policy analysts have ‘engendered’ mainstream concepts such as ‘citizenship rights’ and ‘decommodification’ and have
critiqued Esping-Andersen’s ‘clusters’ typology (Sainsbury et al. 1994, 1996), the present research represents the first attempt to ‘engender,’ i.e. examine the gender policy implications of classical social policy models. Hence it amends these models as ‘sex-segregated’ residual, ‘one-way-integrationist’ structural, and ‘two-way integrationist’ institutional in order to bring out their implications for the equalization of gender roles. Secondly, the present research could be seen as a first step toward a truly comprehensive feminist comparative social policy. Departing from Dominelli’s (1991) aggregate-policy approach and also the more conventional country-study approach of researchers such as Goldberg and Kremen (1990), this comparison is policy-specific and detailed. It thus takes feminist comparative social policy forward in two ways.

Until now feminist comparativists have tended to define gender equality in terms of the classical socialist view of women’s ‘dual roles’. Ruggie (1984) thus compares Swedish and British postwar ‘policy for women’ (see above page 37) while Norris (1987) also focuses on policies for women without considering male roles (see above page 39). Building on Esping Andersen’s (1990) ‘clusters’ framework of individualist/residualist, continental/corporatist, and social-democratic policy regimes, more recent comparativists such as Sainsbury (1996) also restrict their analysis to women’s roles. Hence Sainsbury
compares women's bases of entitlement as wives, mothers, workers and citizens in English-speaking, continental and Nordic countries. As indicated in Chapter Two, the present research takes the social-democratic view that gender equality must include the equal transformation of male as well as female roles (see page 58). Secondly, it argues that to be comprehensive, feminist comparative social policy must take account of structural as well as residual and institutional gender-sensitive policy development (see page 47). Moreover this study, including its analytical framework, makes a contribution which has explanatory, descriptive, predictive as well as prescriptive dimensions.

It explains the greater theoretical potential of the institutional model for promoting gender equality in terms of a) the model's attempt to 'integrate' the best of both worlds of capitalism and socialism, i.e. to have an efficient and productive market economy and a democratic and egalitarian welfare state (see above page 64) and b) its attempt, as a 'two-way integrationist' model, to extend this integrated approach to the problem of gender-role inequality by enabling both sexes to perform earner and carer roles (see above pages 54-56). Second, it documents major American, Soviet and Swedish policy development in four key gender-sensitive areas (contraceptive and abortion, child care and child support, care leave, and income support and home care) (see above
Chapters Three to Six). Third, it suggests that the social-democratic model will tend to be more developed with regard to gender-sensitive policy than the other two (see above pages 8, 31-2, 56). Finally, taking into account more recent gender-sensitive policy development in light of the globalization of national economies and rising neo-liberalism, it argues, following Mishra (1990), Esping-Andersen (1996) and Sainsbury (1996), that Scandinavian welfare states have pursued a policy of maintenance rather than retrenchment in response to globalization and neo-liberalism. Hence it prescribes ‘two-way integrationist’ social-democracy as a viable alternative to ‘sex-segregated’ residual and ‘one-way integrationist’ structural approaches.

Regarding its contribution to comparative social policy: for the first time this research systematically compares American and Soviet gender-relevant policies, using Sweden as a normative reference. In this regard perhaps its most important finding is that at least in these four crucial areas, Soviet provision (with the exception of income support) was more highly developed than American provision. Aside from its comparative relevance, the present research could also be said to represent an attempt to answer the question ‘what actually was done?’ with regard to reproductive health care, child care, child support, care
leave, income support and home care services across different types of industrial society (Orloff 1993).

Finally, what is the relevance of this research for advancing understanding of the research problems identified in Chapter One and Chapter Two? First, it addresses one of the problems of mainstream as well as feminist comparative social policy, i.e. that the gender policy implications of the three classical policy models have never been systematically examined. Secondly, it represents an attempt to overcome a number of research problems of feminist social policy. These include the tendency to see policy regimes as primarily patriarchal or capitalist, a distrust of policy models, the tendency to take a generic approach to the welfare state, and the tendency to overgeneralize from the experience of English-speaking countries. In this regard the present research firmly establishes that the Soviet Union was indeed a welfare state which, though undemocratic, was nevertheless more developed than the American residual welfare state. It also calls into question the feminist tendency to discount the importance of egalitarian ideology and a strong role for the state for gender-sensitive policy development (Goldberg and Kremen 1990) as well as the unspoken rule that only democratic welfare states should be included in mainstream and feminist comparative policy analysis --i.e. that if a welfare state was not
democratic, then it was not a genuine or authentic welfare state (Ruggie 1984; Norris 1987). If nothing else, I hope that this research establishes that fatal flaws notwithstanding, the USSR was a welfare state that deserves to be taken into account, especially by feminist comparative social policy.

The limitations of the present research have also to be kept in mind. First, our focus on two interacting variables, i.e. gender-role and statist ideology meant that other (perhaps equally) important ‘antecedent’ factors such as the role of patriarchy, the economy and democracy were inevitably marginalized. Regarding the importance of democracy for gender-sensitive policy: at the very least it needs to be stated that the absence of democratic rights prevented Soviet feminists from articulating their needs and demands, i.e. for preventative contraceptive as well as abortion services, developmentally-oriented over custodial child care and paternity as well as maternity leave.

A further limitation of this research was its exclusive focus on the role of social policy in furthering gender equality of opportunity -- as measured by reproductive rights, temporary leave and child, disability and elder care. This raises the question, what is the role of these (and other) policies in furthering gender equality of outcome -- as measured by female versus male economic and political participation and
caregiving. However difficult it may be to provide parallel levels of analysis for such indicators, comparative research in this area is urgently needed to drive home the point that the Nordic institutional model, despite its current difficulties, continues to demonstrate much more potential to further gender equality of opportunity and outcome than any other 20th century policy approach.
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